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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROMOTION 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-110
Effective 1-1-65

I. Operator
Sage Oil Company
Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Condensate ☐ **Effective 12/1/77**

If change of ownership give name and address of previous owner **F L R Company, Box 763, Hobbs, New Mexico 88240**

II. DESCRIPTION OF WELL AND LEASE **NM-0367781-B**
Lease Name **Shell 35 Federal** Well No. **1** Pool Name, including Formation **Chaveroo San Andres** Kind of Lease **Federal** Lease No. **above**
Location
Unit Letter **E** **1980** Feet From The **North** Line and **660** Feet From The **West**
Line of Section **35** Township **7 S** Range **32 E** , NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be sent)
N. Freeman Avenue, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Cities Service Oil Company Address (Give address to which approved copy of this form is to be sent)
Bartlesville, Oklahoma 74003
If well produces oil or liquids, give location of tanks. Unit **E** Sec. **35** Twp. **7S** Rge. **32E** Is gas actually connected? **Yes** When **1/70**

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 ☐ 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 (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.)
OIL WELL
Date First New Oil Run To Tanks 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. Gas-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. 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.
ORIG. SIGNED BY: DONNA HOLLER
(Signature)
Agent
(Title)
12/23/77
(Date)
OIL CONSERVATION COMMISSION
DEC 28 1977
APPROVED _____, 19____
BY _____
Orig. Signed by
Jerry Sexton
TITLE **Dist. 1, Supv.**
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviated 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 radiating completed wells.

RECEIVED

ST. J.

OIL COMMISSIONER GENERAL
HOOVER, N. Y.