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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

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

I. Operator
Sage Energy Company
Address
P. O. Drawer 3068, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change of company name only -
from Rial Oil Company
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Midwest State
Well No. 1
Pool Name, including Formation
Vada Pennsylvanian
Kind of Lease
State, Federal or Fee State
Lease No.
L-529
Location
Unit Letter C ; 660 Feet From The north Line and 1980 Feet From The west
Line of Section 32 Township 8-S Range 36-E, NMPL, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Cities Service Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids,
give location of tanks.
Unit C Sec. 32 Twp. 8-S Rge. 36-E
Is gas actually connected?
yes When approx. 9/15/69

If this production is commingled with that from any other lease or pool, give commingling order number:
V. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest. Unit Rest.
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 Trueing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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

1. 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.
Production Clerk
6/27/80
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
TITLE _____
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 deviate 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 transportation or other such change of condition.