

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No. 30-025-07646-28197
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994 OPERATOR NAME CHANGE ONLY
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FWLER B (4992)	Well No. 1	Pool Name, Including Formation HOBBS (G-SA) (31920)	Kind of Lease FEE	Lease No.
Location Unit Letter K ; 2310 Feet From The FSL Line and 2317 Feet From The FWL Line Section 6 Township 19S Range 38E , NMPM , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate CITGO Petro Corp. (017407)	Address (Give address to which approved copy of this form is to be sent) 1031 ANDREW HWY STE 303, MIDLAND, TX. 79701
Name of Authorized Transporter of Casinghead Gas or Dry Gas N/A	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 ? K 6 19S 38E

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

IV. COMPLETION DATA

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Depth Casing Shoe								
TUBING, CASING AND CEMENTING RECORD								
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
REQUEST FOR ALLOWABLE								
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.)								
Rank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)						
Tubing Pressure			Casing Pressure			Choke Size		
Oil - Bbls.			Water - Bbls.			Gas- MCF		
Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		

CERTIFICATE OF COMPLIANCE
I, the undersigned, certify that the information given above is true and complete to the best of my knowledge and belief.

Signature: Sherry Wade
Printed Name: **SHERRY WADE** Title: **PRODUCTION CLERK**
Date: 3-5-94 Telephone No.: **(505) 392-5516**

OIL CONSERVATION DIVISION

Date Approved: Mar 20 1994

By: Paul Rantz
Title: Geologist

O-TRNSP. OGRID NO. 149110
 G-TRNSP. OGRID NO. 9171
 OIL POD NO. 149110
 GAS POD NO. 279120

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 2) All sections of this form must be filled out for allowable on new and recompleted wells.

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NMOCD 0+4
File

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BY SERVICE DESIGNED	
DISTRIBUTION	
STAFF	
LE	
S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

Operator
Apollo Energy, Inc.
Address
P. O. Box 5315 Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

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

Change of Transporter Effective April 1, 1984

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Fowler 'B'	Well No. 1	Pool Name, including Formation Hobbs - Grayburg/San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location
Unit Letter K ; 2310 Feet From The South Line and 2317 Feet From The West
Line of Section 6 Township 19-S Range 38-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) P. C. Box 1558 Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 424 Home Savings & Loan Bartlesville, OK 7400

If well produces oil or liquids, give location of tanks. Unit K Sec. 6 Twp. 19 Rge. 38
Is gas actually connected? Yes when September 21, 1983

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	Some Restv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, 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

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 (shot-in)	Casing Pressure (shot-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.

[Signature]
Vice President
March 20, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 21 1984, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Form C-104 must be filed for each pool in multi-well completions.

RECEIVED
MAR 20 1984
C O D
HOBBS OFFICE