

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

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.)		WELL API NO. 30-025-09865
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Saber Resources LLC		6. State Oil & Gas Lease No.
3. Address of Operator 400 W Illinois, Suite 950, Midland, Texas 79701		7. Lease Name or Unit Agreement Name Priest
4. Well Location Unit Letter <u>D</u> : <u>990</u> feet from the <u>West</u> line and <u>660</u> feet from the <u>North</u> line Section <u>1</u> Township <u>15S</u> Range <u>37E</u> NMPM Lea County		8. Well Number <u>004</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3809'		9. OGRID Number <u>017909</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Saber plans on rigging up a pulling unit during the week of April 16th, 2007:

- (1) POH w/production equipment;
 - (2) PU & RIH w/a 3-3/4" bit, 5-1/2" csg scraper & 2-7/8" tbg to $\pm 9100'$. POH w/tbg, scraper & bit;
 - (3) PU & RIH w/a 5-1/2" RBP w/5-1/2" pkr. Test 5-1/2" csg to 500# & POH;
 - (4) PU & RIH w/a 5-1/2" CIBP on WL to $\pm 9100'$ & set & cap w/20' of cmt. POH & RD WL;
 - (5) Notify MNODC of casing integrity test. Load csg w/water & test 5-1/2" csg to 500# (w/chart recorder) to insure the wellbore poses no threat to ground water contamination. RD pump truck;
 - (6) Evaluate wellbore for possible re-work potential in lower Wolfcamp zone.
- Wellbore schematic is attached

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Doug Keathley TITLE VP- Operations DATE 4/16/07

Type or print name Doug Keathley E-mail address: doug@saberresources.com Telephone No. 432-685-0169

For State Use Only

APPROVED BY: Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 23 2007

Conditions of Approval (if any):

APR 23 2007

Priest # 4 - 660' FNL & 990' FWL of Sec. 1, T-15S, R-37E, Unit Letter "D"

