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LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	
OPERATOR	

RECEIVED BY
MAY 20 1987
O. C. D. REQUEST FOR ALLOWABLE
AND
ARTESIA OFFICE
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead 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: Angell State Well No.: 6 Pool Name, including Formation: East Millman Seven Rivers Kind of Lease: State, Federal or Fee State Lease No.: E-7815
Location
Unit Letter: J : 2305 Feet From The S Line and 1628 Feet From The E
Line of Section: 21 Township: 19S Range: 28E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
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 ☐ or Dry Gas ☐
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: I Sec.: 21 Twp.: 19S Rge.: 28E Is gas actually connected? 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 Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RNB, 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

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/LMCF Gravity of Condensate
Testing Method (pilot, 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.
Rhonda Nelson
(Signature)
Production Clerk
(Title)
May 18, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 27 1987, 19
BY Original Signed 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 logs 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.