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|--|--|--|---|---|--|--|---|---|--|---------------------------|
| omit 5 Copies propriate District Office ITRICT 1 D. Box 1980, Houbs, NM 88240 ITRICT II | | | linera | | iral Resourc TION E | es Departmen DIVISION | MA | IR 1 4 10 | Form C Revised See Inst at Botto | 1-1-89 |
| D. Drawer DD, Anesia, NM 88210 STRICT-III | · | Sai | nta Fe | e, New Me | exico 8750 | 4-2088 | | • | | |
| O Rio Britos Rd., Artec, NM 87410 | REQU T | EST FO | DR A .NSP | | LE AND A | AUTHORIZ FURAL GA | ATION S Well A | JPI No. | | |
| PRONGHORN 1 | MANAGEN | MENT | CORI | PORATIO | N | | 30-0 | 15-0064 | 8 | |
| P.O. BOX 1 eason(s) for Filing (Check proper box) ew Well ecompletion | | | | HORTOF OF | XXX Oth | er (Please explaine) ERATOR | | CHANGE | ONLY | |
| change of operator give nameBA. | BER WEI | LL SE | RVI | CING C | OMPANY | P.O. B | SOX 177 | 7 <u>2</u> HOE | BBS, NM | 1 88241 |
| I. DESCRIPTION OF WELL CALLE NATION STATE E | AND LEA | Vell No. | | Name, Includi MPIRE YA | | EN RIVERS | | of Lease Joderni or-Fee | | ease No. |
| Location Unit LetterM | ; | 954 | . Feet I | From The | S Lin | and940 | <u>)</u> Fe | et From The | W | Line |
| Section 36 Townsh | ip 17 | 7S | Range | 275 | | <u>мрм,</u> | | EDI | DY | County |
| II. DESIGNATION OF TRAM Name of Authorized Transporter of Oil <u><u><u>H</u>RC</u>. Name of Authorized Transporter of Casin f well produces oil or liquids,</u> | | or Conder | or Dr | у Сал | Address (Giv | e address to wh e address to wh | | copy of this f | | |
| ve location of tanks. | ii | | Twp. | Kge. | Is gas actual | y connected i | | · | | |
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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.