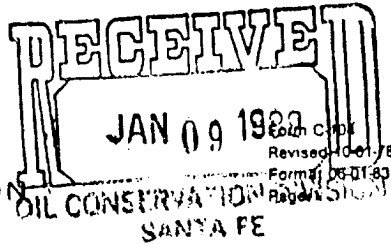


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Carr Well Service, Inc.

Address  
P.O. Box 69090, Odessa, Texas 79769-9090

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

New Well Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Shelton Oil Co., P.O. Box 176, Hobbs, N.M. 88241-0176

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angel	Well No. 2	Pool Name, including Formation Gladiolo (Wolfcamp)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>5</u> Township <u>12S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Ref.</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Ref.</u>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Refining Company</u>	<u>Box 159, Artesia, N.M. 88210</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <input type="checkbox"/>	When

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.

Linda S. Bearden  
(Signature)  
Agent  
(Title)  
12/31/88  
(Date)

OIL CONSERVATION DIVISION  
**JAN 12 1989**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Paul Kautz  
Geologist

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.

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

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