

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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MAY 20 1987

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marbob Energy Corporation

Address

P.O. Drawer 217, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

effective 5/1/87

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                     |
|--|---------------|---|--|---------------------|
| Lease Name<br>Angell State   | Well No.<br>1 | Pool Name, Including Formation<br>East Millman Seven Rivers | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>E-7815 |
| Location<br>Unit Letter <u>P</u> : <u>990</u> Feet From The <u>S</u> Line and <u>990</u> Feet From The <u>E</u><br>Line of Section <u>21</u> Township <u>19S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County |               |   |  |                     |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |            |            |            |                                  |      |
|---|---|------------|------------|------------|----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Navajo Refining Co., Trucking | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Drawer 159, Artesia, NM 88210 |            |            |            |                                  |      |
| 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,<br>give location of tanks.   | Unit<br>I   | Sec.<br>21 | Twp.<br>19 | Rge.<br>28 | Is gas actually connected?<br>No | When |

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

## COMPLETION DATA

|                                    |                             |          |                 |                   |        |              |             |              |
|------------------------------------|-----------------------------|----------|-----------------|-------------------|--------|--------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover          | Deepen | Plug Back    | Same Hst'v. | Diff. Hst'v. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |                   |        | P.B.T.D.     |             |              |
| Elevations (DE, RKB, RT, 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 |
|           |                      |           | Post ID-3    |
|           |                      |           | 5-29-87      |
|           |                      |           | by J.T. PER  |

## 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)

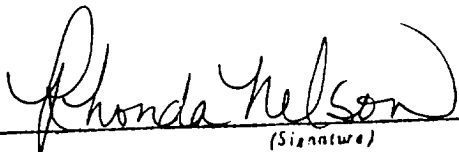
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | 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 (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

## 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.



Production Clerk

(Title)

May 18, 1987

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 27 1987, 19BY Original Signed By Mike WilliamsTITLE Oil & Gas InspectorThis 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.