

NE MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECEIVED

(Form C-104)
Revised 7/1/57

MAY 8 1963

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed oil or gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Maljamar, New Mexico
(Place)

5-1-63

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Sage Oil Company

(Company or Operator)

Pool Federal
(Lease)

Well No. 3, in NW 1/4, SW 1/4,

L
Unit Letter

Sec. 12

T. 17 S.

R. 29 E.

NMPM.

Sq. Lake Grayburg S. A.

Pool

Eddy

County. Date Spudded Jan. 24, 1960

Date Drilling Completed April 30, 1963

Please indicate location:

Elevation 3644

Total Depth 2584

PBTD 2566

Top Oil/Gas Pay 2512

Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2522-28 2544-54

Open Hole 0

Depth

Casing Shoe 2584

Depth

Tubing 2535

OIL WELL TEST -

Natural Prod. Test: 0 bbls. oil, 0 bbls water in 0 hrs, 0 min. Choke Size 0

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 38 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size Pump

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): 35,000 Oil 50,000 lbs. Sand

Casing Tubing Date first new

Press. Pump Press. Pump oil run to tanks 4-30-63

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter Skelly Oil Co. (Casing Head)

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8	489	50
4 1/2	2584	200
2 7/8	2535	

Remarks:

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

Approved: 1963, 19

Sage Oil Company

(Company or Operator)

By:

(Signature)

Title:

Send Communications regarding well to:

Name: Sage Oil Company

Box 106

Address: Maljamar, New Mexico

OIL CONSERVATION COMMISSION

By:

Title:

RECEIVED		NOV 1910	
FROM		TO	
STATE LAND OFFICE		U. S. G. S.	
TRANSPORTER		FILE	
BUREAU OF MINES			

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <i>Sage Oil Company</i>				Lease <i>Root Federal</i>		Well No. <i>3</i>	
Unit Letter <i>L</i>	Section <i>12</i>	Township <i>17s</i>	Range <i>29e</i>	County <i>Eddy</i>			
Pool <i>Sage Lake Geyburg S.H.</i>				Kind of Lease (State, Fed, Fee) <i>Fed.</i>			
If well produces oil or condensate give location of tanks			Unit Letter <i>L</i>	Section <i>12</i>	Township <i>17s</i>	Range <i>29e</i>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <i>Tex. New Mex. P.L. Co.</i>				Address (give address to which approved copy of this form is to be sent) <i>Midland, Texas</i>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <i>Skelly</i>			Date Connected <i>Apr. 15-63</i>	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

- | | |
|--|--|
| New Well <input checked="" type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below): |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/> | |

Remarks

RECEIVED
 MAY 1 1963
 U. S. G. S.
 ALBUQUERQUE, OFFICE

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 8 day of May, 1963.

OIL CONSERVATION COMMISSION		By <i>Ben A. Duce</i>
Approved by <i>ML Armstrong</i>		Title <i>Agent</i>
Title <i>SEAL AND SIGNATURE</i>		Company <i>Sage Oil Company</i>
Date <i>MAY 8 1963</i>		Address <i>P.O. Box 106, MARIETTA, N. MEX.</i>