Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	OR AL	LOWAE	LE AND A	UTHORIZ	ZATION				
[.					AND NAT					:	
perator						Well API No.					
SAGE ENERGY COMP	ANY				30-025-24031						
Address			_	-	0700					1 2 8	
PO DRAWER 3068	Mid	land,	Tex	as /	9702	- (Diagon avale	.:_)				
Reason(s) for Filing (Check proper box)		Channa in i	T	are of:	Ound	t (Please expla	wt)				
New Well Recompletion	0:1	Change in	Dry Gas								
	Oil Casinghea		Condens								
Change in Operator	Canagnesi	- COAS	CONGER								
If change of operator give name and address of previous operator										·	
II. DESCRIPTION OF WELL	ANDIE	CF							11:		
Lease Name	AND LEA		Pool Na	me. Includi	ng Formation Kind of Lease				La La	25e No.	
WTPPU "31"		2	1					E-5765			
Location							·····		· ·		
Unit LetterI	: 20	80	Feet Fre	om The S	outh Line	and56	0 F	et From The	Eas	t Line	
Section 31 Township	, 14	S	Range	34E	, NM	ГРМ,	Lea	··· •	 	County	
III. DESIGNATION OF TRAN	CDODTE	ው ህድ ህ ፤	T. AND	D NATTI	RAT. GAS				<u>;</u> :		
Name of Authorized Transporter of Oil	XX	or Conden			Address (Give	address to wi	ich approved	copy of this for	m is to be se	nt)	
SCURLOCK PERMIAN	1 1						••		••		
Name of Authorized Transporter of Casinghead Gas A or Dry Gas J. L. DAVIS					Address (Give address to which approved copy of the				of this form is to be sent)		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	is gas actually	connected?	When	?	•		
give location of tanks.	A 31		14S 34E		YES		i	1-14-9	4		
If this production is commingled with that i	rom any oth	er lease or			ing order numb	er:					
IV. COMPLETION DATA	•			_	-					-	
		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	XX	İ		11	XX			XX		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Feb. 5, 1972 Jan. 14, 1994					10,	10,5	10,507'				
Elevations (DF, RKB, RT, GR, etc.)	l l				Top Oil/Gas Pay			Tubing Depth			
	4145 GR TRES PAPALOTES PENN				10,385			10,465.29 KB Depth Casing Shoe			
Perforations								Lepui Casing	Silve	1	
		CIDDIC	CACD	IC AND	CEMENTIN	IC DECOD	n	<u> </u>			
10.50.50	TUBING, CASING ANI					DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEF III OCT			GAGING SEINEN			
	 										
	 							 			
	 										
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE								
OIL WELL (Test must be after re	ecovery of to	stal volume	of load o	oil and must	be equal to or	exceed top alle	owable for this	depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te				Producing Me	thod (Flow, pi	emp, gas lift, e	tc.)			
1-14-94	1-20-94			2-1/2	" x 1-	1/4" x					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
24 hrs.	-0-				20			-0-			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	• *	į	
	5.0				70.0			2.5			
GAS WELL										1	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
								.:			
Testing Method (pitot, back pr.)	Tubing Pre	essure (Shut	-in)		Casing Pressu	re (Shut-in)		Choke Size			
	4 777 67		T T A P	CT	 			<u> </u>			
VI. OPERATOR CERTIFIC				ICE	(DIL CON	ISERV	ATION F	DIVISIO	N :	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION						
					Date Approved JAN 2 7 1994						
/					Date	Approve	u	- N- 5	100:		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Tonya

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT | SUPERVISOR

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

Production Clerk

Title -5271

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.