

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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**FEB 28 1985**  
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Transwestern Gas Supply Company** ✓

Address  
**2801 N. Main, Roswell, NM 88201**

Reason(s) for filing (Check proper box)

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

☒ Dry Gas  
☐ Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Pronghorn Fed</b>	Well No. <b>1</b>	Production, Including Formation <b>ABO Slope</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 323</b>
Location				
Unit Letter <b>H</b> : <b>990</b> Feet From The <b>FNL</b> Line and <b>660</b> Feet From The <b>FEL</b>				
Line of Section <b>30</b> Township <b>4S</b> Range <b>22E</b> , NMPM, <b>Chaves</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Transwestern Pipeline Company</b>	<b>P. O. Box 2018, Roswell, NM 88201</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<b>Yes February 11, 1985</b>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

*James R. Jones*  
(Signature)  
**Exploration & Production Superintendent**  
(Title)  
**February 11, 1985**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 5 1985**, 19  
BY **Original Signed By**  
**Leslie A. Clements**  
TITLE **Supervisor District II**

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 tests 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.

**Post ID-2**  
**3-8-85**  
**Comp + AK**

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 11-17-84	Date Compl. Ready to Prod. 1-30-85	Total Depth 3450'				P.B.T.D. 3191'			
Elevations (DF, RKB, RT, CR, etc.) 4475 GL	Name of Producing Formation ABO	Top Oil/Gas Pay 3044'				Tubing Depth 3026'			
Perforations 3044' to 3050' & 3060' to 3068'						Depth Casing Shoe 3228'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		912'		775 sxs (circulated)				
7 7/8"	4 1/2"		3228'		250 sxs to cover ABO				
					and Tubb formation				
	1 1/2"		3026'						

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 337	Length of Test 12 hrs	Bbls. Condensate/MMCF 337,000	Gravity of Condensate
Testing Method (psol, back pr.) Flowing to atmosphere	Tubing Pressure (shut-in) 960	Casing Pressure (shut-in) 960	Choke Size 3/8"

O. C. D.  
ARTESIA, OFFICE

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

# NOTICE OF GAS CONNECTION

**DATE** February 12, 1985

This is to notify the Oil Conservation Division that connection for the purchase of gas from the Transwestern Gas Supply Company  
Operator

Pronghorn

# Lease

# #1

Well Unit

30-4S-22E

S.T.R.

~~Pecos Slope (Abo)~~

Pool

Transwestern  
Name of Purchaser

was made on February 11, 1985

Transwestern Pipeline Company  
Company

Rodney C. Burke Rodney C. Burke  
Representative

**Title**

cc: Operator

New Mexico Oil Conservation Commission  
Oil & Gas Conservation Division  
P. O. Box 2088  
Santa Fe, NM 87501