

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator	PRONGHORN MANAGEMENT CORPORATION <122811>	Well API No.	30-025-03734
Address	P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box)	XXX Other (Please explain) MAY 01 1994		
New Well	<input type="checkbox"/>	Change in Transporter of:	OPERATOR NAME CHANGE ONLY
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator	<input type="checkbox"/>	Outagehead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE T <14991>	Well No.	1	Pool Name, including Formation	<59847> TOWNSEND PERMO UPPER PENN	Kind of Lease	State Federal or Fee	Lease No.	E-9335
Location	Unit Letter M : 2970 Feet From The FSL Line and 330 Feet From The FWL Line								
Section	06	Township	16S	Range	36E	NMPM,	LEA	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Texas NM Pipeline <022628>	Address (Give address to which approved copy of this form is to be sent)	TA			
Name of Authorized Transporter of Casinghead Gas or Dry Gas	W.A. Warren Petroleum <024650>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

with that from any other lease or pool, give commingling order number:

TA

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.					
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth					
			Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD									
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			

REQUEST FOR ALLOWABLE

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 of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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 is true and complete to the best of my knowledge and belief.

Signature Sherry Wade  
Printed Name SHERRY WADE Title PRODUCTION CLERK  
Date 3-5-94 Telephone No. (505) 392-5516

OIL CONSERVATION DIVISION

MAY 20 1994

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Orig. Signed  
Paul Kautz  
Geologist

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.

