|  | · · · · · · · · · · · · · · · · · · ·                                       | •                 |                     |                         |  |  | ę sil                       |                                  |                               |                                 | clsf.      |  |
|--|---|-------------------|---------------------|-------------------------|--|--|-----------------------------|----------------------------------|-------------------------------|---------------------------------|------------|--|
| Submit 5 Corries<br>Appropriate District Office<br>DISTRUCT 1  | 1   | Encrgy, እ         |                     |                         | w Mexico<br>ral Resources Department   |  |                             |                                  | Form C<br>Revised<br>See Inst | 1-1-89<br>ructions              |            |  |
| P.O. Dox 1980, Hobbi, NM 88240<br>DISTRICT II<br>P.O. Drawer DD, Arlenia, NM 88210   |   | •                 |                     | P.O. Bo                 | TION DIVISION<br>x 2088<br>xico 87504-2088   |  |                             | · .                              | N Botto                       | en of Page                      |            |  |
| DISTRICT III<br>1000 Rio Diatos Rd., Attec, NM 87410<br>I.   | REQUEST FOR ALLOWABLE AND AUTHORIZATION<br>TO TRANSPORT OIL AND NATURAL GAS |                   |                     |                         |  |  |                             |                                  |                               |                                 |            |  |
| Openie<br>PRONGHORN MANAGEMENT CORPORATIO  |   |                   |                     |                         |  |  |                             |                                  | Well API No.<br>30-015-00693  |                                 |            |  |
| Address<br>P.O. BOX 17<br>Reason(s) for Filing (Check proper box)  | 72  | HOBBS             | <u>, NM</u>         | 8824                    | 1<br>XXX Other   | (Blease expla  | in l                        |                                  |                               |                                 | _          |  |
| New Well   Recompletion  Change la Operator  | Oil<br>Caulaghea<br>ER WE   | ·····             | Dry Oas<br>Constant |                         |  |  | NAME                        | CHANGE                           |                               | 88241                           |            |  |
| II. DESCRIPTION OF WELL A  |   |                   |                     |                         |  | 1.0.1  | JUK 17                      | (2, 1100                         | <u>, 10, 111</u>              |                                 |            |  |
| Lesse Nuite<br>DELHI   | use Name Well No. Pool Name, Including For                                  |                   |                     |                         |  |  | Formation<br>ES SEVEN RIVER |                                  |                               | <b>сане</b> No.<br>538          |            |  |
| Location<br>Unit Letter <u>A</u>   | 3:  | 30                | _ Feet Pro          | m The <u>N</u>          | ORTH Line  | and <u>33</u>  | <u>30 p</u>                 | eet From The _                   | EAST                          | Une                             |            |  |
| Section 36 Township  | 175   | 3                 | Rango               | 27E                     | , NM   | 11M,   | E                           | DDY                              |                               | County                          |            |  |
| · · · · · · · · · · · · · · · · · · ·  |   |                   |                     |                         |  | AL GAS<br>Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 159 ARTESIA, NM 88211 |                             |                                  |                               |                                 | ,<br> <br> |  |
| N/A  |   |                   |                     |                         | Address (Give address to which approved copy of this form is to be sent)   |  |                             |                                  |                               |                                 |            |  |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br>A   | <b>soc.</b><br>36 | Twp.<br> 175        | 127E                    | ls gas actually  |  | When                        | n ?<br>                          |                               |                                 |            |  |
| If this production is commingled with that f<br>IV. COMPLETION DATA  | rom any où  | <u> </u>          |                     | e commingl              |  |  |                             | ······                           |                               |                                 |            |  |
| Oil Well     Gas Well       Designate Type of Completion - (X)   |   |                   |                     | New Well<br>Total Depth | Workover   | Deepea<br>   | Plug Back                   | Same Res'y                       |                               |                                 |            |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation   |                   |                     |                         | Top Oil/Clas Pay   |  |                             | Tubing Depth                     |                               |                                 |            |  |
| Perfortuona  | <u></u>   |                   |                     | ·                       | 1  |  |                             | Depth Casin                      | g Shoe                        |                                 |            |  |
|  |   |                   |                     |                         | CEMENTIN   |  | D                           |                                  |                               |                                 | ·          |  |
| HOLE SIZE  | CASING & TUBING SIZE  |                   |                     |                         | DEPTH SET  |  |                             | Post ID - 3                      |                               |                                 | <br>       |  |
| · · · · · · · · · · · · · · · · · · ·  |   |                   |                     |                         |  |  |                             |                                  | 3-25-94                       |                                 |            |  |
|  |   |                   |                     |                         |  |  |                             |                                  | chy of                        | 2                               | ]          |  |
| V. TEST DATA AND REQUES<br>OIL WELL (Test must be after re   | TFOR  | ALLOW             | ABLE                | il and must             | be coual to or e   | acced top allo   | onable for th               | ы depth or be f                  | or full 24 hou                | os.)                            |            |  |
| Date First New Oil Run To Tank   | Date of Text  |                   |                     |                         | be equal to ar exceed top allowable for this depth or be for full 24 hours.)<br>Producing Method (Flow, pump, gas lýt, etc.) |  |                             |                                  |                               |                                 |            |  |
| Length of Test   | Tubing Pressure   |                   |                     |                         | Casing Pressure  |  |                             | Choke Size                       | Choke Size                    |                                 |            |  |
| Actual Prod. Druring Test  | Oil - Bbls.   |                   |                     |                         | Water - Bbis.  |  |                             | Gaa- MCF                         |                               |                                 |            |  |
| GAS WELL   | L   | ,                 |                     |                         |  |  |                             |                                  |                               | ·····                           |            |  |
| Actual Prod. Test - MCP/D  | Leagth of Test  |                   |                     |                         | Duis. Condensate/MMCI <sup>r</sup><br>Casing Pressure (Shut-ia)  |  |                             | Cravity of Condensate Choke Size |                               |                                 |            |  |
| Testing Method (pirot, back pr.) Tubing Pressure (Shul-in)   |   |                   |                     |                         | Casing Presion   | re (Snut-10)   |                             | Choke size                       |                               |                                 |            |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE<br>I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given above<br>is true and complied to the best of my knowledge and belief. |   |                   |                     |                         | OIL CONSERVATION DIVISION<br>MAR 1 7 1994  |  |                             |                                  |                               |                                 |            |  |
| Sherry Hade  |   |                   |                     |                         | Date Approved  |  |                             |                                  |                               |                                 |            |  |
| Signature SHERRY WADE PRODUCTION CLERK   |   |                   |                     |                         | Title  |  |                             |                                  |                               |                                 |            |  |
| $\frac{\frac{\text{Printed Name}}{5.5 \cdot 94} + \frac{\text{Title}}{(505) \cdot 392 - 5516}}{\frac{1}{\text{Telephone No.}}}$  |   |                   |                     |                         |  |  |                             |                                  |                               |                                 | <u></u>    |  |
|  |   |                   |                     |                         |  | 1. 1.536, 1917, 1979, 1978, 1978   | 210 S                       | e ya ama ka na faa               | an Bergind pharacterist       | iya larashir na chasari gini. T |            |  |

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.