

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

F I E			
G.S.			
ID OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator

Sage Energy Company

Address

P. O. Drawer 3068, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cities Service State	3	North Vacuum ABO	State, Federal or Fee	E-754
Location			State	
Unit Letter	0	460'	Feet From The	South
			Line and	1680'
			Feet From The	East
Line of Section	2	Township	17S	Range
				34E
				NMPM,
				Lea
				County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipeline Company	P. O. Box 1073, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit	0
Sec.	2
Twp.	17S
Rge.	34E
	yes

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X			3					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-26-85	6-3-85	8789	8769					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4045.5 GL	Abo	8564	3648					
Perforations			Depth Casing Shoe					
8626 - 8642								

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12 3/4"	435'	250 sxs Class "C"
8 3/4"	7"	4903'	400 sxs Class "C"
6"	4 1/2"	8789'	180 sxs Class "H"

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after 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 New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
6-4-85	6-5-85	pumping
Length of Test	Tubing Pressure	Choke Size
24	-0-	50#
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
35	35	TSTM
		60

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

CERTIFICATE OF COMPLIANCE

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

Production Clerk

(Title)

June 5, 1985

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL - 5 - 1985, 19

BY ORIGINAL SIGNATURE OF DISTRICT SUPERVISOR

TITLE

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.

RECEIVED
JUN 19 1989
G.D.
HOLDS OFFICE