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Submit 5 Copies Appropriate District Office DISTRICT	Energy, N		lew Mexico tural Resources Department		Form C-104 Revised 1-1-89 See Instructions	+ Pp
P.O. Dox 1980, Hobbi, NM 88240 DISTRICT II P.O. Drawer DD, Anenia, NM 88210 DISTRICT III		P.O. B	ATION DIVISION ox 2088 exico 87504-2088	· .	at Bottom of Page	¥
1000 Rio Brazos Rd., Anec, NM 87410	REQUEST FO	OR ALLOWA	BLE AND AUTHORIZAT	FION		
I. Operator			AND NATURAL GAS	Well API No.	Well API No.	
PRONGHORN :	MANAGEMENT	CORPORATI	<u>ON</u>	30-015-00525		
P.O. BOX 1 Reason(s) for Filing (Check proper bax)	772 HOBBS	, NM 882	41 XXX Other (Please explain)			
New Well Recompletion Cuage la Operator	01	Transportor of Dry Gas		ME CHANGE O	NLY	
	BER WELL SEI	RVICING C	OMPANY P.O. BOX	(1772 НОВВ	S, NM 88241	-
II. DESCRIPTION OF WELL Lease Name BRAINARD				Kind of Lease State, Foderal or Fee	Leane No. LC058181	
Location Unit LetterN	. 330	Feet Prom The	5 Lips and2310	Feet From The	W Line	
Section 25 Township 17S Range 27E NMIM, EDDY County						
			· · · · · · · · · · · · · · · · · · ·			لــ ۰۰
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authonized Transporter of Oil XX or Condensale Address (Give address to which approved copy of this form is to be sent)						-, i
Name of Authorized Transporter of Casin, N/A	/A			P.O. DRAWER 159, ARTESIA, NM 88210 Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Uait Soc. N 25	Twp. Rgc. 175 27E	Is gas actually connected? When 7			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	ool, give commingi	ing order number:		·	-
Designate Type of Completion	- (X)	Gas Well	New Well Workover D	eepen Plug Back Sar	ne Res'v · Diff Res'v	-
Date Spanislod	Date Compi. Ready to Prod.		Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top OlVOAL Pay	Tubing Depth		
Perfortuons	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.	Depth Caslog SI	10 e	
	TUBING, CASING AND					_! ·
HOLE SIZE	CASING & TU	BING SIZE	DEPTHSET		SACKS CEMENT	
·				3-	3-25-94	
V. TEST DATA AND REQUES	EST DATA AND REQUEST FOR ALLOWABLE			(
			be equal to or exceed top allowabl Producing Method (Flow, pump, g		ші 24 коштэ.)	-
Leagth of Test	Tubing Pressure		Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oll - Bbls,		Water - Bbls	GM- MCF	Gaa- MCP	
CAS WELL	l		· · · · · · · · · · · · · · · · · · ·			-
Actual Prod. Test - MCI/D	Longth of Test		Iblis. Condensate/MMCF	Gravity of Cood	514402	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shu-)	ш) ————————————————————————————————————	Casing Pressure (Shut-in)	sing 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 providedge and belief.			OIL CONSERVATION DIVISION MAR 2 1 1994 Date Approved			
Charry Made			By DISTRICT, IL			
Signature SHERRY WADE, PRODUCTION CLERK			By			
$\frac{(3.5 \cdot 9.4)}{(505) 392 - 5516}$						
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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.