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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> <input type="checkbox"/>
5. State Oil & Gas Lease No.

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WILDCAT	7. Unit Agreement Name
2. Name of Operator SAGE CORPORATION	8. Form or Lease Name HORTON
3. Address of Operator Box 797 FARMINGTON	9. Well No. A-01
4. Location of Well UNIT LETTER 330 FEET FROM THE BIRTH LINE AND 330 FEET FROM THE EAST LINE, SECTION 32 TOWNSHIP 11 RANGE 7E NMPM.	10. Field and Pool, or Will WILDCAT
15. Elevation (Show whether DF, RT, GR, etc.)	12. County SANTA FE

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion work) SEE RULE 1103.

400' 10" CASING RUN
CEMENTED WITH 200 BAGS CEMENT
COMPLETED JULY 24 1974

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

APPROVED BY Carl Ulogg TITLE PRES. DATE 8/7/74
APPROVED BY Carl Ulogg TITLE SENIOR PETROLEUM GEOLOGIST DATE 8/6/74
CONDITIONS OF APPROVAL, IF ANY: