

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator SAGE ENERGY COMPANY	Well API No. 30-025-31341
Address PO Drawer 3068 Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>share w/ #1-P</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NVANU "5" B	Well No. 2	Pool Name, Including Formation North Vacuum (Abo)	Kind of Lease State, Federal or Fee	Lease No. NM-4160
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>17S</u> Range <u>34E</u> , 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"/> <u>Mobil Pipeline</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas GPM Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>EFFECTIVE: February 1, 1992</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>1</u>	Twp. <u>17S</u>	Rge. <u>34E</u>	Is gas actually connected? <u>NO</u>	When? <u>11-10-91</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>08-09-91</u>	Date Compl. Ready to Prod. <u>10-04-91</u>		Total Depth <u>8770'</u>		P.B.T.D. <u>8735'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4022' GR</u>	Name of Producing Formation <u>Abo</u>		Top Oil/Gas Pay <u>8608'</u>		Tubing Depth <u>8727'</u>			
Perforations <u>8608 - 8688</u>					Depth Casing Shoe <u>8770'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>434'</u>		<u>420 sxs</u>			
<u>11"</u>	<u>8-5/8"</u>		<u>4605'</u>		<u>2200 sxs</u>			
<u>7-7/8"</u>	<u>4-1/2"</u>		<u>8770'</u>		<u>300 sxs</u>			
	<u>2-3/8"</u>		<u>8727'</u>					

V. 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 Tank <u>10-07-91</u>	Date of Test <u>10-07-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>NA</u>	Casing Pressure <u>25</u>	Choke Size <u>NA</u>
Actual Prod. During Test	Oil - Bbls. <u>21.0</u>	Water - Bbls. <u>35.0</u>	Gas- MCF <u>21</u>

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
Tonya Streun Production Clerk
Printed Name
10-10-91 (915) 683-5271
Date
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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

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