

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

WELL OR LEASE NUMBER	
DISTRICT	
SANITARY	
FILE	
DEED	
LAND BY	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION ORDER	

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Sage Energy Co.

Address  
P. O. Drawer 3068, Midland, Tx. 79702

Reason(s) for filing (Check proper box) Other (Please explain)

☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Casinghead Gas ☐ Condensate

☒ Change in Ownership

If change of ownership give name and address of previous owner Grace Petroleum Corporation, 10700 N. Freeway, Suite 620, Houston, Tx. 77037

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell "C" State	Well No. 2	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Federal or Fee State	Lease No. K-4605
Location Unit Letter H : 860 Feet From The East Line and 1980 Feet From The North				
Line of Section 1 Township 17-S Range 34-E, 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"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Tx. 75221	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company 4601 N. Main St. Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004	
It well produces oil or liquids, give location of tanks.	Unit B	Sec. 1
	Twp. 17-S	Rge. 34-E
	Is gas actually connected? Yes	
	When Unknown	

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.

Frances Helmy  
(Signature)  
Production Clerk  
(Title)  
June 23, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 5 1986, 19

BY JOHN A. HARRIS

TITLE SECRETARY

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.

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be a test 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 Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

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

RECEIVED  
 JUN 30 1986  
 O.C.B.  
 HOBBS OFFICE