Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		<u> </u>					Well A	Pl No.			
SAGE ENERGY COMPANY											
Address											
P. O. Drawer 3068,	Midland.	Texas	7970	02			_				
Reason(s) for Filing (Check proper box,					X Othe	r (Please expla	úr)				
w Well Change in Transporter of:					Change of lease name & number due to unitizat						
Recompletion	Oil		Dry Gas		_	R9358 &					
Thange in Operator	Casinghe	ad Gas	Condens	ate		ase Name			#1		
change of operator give name									· · · · · · · · · · · · · · · · · · ·		
nd address of previous operator I. DESCRIPTION OF WELL	AND LE	ASE									
ease Name	L AND LE		Pool Nat	ne Includi	ng Formation		Kind	of Lease	L	ase No.	
		1	ì		_			Federal or Fe	l.		
NVANU "10"		1 1	L_Nor	rn vac	ııım ABO				1 15-330	·	
ocation					. 1	660			T.7 .		
Unit LetterD	:8	60	_ Feet From	m The $\frac{Nc}{N}$	orth Line	and <u>660</u>	Fe	et From The	West	Line	
					_		_				
Section 1 Towns	hip 17-S		Range	34-	E, N	ирм,	L	ea		County	
II. DESIGNATION OF TRA		ER OF O	IL AND	<u>NATU</u>	RAL GAS						
lame of Authorized Transporter of Oil	[XX]	or Conde	nsate [Address (Give	e address to wh	iich approved	copy of this j	form is to be se	nt)	
Mobil Pipeline Comp	-				P. O. P	lox 633	Midland	L <u>Tx 7</u>	9702		
vame of Authorized Transporter of Cas		XXX	ar Dry C	25	Address (Giv	FECTIVE:	CHIAPPTAYA9	COPY OF CHIS	form is 10 be se	nt)	
Phillips Petroleum		66 1107	艺 类	Corpor	1401 Per	brook. C	idessa.	Tx 797	62		
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge	ls gas actually		When				
ive location of tanks.	D	1	17-S		Yes	•	i		12/12/	75	
this production is commingled with th	at from pay o	ther lease or		134-1	ling order numb						
V. COMPLETION DATA	at from any o	uici icase oi	poor, give	Commune	ing older nam			·			
v. COMPLETION DATA		100.777.1		377 - 17	Name Well	Wastawas	Donner	Diva Pook	Sama Pasiu	Diff Res'v	
Designate Time of Completic	n - (Y)	Oil Wel	ı j G	as Well	I New Well	Workover	Deepen	Plug Back	Same Res'v	Lan Kes v	
Designate Type of Completion					10000	<u> </u>	L	L	1	<u> </u>	
Date Spudded	Date Cor	npi. Ready t	o Prod.		Total Depth			P.B.T.D.			
								<u> </u>			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
eriorations								Depth Casin	ng Shoe		
		TURNG	CASIN	G AND	CEMENTI	NG RECOR	D				
					CENTERY	DEPTH SET		1	SACKS CEM	ENT	
HOLE SIZE	<u> </u>	ASING & T	OBING SI	145	 	DEF IN SET		-	SAONS CEM	<u> </u>	
					 					 	
					ļ						
					<u> </u>						
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLE								
OIL WELL (Test must be after	r recovery of	total volume	of load of	il and musi	i be equal to or	exceed top allo	owable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of 7					ethod (Flow, pi					
Length of Test	Tubing P	Trac Clare			Casing Press	ıre		Choke Size			
Penkhi or 1ear	a noting P	ICOSCIE									
					Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				water - Dois.			- ITIC1		
					<u></u>			1			
GAS WELL											
Actual Prod. Test - MCF/D	Length o	f Test			Bbls. Conder	sale/MMCF		Gravity of	Condensate		
Control Marked Version Review	Tubing 5	ressure (Shu	u-in)		Casing Press	ure (Shut-in)		Choke Size	,		
esung Method (puot, back pr.)	1 doing f		• /			,,					
					٠						
VI. OPERATOR CERTIF	CATE O	F COM	PLIAN	CE		DIL CON	ICEDV	ATION	DIVICIO)NI	
I hereby certify that the rules and re					11 '		NOEU A	AHON	אולו גוח	אוע	
Division have been complied with a	nd that the int	formation gi	ven above					¥			
is true and complete to the best of n					Date	Approve	d		. क्री 		
A	ξ,				Dale	Applove	<u> </u>				
(King. 1 / 7	Xanx	11						1 1.17	·		
(vul	, 400	<u>~ ~ _</u>			By_						
Signature Billie Baker - Pro	duction	Clerk									
Printed Name			Title		Title						
May 20, 1991	(915	5) 683 -	5271		II THE						
Date			lephone N	0.	Н						
m					11						

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.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) 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.