Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

energy, Minierals and Matural Resources Department

LL CONSERVATION DIVISION

P.O. Box 2088

ELLIVED

See Instructions at Bottom of Page

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

OCT 14 1935 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall Api No. Operator Plemons-Angel Oil Co Address 79382 P. O. Box 965, Wolfforth, Texas, Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease Name North Shugart Queen Ut **Pool Name, including Formation** Shugart Y-SR-QU-GB Leam No. LC059569B State, Pederal or Fee Location Feet From The South 330 Feet From The West 2310 Line and Line Unit Letter 18S Range 31E Eddy 21 NMPM, County Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Navajo Refining Corp. East Main, Artesia, New Mexico, 88210 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas [___] None When 7 Twp. is gas actually connected? If well produces oil or liquids, Rge. give location of tanks. 21 | 18S | 31E No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v New Well | Workover Plug Back Same Res'v Gas Well Deepen Oil Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Cas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **SACKS CEMENT CASING & TUBING SIZE HOLE SIZE** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Choke Size Length of Test Casing Pressure Tubing Pressure Actual Prod. During Test Water - Bbls. Gas- MCF Oil - Bhla. GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) l'esting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE 🕢 **OIL CONSERVATION DIVISION** 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. OCT 15 1993 Date Approved _ By. ORIGINAL SIGNED BY

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

John C. Angel

806-456-3821

Signature /

Date

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

2) All sections of this form must be filled out for allowable on new and recompleted wells.

-Owner

Title

Telephone No.

- 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 pool in multiply completed wells.