State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30 025 24372 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE XX DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 NA SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) John Etcheverry, Jr. "A" 1. Type of Well: GAS WELL OTHER Re-entry WELL 2. Name of Operator 8. Well No. SAGE ENERGY COMPANY 9. Pool name or Wildcat 3. Address of Operator Tres Papalotes Penn. West P. O. Drawer 3068, Midland, Texas 79702 4. Well Location Unit Letter FE : 2080 560 North West Feet From The Line Feet From The Line and Lea 29 **14S** 36E **NMPM** Section Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4139' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON **CHANGE PLANS** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: OTHER: 12. 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. 3-13-90 Set 4½" csg at 10,533.00' KB, DV tool at 6033.33' KB, PBTD at 10515.74' KB Cemented with 400 sxs Class "H" 50/50 Poz. with 6# salt and 5/10 of 1% CFR-2 sx. and 400 sxs HIW Class "C" with 1/4# Flocele, tail in with 100 sxs Class "C" neat.

(This space for State Use) ORIGINAL SEPRING BY JERRY SEXTON DISTRICT I SUPERVISOR APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE <u>APR 1 3 199</u>
(This space for State Use)		
TYPEOR PRINT NAME Frances Holzgraf	915	TELEPHONE NO. 683 5271
SIGNATURE FRANCIS Halffy	mr Production Clerk	DATE 4-4-90
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
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