State of New Mexico Form C-104 Provided During Office Energy, Minerals and Natural Resources Department Revel 01-195 No. Dec 1960, Libba, NM 83240 OIL CONSERVATION DIVISION Revel 01-195 NTRCTIL O.D. Once 05, Antella, NM 83210 Santa Fe, New Mexico 87504-2083 Strike CTIL Could be bring Mexico 87504-2083 Dirinker Diring Mexico REQUEST FOR ALLOWABLE AND ANTUFAL GAS Weil APINA. Operator PRONGHORN MANAGEMENT CORPORATION 30-015-0066-5 Addres PRONGHORN MANAGEMENT CORPORATION 30-015-0066-5 Addres Charge to Transporte of Diring Concervor bay XIX Other (Plast capleio) New Wall Charge to Transporte of Diring Concervor bay XIX Other (Plast capleio) Recording Concervor Calaphaed to Concervor OP PRATOR NAME CHANGE ONLY Concervor Calaphaed to Concervor OP PRATOR NAME CHANGE ONLY Concervor Calaphaed to Concervor OP PRATOR NAME CHANGE ONLY Construction Calaphaed to Concervor OP PRATOR NAME CHANGE ONLY Construction Calaphaed to Concervor OP PRATOR NAME CHANGE ONLY Construction Calaphaed to Conconcervor OP Proteconcervor B 8318 </th
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/. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Dack Same Res'v Diff Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Ievations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Oas Pay Tubing Depth erfor=uons TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe
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/. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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.) DIL 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.) DIL 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.) DIL 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 (Plow, plano, gut 19), Rec.) 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 Ubis. Condensate/MMCF Gravity of Condensate
Testing Method (pitor, 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 MAP 1 7 1001
is true and complete to the best of my knowledge and belief. Date Approved
Signature SHERRY WADE PRODUCTION CLERK BY SUPERVISOR DISTRICT II
Printed Name 3.5.94 Title Title Date Telephone No. Telephone No. Title

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.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.