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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

OIL CONSERVATION DIVISION

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

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 <i>(122811)</i> | | Well API No. 30-025-29108 |
| 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: OPERATOR NAME CHANGE ONLY 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 N.M. STATE 36 <i>(14924)</i> | Well No. 2 <i>(COM)</i> | Pool Name, including Formation EK BONE SPRING <i>(21050)</i> | Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal <input type="radio"/> Fee | Lease No. V-697-2 |
| Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>18S</u> Range <u>33E</u> , NMPM, LEA County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|--|------------|-------------|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate TEXAS-NEW MEXICO PIPELINE <i>(027628)</i> | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 60028 SAN ANGELO, TX 76906 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO, INC. <i>(005097)</i> | Address (Give address to which approved copy of this form is to be sent) STE #550, 10 DESTA DR. MIDLAND, TX 79701 | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 36 | Twp. 18S | Rge. 33E |
| Is gas actually connected? | | When? | | |

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. | | | | | |
| GR, etc.) 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 | | |
| | | | | | | | | |
| | | | | | | | | |

D 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.)

| | | | | |
|--------------------------------|---------------------------|---|--|--|
| Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | | |
| Tubing Pressure | Casing Pressure | Choke Size | | |
| Oil - Bbls. | Water - Bbls. | Gas - MCP | | |
| Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| br.) Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | |

CERTIFICATE OF COMPLIANCE

rules and regulations of the Oil Conservation Division are complied with and 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 MAY 20 1994
By Paul Kautz Orig. Signed by
Title Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

OIL POD NO. 499610
 GAS POD NO. 499630
 O-TRNSP. OGRID NO. 5097
 G-TRNSP. OGRID NO. 499650

OIL CONSERVATION DIVISION

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 P.O. Drawer DD, Artesia, NM 88210

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 BABER WELL SERVICING CO. | Well API No. 30-025-29108 |
| Address 2815 LOVINGTON HWY, P.O. BOX 1772 - HOBBS, NEW MEXICO 88241 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| 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 checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| EFFECTIVE 2-1-93 | |
| If change of operator give name and address of previous operator NORTH CENTRAL OPERATING, INC. P.O. BOX 540 GRAHAM, TEXAS 76450 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|--|-----------------------------|
| Lease Name NEW MEXICO 36 STATE COM | Well No. 2 | Pool Name, Including Formation E.K. BONE SPRING | Kind of Lease STATE <input checked="" type="checkbox"/> Federal or Fee | Lease No. NMV-697 |
| Location Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line Section 36 Township 18S 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 <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NEW MEXICO 88240 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO INC. | Address (Give address to which approved copy of this form is to be sent) P.O. BO 951063, DALLAS, TX. |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When ? A 36 18S 33E YES |

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

IV. 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, 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 | | |
| | | | | | | | | |
| | | | | | | | | |

V. 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 Tank | 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR 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.

G.A. Baber III
 Signature
G.A. BABER III PRESIDENT
 Printed Name
2-18-93 (505) 392-5516
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 24 1993**

By **ORIGINAL SIGNED BY JERRY SEXTON**
 DISTRICT I SUPERVISOR

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.
 - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.