Submit 3 Copies To Appropriate District  State of New Mexico	Form C-103
Office Minerals and Natural Resources	May 27, 2004
Office District I 1625 N. French Dr., Hobbs N. Fren	WELL API NO. 30-025-07182
DISTRICT AND	5. Indicate Type of Lease
District IV  1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV  Santa Fe, NM 87505	STATE   FEE   STATE
1000 Rio Brazos Rd., Aztec, NM 8/410 Santa Fe, NM 8/505 District IV	
1220 S. St. Francis Dr., Santiffe, State S. C.	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(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.)	G.T. HANNERS /
1. Type of Well:	8. Well Number
Oil Well X Gas Well Other	#1
2. Name of Operator	9. OGRID Number
SABER RESOURCES LLC /	236378
3. Address of Operator	10. Pool name or Wildcat Gladida;
400 W HILINOIS SUITE 950 MIDLAND TX 79701	-DENION DEVONIAN
4. Well Location	
Unit Letter 0 : 660 feet from the SOUTH line and	1980 feet from the EAST line
Section 18 Township 12s Range 38E	
11. Elevation (Show whether DR, RKB, RT, GR, e	1c.)
Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well Di	istance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction	
	the second secon
12. Check Appropriate Box to Indicate Nature of Notice  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK	BSEQUENT REPORT OF:
TEMPORARILY ABANDON	ING OPNS. PLUG AND
PULL OR ALTER CASING	ABANDONMENT —
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attac or recompletion.	
Liabil	ULL TBG TO 5011' SPOT 135 SXS CMT TGB TO 1599' SPLT 40 SXS CMT
	n may be found at OCD Web Page under n, www.cmnrd.state.nm.us/ocd.
I hereby certify that the information above is true and complete to the best of my knowledg grade tank has been/will be constructed or closed according to NOCD guidelines, a general permit	ge and belief. I further certify that any pit or below- i or an (attached) alternative OCD-approved plan
	DATE 4-22-08
Type or print name CARY FEGLESTON  E-mail address:	Telephone No. (432) 530-0907
For State Use Only	8884 0 0
APPROVED BY hus William OC DISTRICT SUPERVISOR/GO	eneral maniager <sub>date</sub> MAY 2 8 2008

Conditions of Approval, if any: