Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Hobbs	

FORM APPROVED

OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No. NMNM81599

Do not use this f	IOTICES AND REPO form for proposals 1 Use Form 3160-3 (A	n	6. If Indian, Allottee or Tribe Name				
SUBMI	T IN TRIPLICATE – Other	7. If Unit of CA/Ag	7. If Unit of CA/Agreement, Name and/or No.				
I. Type of Well Oil Well Gas W	/ell Other	Cochise #1 Fed N	8. Well Name and No. Cochise #1 Fed No 2 & No 3				
2. Name of Operator Saber Oil & Gas Ventures, LLC			9. API Well No. 30-025-31626 & 3	0-025-31627 attached List 1			
3a. Address 100 W Illinois, Suite 950 Midland TX 79701		ode) 10. Field and Pool o Buffalo (Yates)	10. Field and Pool or Exploratory Area Buffalo (Yates)				
4. Location of Well (Footage, Sec., T., 915 FWL & 1660 FNL, Section 1-19S-32E 990 FNL & 990 FWL, Section 1-19S-32E	R.,M., or Survey Description	1	11. Country or Parish, State Lea County, New Mexico				
12. CHEC	CK THE APPROPRIATE BO	OX(ES) TO INDICATE NATUR	RE OF NOTICE, REPORT OR OT	HER DATA			
TYPE OF SUBMISSION		T	YPE OF ACTION				
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Resume) Reclamation	Water Shut-Off Well Integrity ✓ Other change of			
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily Abandon	Opertor			
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal				
testing has been completed. Final determined that the site is ready for the stream of	Abandonment Notices must refinal inspection.) Ind 43 CFR 3162.3 we are tipulations and restrictions ing requirements as follows: CHED FOR NS OF APPRO	be filed only after all requirements to notifying you of a change of a concerning the operations cases (43 CFR 3104). This is a result of the concerning the concerning the operations $ ext{VAL}$	opertor on the above reference onducted on the lease effective name change only. APP MAR /s/ JD BUREAU OF I	ed lease. Saber Oil & Gas Ventures, 9/1/2008. Saber Oil & Gas			
14. I hereby certify that the foregoing is t	rue and correct. Name (Printe						
Paula Dillard	\wedge	Title Tech					
Signature Alle Co		Date 10/14/2	2010				
	THIS SPACE	FOR FEDERAL OR S					
Approved by		PEN	OFFIN EMPIREM	Date MAR 1 5 2011			
Conditions of approval, if any, are attached hat the applicant holds legal or equitable t entitle the applicant to conduct operations	itle to those rights in the subje	s not warrant or certify	KN				
		a crime for any person knowingly	and willfully to make to any departn	nent or agency of the United States any false.			

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

Conditions of Approval

Saber Oil and Gas Ventures, LLC

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. All above ground structures and equipment on the lease shall be painted Shale Green (5Y 4/2). This is to be done within 90 days, if you have not already done so.
- 3. Submit for approval of water disposal method.
- 4. Submit updated facility diagrams as per Onshore Order #3
- 5. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 6. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 7. Subject to like approval by NMOCD.

Associated Cases, Wells, and Facilities

			Leases / Agreem	ents Subject to	this Permit/Repo	rt			
	Case Number Type NMNM81599 O&G Lease - Competitive - PD 1987			Status HELD BY PRODUCTION-ACTUAL					
					e de la companya de l				
API Number 300253160400S2 300253162600S1 300253162700S1 300253162800X1	Well Name COCHISE 1 FED COCHISE 1 FED COCHISE 1 FED COCHISE 1 FED		Well Numbe 01 02 03 04		his Permit/Repor b/Lat Rge/ 32E 32E 32E 32E	/Lon Sec	Aliq SWNW SWNW NWNW NWSW	ABD POW POW ABD	Next Well Test Date
		Fac Name	Facilities Sub Fac ID	oject to this Per Twp/Lat	mit/Report Rge/Lon	Sec	Aliq		
					\$				
	Document No.	Approv Approval T	vals for the First Sele Type	ected Well or F	acility Above			Appv. Dt.	

NMOCH CHange operator
THese wells