



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Plemons-Angel Oil Co.**

Address  
**4 Sagebrush Trail Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner **Hughes Production Company 2403 Cerro Rd. Artesia, N.M. 88210**

II. DESCRIPTION OF WELL AND LEASE

LC-059569B

Lease Name <b>N. Shugart Queen Unit</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Shugart Y-SR-Qu-GB</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>Above</b>
Location Unit Letter <b>D</b> <b>990</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>21</b> Township <b>18s</b> Range <b>31e</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>E. Main Artesia, New Mexico 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2197, Houston Tx. 77001</b>	
If well produces oil or liquid, give location of tanks.	Unit <b>L</b> Sec. <b>21</b> Twp. <b>18s</b> Range <b>31e</b>	Is gas actually connected? <b>Yes</b> When <b>1961</b>

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

**NT:THM**

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.

*John Angel*  
(Signature)

**Partner**  
(Title)

**5/3/87**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 5 1987**, 19  
Original Signed By  
BY **Lee A. Clements**  
TITLE **Supervisor District II**

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.