

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	PRONGHORN MANAGEMENT CORPORATION <122811>	Well API No.	30-025-25151
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		XXX Other (Please explain) MAY 01 1994	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<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	MARSHALL <14997>	Well No.	6	Pool Name, including Formation	CRUZ DELAWARE <14910>	Kind of Lease	State, Federal or Free	Lease No.	LC-068848
Location									
Unit Letter	B	:	990	Feet From The	FNL	Line and	1980	Feet From The	FEL
Section	19	Township	23S	Range	33E	NMPM,	LEA	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)				
NAVAJO REFINING CORP	<015694>	P.O. BOX 159 ARTESIA, NM 88211				
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
GPM GAS CORP.	<229171>	4004 PENBROOK ST. ODESSA, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is gas actually connected?	When?
	P	24	23	32	YES	8-1-94

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

CTB-75

IV. COMPLETION DATA

Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Action - (X)							
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							
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 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	

FICATE OF COMPLIANCE

regulations of the Oil Conservation

is true and complete to the best of my knowledge and belief.

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

OIL CONSERVATION DIVISION

Date Approved

MA 20 1994

By

Orig. Signed by

Paul Kautz
Geologist

Title

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.