

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
300-252-4594

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
K-5275

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.)

7. Lease Name or Unit Agreement Name

NORTH VACUUM ABO  
NORTH UNIT "15"

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator  
SAGE ENERGY COMPANY

8. Well No  
1

3. Address of Operator  
P.O. Box 3068 Midland, Texas 79702

9. Pool name or Wildcat  
North Vacuum Abo

4. Well Location  
Unit Letter N : 460 Feet From The South Line and 1980 Feet From The West Line  
Section 36 Township 16-S Range 34-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4038.8 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Converted to an Injection Well ☐

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.

12-5-94 Move in and rigged up, POH and laid down rods, POH with tubing, RIH and tested tubing back in hole with packer to 6000 psi, set packer with 14 points of compression, loaded casing with 2% KCL water, rigged down. Packer set at 8656.21'  
Injection Interval: 8806'- 8828'

12-13-94  
876

R-9359

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

SIGNATURE Tonya Streun

TITLE Production Clerk

DATE 12-20-94

TYPE OR PRINT NAME Tonya Streun

(915) 683-5271  
TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JCBN

6  
60

**RECEIVED**

**DEC 21 1994**

**OLD HOBBS  
OFFICE**