Submit 1 Copy To Appropriate District Office	State of New M	exico	Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Nat	ural Resources	Revised July 18, 2013	3_
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. , 30-025-11214	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	\dashv
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra		STATE FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8	3/505	6. State Oil & Gas Lease No.	
87505		<u></u>		_
	ICES AND REPORTS ON WELL SALS TO DRILL OR TO DEEPEN OR PI		7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FORM C-101) F	FOR HOHBS OCD	Langlie Mattix Unit	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other Injection		8. Well Number 13	┪
2. Name of Operator	Cut Wen Z Cute. Injection	SEP 0 8 2014	9. OGRID Number	\dashv
Saber Oil & Gas Ventures, LLC	•		243978	_
3. Address of Operator 400 W Illinois, Suite 950, Midland	TX 79701	RECEIVED	10. Pool name or Wildcat Langlie Mattix 7 River Queen GB	ļ
4. Well Location			Banghe Mattix / River Queen GB	\dashv
Unit Letter I :	1650 feet from the Sout	h line and	990 feet from the East line	
Section 23	Township 24S	Range 37E	NMPM Lea County	
	11. Elevation (Show whether DI	R, RKB, RT, GR, etc.,		
12. Check A	Appropriate Box to Indicate N	Nature of Notice,	Report or Other Data	
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ⊠	PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WOR			
		ILLING OPNS. P AND A		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMEN	T JOB	
CLOSED-LOOP SYSTEM				
OTHER:	·	OTHER:		_
	ork). SEE RULE 19.15.7.14 NMA		d give pertinent dates, including estimated date mpletions: Attach wellbore diagram of	te
	•		The Oil Conservation Division	
 Move in RUPU. ND WH. NU BOP Release AD-1 Pkr & POH with IPC tbg 		MUST BE NOTIFIED 24 Hours		
3. Hydro test tbg & locate leak		Prior to the beginning of operations		
4. Exchange Pkr & replace ba	d joint of tbg	•	Thor to the beginning of operations	
5. Set Pkr & ND BOP. NU W		IOCD PDDII		
6. Notify NMOCD & line up	MIT w/chart. Test & chart for NM	IOCD. KDPU	·	į
		Per Undergr	ound Injection Control Program Manual	
C.O.ASUBMIT WELLBORF DIAGRAM		11.6 C Pa	cker shall be set within or less than 100	
				1
•	· -	ieet of the	uppermost injection perfs or open hole.	,
<u> </u>				
Spud Date:	Rig Release D	Pate:		
			· ·	
			11.00	
I hereby certify that the information	above is true and complete to the t	est of my knowledg	e and belief.	
	12 ()			
SIGNATURE Y	TITLE	Tech	DATE09-04-2014	
Type or print name Paula Dillard	E-mail address: _paula(@saberogv.com	PHONE: 432-685-0407	
For State Use Only	2	<u>.</u>		•
APPROVED BY: Waley 16	MOUTH _ TITLE Di	et. Sugarli	DATE 9/8/2014	
Conditions of Approval (if any):	PHILL ITTLE	CFF		_
V		5th	o 8 2014	Λı