

DISTRIBUTION			
SA	TA	FE	
FILE			
G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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-11
Effective 1-1-65

I. Operator
Sage Energy Company
Address
P. O. Drawer 3068, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner NA

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lowe-State	Well No. 2	Pool Name, including Formation Saunders-Permo (Upper Penn)	Kind of Lease State, Federal or Fee State	Lease No. OG 5225
Location Unit Letter M ; 660 Feet From The South Line and 990 Feet From The West Line of Section 10 Township 15S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 591, Tulsa, Oklahoma 74101					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 10	Twp. 15S	Rge. 33E	Is gas actually connected? yes	When July 3, 1984

If this production is commingled with that from any other lease or pool, give commingling order number: NA

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-17-84	Date Compl. Ready to Prod. 7-6-84		Total Depth 10,058		P.B.T.D. 10,013			
Elevations (DF, RKB, RT, GR, etc.) 4188.5 Gr.	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9951'		Tubing Depth 9015'			
Perforations 9951' to 9987'					Depth Casing Shoe 10,058			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	12 3/4 34#		411'		375 sxs			
12"	8 5/8 23 & 32#		4230'		1000 sxs			
7 7/8"	5 1/2 20#		10,058'		400 sxs			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

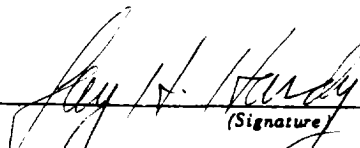
Date First New Oil Run To Tanks 7-3-84	Date of Test 7-6-84	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24	Tubing Pressure NA	Casing Pressure 50#	Choke Size NA
Actual Prod. During Test 100	Oil - Bbls. 100	Water - Bbls. 32	Gas - MCF 150

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.


Jay H. Hardy
Vice President
July 6, 1984

OIL CONSERVATION COMMISSION

APPROVED **JUL 13 1984**, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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