

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-11099
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Langlie Mattix
8. Well Number 3
9. OGRID Number 243978
10. Pool name or Wildcat Langlie Mattix 7 Rivers Queen GB

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Saber Oil & Gas Ventures, LLC

3. Address of Operator
400 W Illinois, Suite 950, Midland Texas 79701

4. Well Location

Unit Letter M : 600 feet from the South line and 660 feet from the West line
Section 14 Township 24S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Run MIT ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Ran 5 year MIT – witnessed by NMOCD

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Paula Dillard TITLE Tech DATE 09/09/2014

Type or print name Paula Dillard E-mail address: PHONE: 432-818-0407

For State Use Only

APPROVED BY: Bil Sherman TITLE Staff Manager DATE 9/10/2014

Conditions of Approval (if any):

SEP 11 2014

PRINTED IN U.S.A.

NOON

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6 PM

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MIDNIGHT

Graphic Controls Inc.

CHART NO. MC MP-1000

TAKEN OFF

WHEEL

CHART PUT ON

LOCATION

REMARKS

SABER OIL 1:1 500s
FOREMAN - Henry

FOR RECORD ONLY

510 PM
KINK

BS 9/10/2004

Handwritten notes:
SABER OIL & GAS
LANGLIE MATTIX VENTURES
30-025-11099
UL-M, SEC. 14, T24S, R37E
5YR TEST

510 PM
KINK

6 AM

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