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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 [X] Fee [ ]

5. State Oil & Gas Lease No.
B-10363

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
Sage Oil Company

8. Farm or Lease Name
Lea [redacted] "CK" State

3. Address of Operator
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240

9. Well No.
1

4. Location of Well
UNIT LETTER **D** , **660** FEET FROM THE **North** LINE AND **660** FEET FROM THE **West** LINE, SECTION **35** TOWNSHIP **14S** RANGE **33E** NMPM.

10. Field and Pool, or Wildcat
Saunders

15. Elevation *(Show whether DF, RT, GR, etc.)*
4203

12. County
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [X]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

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

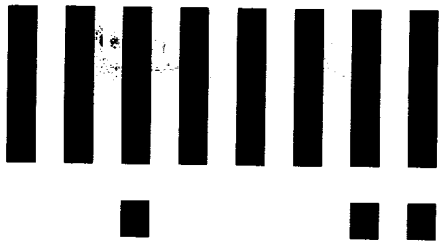
It is proposed to clean out to 9999, run electric log, test and treat all open hole shows.

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

SIGNED Warren Watson TITLE **Agent** DATE **12/23/77**

APPROVED BY Orig. Signed by Jerry Sexton Dist. I, Supv. TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



LTR

Job separation sheet

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

DISTRIBUTION		
SANTA FE		
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator

Sage Oil Company

Address

c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [X]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain): **Effective December 1, 1977**

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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lea ~~State~~ "CK" State	**1**	**Saunders**	State, Federal or Fee **State**	**B-10363**

Location

Unit Letter **D** : **660** Feet From The **North** Line and **660** Feet From The **West**

Line of Section **35** Township **14S** Range **33E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Amoco Pipeline Company	**2300 Continental National Bank Bldg,Ft.Worth,TX**
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	**Box 1589, Tulsa, OK. 74102**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	**35**	**14S**	**33E**	**Yes**	**7/25/55**

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. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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

APPROVED DEC [illegible], 19 [illegible]

BY Orig. Signed by Jerry Sexton

TITLE Dist. I Supv.

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 operator, well name or number, or transporter, or other such change of condition.