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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Sage Energy Company		Well API No. 30-025-24031
Address PO Drawer 3068 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	This well has been unitized by R-9072 from the New Mexico State #2.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Tres Papalotes Penn Unit	Well No. 31-2	Pool Name, Including Formation Tres Papalotes Penn West	Kind of Lease State, Federal or Fee	Lease No. E-5765
Location Unit Letter <u>I</u> : <u>660</u> ^{56°} Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line Section <u>31</u> Township <u>14-S</u> Range <u>34-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Amoco Pipeline Company PO Box 591, Tulsa Oklahoma 74101					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) J.L. Davis 500 West Illinois, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 31	Twp. 14-S	Rge. 34-E	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: Order #R3401C (effective 2/9/90)

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Tammy L. Williams
Signature
Tammy L. Williams Production Clerk
Printed Name
5-8-90 (915) 683-5271 Title
Date Telephone No.

OIL CONSERVATION DIVISION
MAY 17 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.