Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89


DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 20		WELL API NO.		
DISTRICT II	Santa Fe, New Mexico		30-025-24031		
P.O. Drawer DD, Artesia, NM 88216 DISTRICT III	o Santa 1 c, New Mexico	0 07504-2000	5. Indicate Type of Lease  STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87	410		6. State Oil & Gas Lease No. E-5765		
	NOTICES AND REPORTS ON WER PROPOSALS TO DRILL OR TO DEEPE				
DIFFERENT R	RESERVOIR. USE "APPLICATION FOR PI		7. Lease Name or Unit Agreement Name		
(FOI	RM C-101) FOR SUCH PROPOSALS.)		West Tres Papaletes Penn Unit 31		
OIL GAS WELL WELL	. OTHER Inj	jection	WTPPU		
Name of Operator			8. Well No.		
Sage Energy Compa  Address of Operator	iiiy		9. Pool name or Wildcat		
•	Midland, TX 79702		W. Tres Papalotes Penn		
. Well Location					
Unit Letter $\underline{\underline{I}}$ :	2080 Feet From The South	Line and 56	O Feet From The East Line		
a	m .: 1/_c	» 3/⊢ਸ	, , , , , , , , , , , , , , , , , , ,		
Section 31	Township 14-S F	Range 34-E er DF, RKB, RT, GR, etc.)	NMPM Lea County		
	4145 GR				
1 Che	eck Appropriate Box to Indicate	Nature of Notice, R	Report, or Other Data		
	INTENTION TO:		SSEQUENT REPORT OF:		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING			
ULL OR ALTER CASING					
ULE OH ALTER CASING [		CASING TEST AND CEMENT JOB			
THER:		OTHER: Completed as an injection well			
12. Describe Proposed or Completed	Operations (Clearly state all pertinent details,	and give pertinent dates, inclu	iding estimated date of starting any proposed		
work) SEE RULE 1103.					
		7 s			
	OH with parted rods - fish		·		
wareno	ouse rods. Unset anchor 8	y pull 4 strands	•		
4-5-91 Finish	ned POH with tubing. PU.5	5 1/2" nickel-pl	ated Baker Loc-set		
	& RIH with tubing. Set				
	s 2 7/8" EUE 8rd tubing.				
-	fluid. Pressure up to 2	200# psi & SI an	nulus. SI - RD.		
(Ready	for injection.)				
	£				
Injec	lion culewal 10385 -	10396.			
	tion interval 10385 -				
I hereby certify that the information above	e is true and complete to the best of my knowledge an	nd belief.	Clerk 4-21-92		
I hereby certify that the information above SIGNATURE	e is true and complete to the best of my knowledge and	nd belief.	DAIE		
I hereby certify that the information above SIGNATURE	e is true and complete to the best of my knowledge an	nd belief.	Clerk DATE 4-21-92 TELEPHONE NO. (915) 683		
I hereby certify that the information above SIGNATURE  TYPE OR PRINT NAME  Jane 11  (This space for State Use)  Urig.	e is true and complete to the best of my knowledge and Covary  Lovan  Signed by	nd belief.	тецерноме но. (915) 683		
I hereby certify that the information above SIGNATURE  TYPE OR PRINT NAME  Jane 11  (This space for State Use)  Par	e is true and complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the best of my knowledge and the complete to the complete to the best of my knowledge and the complete to the comple	nd belief.	DAIE		

