

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No.	30-025-03737
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994			
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	OPERATOR NAME CHANGE ONLY	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>	Casinghead 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.	4	Pool Name, including Formation	(59847) TOWNSEND PERMO UPPER PENN	Kind of Lease	State	Lease No.	E-9335	
Location										
Unit Letter	K	:	4620	Feet From The	FSL	Line and	1885	Feet From The	FML	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 <input type="checkbox"/> or Condensate	Texas NM Pipeline (D222628)	Address (Give address to which approved copy of this form is to be sent)	T/A			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum (D24650)	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this is connected with that from any other lease or pool, give commingling order number:

IV. D Date Elev Perf	OIL POD NO. 501510 GAS POD NO. 501520	O-TRNSP. OGRID NO. 0211427 G-TRNSP. OGRID NO. 024650	V. OI Da Le Ar C A Fi	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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			
TEST FOR ALLOWABLE											
ter 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			

IFICATE 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
SHERRY WADE PRODUCTION CLERK
Printed Name 3.5.94 Title (505) 392-5516
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
By Paul Kautz Drig. Signed by
Geologist
Title

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.

