(April 2004)	UNITED STATES DEPARTMENT OF THE INT	J D-HUBBS Ferior		FOR OM E	A APPROVED No 1004-0137 s March 31, 2007	
	BUREAU OF LAND MANAGE	EMENT	RECEIVED	5 Lease Senal No		
SUNDRY NOTICES AND REPORTS ON WELLS				NM-12413 6 If Indian, Allottee or Tribe Name		
Do not use i abandoned v	this form for proposals to di well. Use Form 3160-3 (APD	rill or to re-en I) for such prop	ter an osals.	6 If Indian, Allott	ee or 111be Name	
SUBMIT IN TR	RIPLICATE- Other instruct	ions on revers	e side.	7 If Unit or CA/A	greement, Name and/or No	
1 Type of Well Oil Well	Gas Well Other	/		8 Well Name and	No	
2 Name of Operator Saber Oil & Gas Ventures, LLC				West Tonto Fed Comm #1 9 API Well No		
3a Address 400 W. Illinois, Ste 950, Midla	3b	Phone No (include a 432-685-0169	No (include area code)		30-025-26942	
4 Location of Well (Footage, Sec.				10 Field and Pool, or Exploratory Area		
	0' FSL of Section 24, T19S R32E	/		11 County or Paris		
	, 101 01 000000 24, 1195 1002			Lea County, 1	Vew Mexico	
12. CHECK A	APPROPRIATE BOX(ES) TO IND	NCATE NATURE	. OF NOTICE, RI	EPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION	· · · · · · · · · · · · · · · · · · ·	ТҮРЕ	OF ACTION			
Notice of Intent		Deepen Fracture Treat	Production (Stat	r1	Vater Shut-Off	
Subsequent Report	Casing Repair	vew Construction	Recomplete	\mathbf{V}	Vell Integrity ther Request Extension	
Final Abandonment Notice		Plug and Abandon Plug Back	Temporarily Aba	andon -	for P&A	
determined that the site is read P&A has previously been Plugging Division to P&A	inal Abandonment Notices shall be filed o by for final inspection) a approved by BLM. Request 60 day A well and has been waiting for over ily 2011 to commence plugging oper-	v extension to P&A 60 days for the rig t	well. Saber has cor	ntracted with Basic	Energy Services	
60 dase	Ext.					
14 Thereby certify that the fore Name (Perind)	Exf. going is true and correct					
14 Thereby certify that the fore Name (Printed/Typed) R. Douglas Kea		Tatle VP o	of Engineering			
Name (Printed/Typed)		Title VP of Date		/20/2011		
Name (Printéd/Typed) R. Douglas Keat		Date	06	· · · · ·		
Name (Priniéd/Typed) R. Douglas Keat Signature	they	ERAL OR STA		USE	7-2-11	
Name (Printed/Typed) R. Douglas Keat Signature Approved by Conditions of approval, if any, are	they	ERAL OR ST	of ATE OFFICE	·	7-2-1/	

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