

PLA'd. OK TO RELEASE
MJB 12/10/2009

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
Minerals and Natural Resources

Form C-103
May 27, 2004

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD

WELL API NO. 30-025-07182
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: G.T. HANNERS
8. Well Number #1
9. OGRID Number 236378
10. Pool name or Wildcat Gladiola; DENISON DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
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 _____

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator SABER RESOURCES LLC
3. Address of Operator 400 W ILLINOIS SUITE 950 MIDLAND TX 79701
4. Well Location Unit Letter <u>0</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>18</u> Township <u>12S</u> Range <u>38E</u> NMPM <u>LEA</u> County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
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:

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 COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

4-14-08 M.I.R.U. BASIC ENERGY SERVICES P&A RIG 1273 4-14-08 SPOT 25 SX PLUG @ 6040' O.K. BY N.M.O.D.C.O. MAXIE BROWN @ 1:20 CDT WOC & TAG @ 5777. CIRCULATE HOLE W/ 10# MLF FULL TBG TO 5011' SPOT 135 SXS CMT W.O.C. 4-15-08 TAG TOC @ 4624 . SPOT 30 SXS CMT WOC & TAG 4543' FULL TBG TO 1599' SPLT 40 SXS CMT CIRCULATED TOC @ 1450' FULL TBG TO 396' SPOT 40 SXS CMT .POOH W/ TBG WOC 4-17 TAG TOC @ 276' FULL OUT OF HOLE TO 30' SPOT 10 SXS SURFACE PLUG 30' TO 3 RMD.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.cmrnd.state.nm.us/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 NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Gary Eggleston TITLE P&A SUPERVISOR DATE 4-22-08
Type or print name GARY EGGLESTON E-mail address: _____ Telephone No. (432) 530-0907

For State Use Only

APPROVED BY Chris Williams TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE MAY 28 2008
Conditions of Approval, if any: _____