

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 300-252 ² 5378
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-619
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO NORTH UNIT "21-A"
8. Well No. 1
9. Pool name or Wildcat NORTH VACUUM ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4053.1 GR

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION
2. Name of Operator SAGE ENERGY COMPANY
3. Address of Operator P.O. BOX 3068 MIDLAND, TEXAS 79702
4. Well Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 2 Township 17-S Range 34-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4053.1 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CONVERTED TO AN INJECTION WELL ☐

12. 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.

11-28-94 Move in and rig up, POH and laid down rods, POH with tubing, RIH with tubing and locset packer, tested tubingback in hole to 6000 psi, set packer and loaded casing with 2% KCL water. Packer set at 8568.11' Injection Interval: 8688' - 8732'

12-16-94

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tonya Streun TITLE Production Clerk DATE 12-20-94
TYPE OR PRINT NAME Tonya Streun (915) TELEPHONE NO. 683-5271

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JC BN