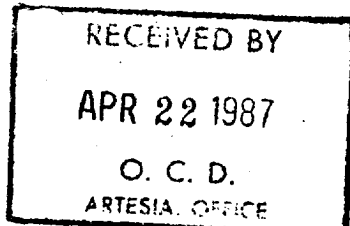


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS <input checked="" type="checkbox"/>
OPERATOR	
PROMOTION OFFICE	



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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Plemons-Angel Oil Co.

Address
4 Sagebrush Trail, Artesia, NM 88210

Reason(s) for filing (Check proper box)

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

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

II. DESCRIPTION OF WELL AND LEASE NM-025778A

Lease Name N. Shugart Queen Unit 7	Well No.	Pool Name, Including Formation Shugart Y-SR-QU-GB	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location				
Unit Letter L	: 2310 Feet From The South Line and 330 Feet From The West			
Line of Section 21	Township 18S	Range 31E	, NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Injection	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"/>	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 Sec. Twp. Rge. Is gas actually connected? When

*Post ID-3
5-8-87
shy ap*

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.

John C. Angel
(Signature)

Partner

(Title)

5-3-87

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 5 1987**, 19

Original Signed By
BY **Les 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.