

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		2
PROBATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-111  
Effective 1-1-65

JAN 23 1978

O. C. C.

ARTESIA, OFFICE

Operator <b>Sage Oil Company</b> ✓	
Address <b>c/o Oil Reports &amp; Gas Services, Inc., Box 763, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please specify)
New Well <input checked="" type="checkbox"/>	<b>GASHEAD GAS MUST NOT BE</b>
Recompletion <input type="checkbox"/>	<b>FLARED WITH 32-28</b>
Change in Ownership <input checked="" type="checkbox"/>	<b>UNLESS AN EXCEPTION TO Rule 306</b>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<b>IS OBTAINED LHM 2-266</b>

If change of ownership give name and address of previous owner **Rapid Company Inc., Box 763 Hobbs N.M. 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Copelan State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Rabbit Holes - Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>L413</b>
Location Unit Letter <b>C</b> ; <b>330</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>West</b> Line of Section <b>31</b> Township <b>10 S</b> Range <b>27 E</b> , NMPM, <b>Chaves</b> 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"/> <b>Navajo Crude Oil Purchasing</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 159, Artesia, NM 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>31</b>
	Twp. <b>10S</b>	Rge. <b>27E</b>
	Is gas actually connected? <b>No</b>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>2/16/76</b>	Date Compl. Ready to Prod. <b>11/20/77</b>		Total Depth <b>1262</b>		P.B.T.D. <b>1217</b>			
Elevations (DF, RAB, RT, GR, etc.) <b>3742.6</b>	Name of Producing Formation <b>Queen</b>		Top Oil/Gas Pay <b>637</b>		Tubing Depth <b>617</b>			
Perforations <b>637-882</b>					Depth Casing Shoe <b>1252</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>12 1/4</b> <b>7 7/8</b>	CASING & TUBING SIZE <b>8 5/8</b> <b>4 1/2</b> <b>2 3/8</b>		DEPTH SET <b>306</b> <b>1252</b> <b>617</b>		SACKS CEMENT <b>75</b> <b>225</b>			

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 Tanks <b>11/18/77</b>	Date of Test <b>12/12/77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>10 hours</b>	Tubing Pressure <b>50#</b>	Casing Pressure <b>50#</b>	Choke Size <b>2"</b>
Actual Prod. During Test <b>22 BO</b>	Oil-Bbls. <b>22</b>	Water-Bbls. <b>None</b>	Gas-MCF <b>26</b>

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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

*Donna Holmes*  
(Signature)

Agent

1/20/77

(Title)

(Date)

OIL CONSERVATION COMMISSION

JAN 24 1978

APPROVED

BY *W. A. Gressett*  
TITLE

SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.