

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. 30-025-11221
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 Unit
8. Well Number 10
9. OGRID Number 243978
10. Pool name or Wildcat Langlie Mattix; 7 Rvrs-Queen-GRB

HOBBS OGD  
 MAR 05 2018  
 RECEIVED

**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 940, Midland TX 79701

4. Well Location  
 Unit Letter F : 1980 feet from the North line and 1980 feet from the West line  
 Section 23 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REI	INT TO PA _____	INT TO PA _____
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	CO	P&A NR _____	P&A NR _____
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CA:	P&A R <u>X7</u>	P&A R _____
DOWNHOLE COMMINGLE <input type="checkbox"/>				
CLOSED-LOOP SYSTEM <input type="checkbox"/>				
OTHER: <input type="checkbox"/>		OTHER:		

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.

The location has been cleaned and is ready for re-inspection

OK TO RELEASE  
 mw

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 \_\_\_\_\_

Type or print name Paula Dillard E-mail address: paula@saberogv.com PHONE: 432-685-0169  
**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer DATE 3-8-17 ✓  
 Conditions of Approval (if any):

