State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

WELL API NO.
30-025-24176

5. Indicate Type of Lease
STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
NM-4160

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

NVANU "3"

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   OTHER *Injection* ~~Re-Entry~~

2. Name of Operator
Sage Energy Company

8. Well No.
1

3. Address of Operator
P.O. Drawer 3068, Midland, TX   79702

9. Pool name or Wildcat
North Vacuum (Abo) ~~North~~

4. Well Location
Unit Letter __J__ : __1780__ Feet From The __South__ Line and __1980__ Feet From The __East__ Line

Section __1__   Township __17S__   Range __34E__   NMPM   __Lea__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4031.5 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__ [XX]
R-9359

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.

10-1-91   Convert well to injection well, R.I.H. with 280 joints J-55 tubing,
testing to 7000 psi. Set packer & load casing with 2% KCl with packer
fluid pressure up to 500 psi & rig down.   *Packer at 8626*

Injection Interval 8669-8719

3-24-92 Placed on injection

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

SIGNATURE _Janell Lovan_   TITLE __Production Clerk__   DATE __4-13-92__

TYPE OR PRINT NAME __Janell Lovan__   TELEPHONE NO. (915) 683-5271

(This space for State Use)

APPROVED BY_____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: