5	7075	C۶	NEW	MEXICO	
INEF-GY	4125 F	AIN	ERALS	DEPARTMENT	

\$0. CO \$14128 \$21	1		
DISTRUCT	1		
BANCA PE	1		
P 15.2		1	
U.F.G.A.	1		
LALD OFFICE			
THE REPORTER			
OPP.HJ. TOA]		
PROMITION COL	ICH		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	
P	

1.			-			
Oper	ator					
1	Sage Energy Co.			MAX To address on the second second		1
Adde						
	P. O. Drawer 3068, Mid1	and, Tx. 79702				
Reos	un(s) for filing (Check proper box)				Other (s leave explain)	
	New York	Change in Transporter of:				
	New Koll Recompletion Change in Ownership	011		Dry Gas		
XX	Change in Ownership	Casinghead Gan		Condensate		

If change of ownership give name Grace Petroleum Corporation, 10700 N. Freeway, Suite 620, Houston, Tx. 7703 and address of previous owner_

IL DESCRIPTION OF WELL AI	ND LEASE			
Lease Nume	Well No. Pool M	Jame, Including Formation	Kind of Lease	Lease No.
State "A"	1 Vacu	um Abo, North	State, Foderal or Foe State	E-5765
Location				
Unit Letter N : 1	980 Feet From The	West Line and	460 Feel From The South	
Line of Section 1 T	counship 17-S	Range 34-E	, ммрм, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil XX or Condensate P. O. Box 900, Dallas, Tx. 75221 Mobil Pipeline Company Name of Authorized Transporter of Casinghead Gas (XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Das Cr Bartlesville, Oklahoma 74004 Phillips Petroleum Company 66 Sec. Rge. is gas actually connected? When Twp. Unit I If well produces oil or liquids. N 1 17-S <u>'</u>34-E Yes Unknown nive location of tanks.

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Addres Holygraf
(Signature)
Production Clerk
(Title)
June 23, 1986
(Date)

OIL CONSE			
APPROVED	<u>JUL 3</u>	1986	19
BY DEIGINAL SIG	NED BY JE	RRY SEXTON	
DISTRI	CT I SUPER	VISOR	

This form is to be filed in compliance with RULE 1104.

If this is a request for ellewable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the wall in accordance with AULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. HI, and VI for changes of owners, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-100 Rovised 10-11-79 Format C0-01-33 Page 2

IV. COMPLETION DATA

Designate Type of Completio	on = (X)	Oit Wall	C to Well	New Yell	Workover	Deepen 	Pluy Beck	Schul riestv.	Diff. in stv.
Date Epuddod	Date Compl	. Racdy to P	/rod.	Total Depti	1		P.E.T.D.		•
Elevations (OF, RKE, RT, GR, etc.)	Nome of Pr	educing Fore	notion	Top Oil/Ga	s Pay		Tubing Dep	h	
Perforationa							Depth Casti	ng Shaw	
		THING,	CASHIC, AN	CONNET	NG RECON	3			
HOLE SIZE	CASH	NG & TUEI	NG SIZE		DEPTHSE	.1	S,	ACKS COMO	;7
			······································						
				1					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hours)

Date of Test	Producing Method (Flow, pump, gas lift	. 816.)
Tubing Pressure	Casing Pressure	Choke Size
Oil-Bble.	Waist-Bbis.	Gaz - MCF
		Tubing Pressure Casing Pressure

GAS WELL

Actual Proa. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pircl, back pl.)	Tubing Pressure (Shut-18)	Casing Pressure (Sout-in)	Chote Size

