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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

I.

Operator PRONGHORN MANAGEMENT CORPORATION <122811>	Well API No. 30-025-28659
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994 New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY Recompletion <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 NM STATE DL <14998>	Well No. 6	Pool Name, including Formation GRUZ DELAWARE <14910>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. V-732-2
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line Section 18 Township 23S Range 33E , NMPM , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO REFINING CORP <input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159 ARTESIA, NM 88211
Name of Authorized Transporter of Casinghead Gas GPM GAS CORPORATION <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 PENBROOK ST. ODESSA, TX 79762
If well produces oil or liquids, give location of tanks.	Unit P Sec. 18 Twp. 23S Rge. 33E Is gas actually connected? YES When? 6-1-84

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.			
(R, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
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.)								
ask	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			

O-TRNSP. OGRID NO. **15694**
 G-TRNSP. OGRID NO. **2171**
 OIL POD NO. **499010**
 GAS POD NO. **499050**

CERTIFICATE OF COMPLIANCE

I, **Sherry Wade**, certify that the information given above is true and complete to the best of my knowledge and belief.

Signature **Sherry Wade** Title **PRODUCTION CLERK**
 Printed Name **3.5.94** Telephone No. **(505) 392-5516**
 Date _____

OIL CONSERVATION DIVISION

Date Approved **MAY 20 1994**

By _____ Title _____
 Orig. Signed by **Paul Kautz** Geologist

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.