

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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Form C-104  
Revised 10-01-78  
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Page 1

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SANTA FE	<input checked="" type="checkbox"/>
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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
ANGEL ENERGY

Address  
4 SAGEBRUSH TRAIL, ARTESIA, N.M. 88210

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner FI-RO CORPORATION, P O BOX 8148 Roswell, N. M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic A State	Well No. 2	Pool Name, including Formation REDLAKE QUEEN GRAYBURG EAST	Kind of Lease State, Federal or Fee STATE	Lease No. E-9359
Location Unit Letter <u>EF</u> : 1980 Feet From The <u>North</u> Line and 1900 Feet From The <u>West</u> Line of Section <u>12</u> Township <u>17S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) ARTESIA, N.M.
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)
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>12</u> Twp. <u>17</u> Rge. <u>28</u>	Is gas actually connected? <u>      </u> When <u>      </u> <i>part ID-3 3-9-87 chy ap</i>

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.

*(Signature)*  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Date)  
\_\_\_\_\_  
2-19

OIL CONSERVATION DIVISION  
APPROVED MAR 13 1987, 19\_\_\_\_\_  
BY Original Signed By  
Les A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1184.  
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 changed of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.