

Submit 5 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. 30-025-07281
Address P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY 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 PEOPLES SECURITY <122811>	Well No. 1	Pool Name, Including Formation GARRETT SAN ANDRES <27170>	Kind of Lease State, Federal or Private	Lease No.
Location Unit Letter L : 1980 Feet From The FSL Line and 660 Feet From The FWL Line Section 23 Township 16S Range 38E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO REFINING CO. PIPELINE DIVISION	or Condensate <015694>	Address (Give address to which approved copy of this form is to be sent) P.O. DRAWER 159, ARTESIA, N.MEX. 88211				
Name of Authorized Transporter of Casinghead Gas N/A	or Dry Gas	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 L	Sec. 23	Twp. 16S	Rge. 38E	Is gas actually connected?	When?

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

IV. COMPLETION DATA

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

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.)

Rank	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	

CERTIFICATE OF COMPLIANCE

rules and regulations of the Oil Conservation Division and that the information given above is true and complete to the best of my knowledge and belief.

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

OIL CONSERVATION DIVISION

Date Approved
By
Title
Original Signed by
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.