

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-07153
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 Clovis K. Kendrick
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>6</u> Township <u>12S</u> Range <u>38E</u> NMPM Lea County		8. Well Number 2
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3872 GR		9. OGRID Number 236378
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

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

3/20/08 – MIRU PU. ND flowline and master valve, NU BOP, pull donut out of WH, POH w/32 jnts of 2-7/8: PH-6 tbg, x/o, 222 jnts of 2-7/8" 6.5# L-80 8rd tbg, x/o, 2-3/8" SN, 5 pumps (533 stages), bolt on intake, seals and motors.  
3/24/08 – PU sub pump(503 stages) with 2-3/8" BOH, 2-3/8" SN, x/o, 222 jnts of 2-7/8" 6.5#, 32 jnts of 2-7/8" PH-6 (total tbg 8291') land donut into WH, bottom of A-well sensor at 8472.32', ND BOP, NU master valve & flowline.  
3/25/08 – Start sub pump & return well to production.

RECEIVED

JUN 09 2008

HOBBS OCD

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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Paula Dillard TITLE \_\_\_\_\_ DATE 6/2/08

Type or print name: Paula Dillard E-mail address: paula@saberresources.com Telephone No. 432-685-0169  
**For State Use Only**

APPROVED BY: Paula Dillard TITLE PETROLEUM ENGINEER DATE JUN 16 2008  
Conditions of Approval (if any): \_\_\_\_\_