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State of New Mexico
Energy, Minerals and Natural Resources Department

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

215F
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
RECEIVED

FEB -2 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Phemons - Angel Oil Co Well API No. 30-015-05590
Address P.O. Box 965 Waltham, Texas 79382
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☒ Dry Gas ☐
☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Shugart Well No. 10 Pool Name, Including Formation Shugart - SR-4-GB Kind of Lease State, Federal or Fee Lease No. LC059569B
Location Unit Letter M : 990 Feet From The South Line and 330 Feet From The West Line
Section 21 Township 18S Range 31E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Pride Pipeline Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None 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 1 Sec. 21 Twp. 18S Rge. 31E Is gas actually connected? No When? _____
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top Oil Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					<u>Post ID-3</u>			
					<u>2-23-90</u>			
					<u>sky LT:HRC</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 _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

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.
Glen Phemons
Signature _____
Printed Name _____ Title _____
Date 2-2-90 Telephone No. 806 866-4153

OIL CONSERVATION DIVISION
Date Approved FEB 16 1990
By _____
Title _____

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 well in production.