Submit 5 Copies Appropriate District Office DISTRICT I		ew Mexico ural Resources Department		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	P.O. Bo	TION DIVISION		at Dorrow of Lafe	
DISTRICT III		exico 87504-2088			
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAE	BLE AND AUTHORIZA AND NATURAL GAS			
Operator SAGE ENERGY COMPANY			Well API No.		
Address	······································				
P. O. Drawer 3068, Reason(s) for Filing (Check proper box)		X Other (Please explain)			
Recompletion	Change in Transporter of: Oil Dry Gas	Change of lease n Order ∦R9358 & R		ue to unitizatio	
Change in Operator	Casinghead Gas Condensate	<u>Old Lease Name:</u>			
If change of operator give name and address of previous operator				···, _,	
II. DESCRIPTION OF WELL	L AND LEASE				
Lease Name	Weil No. Pool Name, Includi	•	Kind of Lease State Federal or Fee	Lease No.	
NVANU "3"	1 North Vac	uum ABO	G	<u> NM-4160</u>	
Unit LetterJ	: 1780 Feet From The	South Line and 1980	Feet From TheE	LastLine	
Section] Towns	hip <u>17-S</u> Range 34-	Е , NMPM ,	Lea	County	
	NSPORTER OF OIL AND NATU	RAL GAS		<u></u>	
Name of Authorized Transporter of Oil	XX or Condensate	Address (Give address to which			
Mobil Pipeline Comp. Name of Authonized Transporter of Cas		Address (Give address to which	idland, Tx 797 approved copy of this form		
Phillips Petroleum	Company 66 natt Das Co	401 Penbrook, Ode	1		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Yes	When ?	.2/1/72	
If this production is commingled with th IV. COMPLETION DATA	at from any other lease or pool, give comming	ling order number:	·····		
	Oil Well Gas Well	New Well Workover	Deepen Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completio	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ViVGas Pay Tubing Depth		
Performons	DOD STOCK		Depth Casing Shoe		
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAC	CKS CEMENT	
V. TEST DATA AND REQU. OIL WELL (Test must be afte	EST FOR ALLOWABLE r recovery of total volume of load oil and musi	t be equal to or exceed top allows	ble for this depth or be for t	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF		
L					
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Con	densate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
		┧┌			
1 hereby certify that the rules and reg	CATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
Division have been complied with an is true and complete to the best of m	d that the information given above	JUN 0 5 1991			
	K A	Date Approved	Date Approved		
(Belly)	rape	Bv Br	By BREAM ATTRACT TO ATTRACT		
Signature BIIIie Baker - Proc	luction Clerk	By By Although I and Although			
Printed Name May 20, 1991	Title (915) 683-5271	Title	· .		
Date	Telephone No.				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

recaived MAY 3 0 1991 Oca HOBBS Dates

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