

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.

30-025-23638

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-2244

7. Lease Name or Unit Agreement Name

NVANU "14"

8. Well No.

1

9. Pool name or Wildcat

North Vacuum (Abo) North

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER

Injection
~~Re-Entry~~

2. Name of Operator

Sage Energy Company

3. Address of Operator

P.O. Drawer 3068, Midland, TX 79702

4. Well Location

Unit Letter D : 660 Feet From The West Line and 860 Feet From The North Line

Section 12

Township 17S

Range 34E

NMPM

Lea

County

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

4037 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: Completed as 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.

3-23-92 R.I.H. with 261 joints of new 2 3/8" J-55 EUE tubing, set 5 1/2" x 2 3/8" nickel plated LocSet packer with 12 pts tension & test pipe & casing. Tested okay, rig down.

Packer set 8495
Injection interval 8034-8603

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

SIGNATURE Janell Loran TITLE Production Clerk DATE 4-13-92

TYPE OR PRINT NAME Janell Loran

TELEPHONE NO. (915) 683-5271

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: