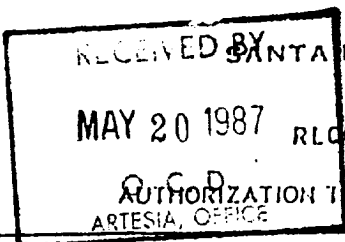


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S. MAIL	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
Operator	



P. O. BOX 2088

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 ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐

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 Angell State	Well No. 4	Pool Name, including Formation East Millman Seven Rivers	Kind of Lease State, Federal or Fee	State	Lease No. E-7815
Location Unit Letter <u>P</u> : <u>988</u> Feet From The <u>S</u> Line and <u>330</u> Feet From The <u>E</u> 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"/> Navajo Refining Co., Trucking	Address (Give address to which approved copy of this form is to be sent) 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, give location of tanks.	Unit <u>I</u> Sec. <u>21</u> Twp. <u>19</u> Rge. <u>28</u> Is gas actually connected? <u>No</u> When

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

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, RKH, RT, CR, 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					
			chg WT! 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

Phonda Nelson
(Signature)

Production Clerk

May 18, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 27 1987, 19
 Original Signed By
 BY Mike Williams
 TITLE Oil & Gas Inspector

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 filled for each pool in multiply completed wells.