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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	PRONGHORN MANAGEMENT CORPORATION <u>(122811)</u>	Well API No.	30-025-07727
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:		
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	STATE U <u>(14996)</u>	Well No.	1	Pool Name, Including Formation	<u>(33250)</u> HOUSE DRINKARD	Kind of Lease	Lease No.
						State, Federal or Free	B-9652
Location							
Unit Letter	P	:	660	Feet From The	FSL	Line and	660
				Feet From The	FEL	Line	
Section	02	Township	20S	Range	38E	NMPM,	LEA
				County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)				
SCURLOCK PERMAIN	<u>(020445)</u>	P.O. BOX 4648, HOUSTON, TX. 77210				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
N/A						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	P	02	20S	38E		

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

IV. COMPLETION DATA

O-TRNSP. OGRID NO. G-TRNSP. OGRID NO. OIL POD NO. GAS POD NO.	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			
ut 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.)			
Link	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	
es and regulations of the Oil Conservation	
ed with and that the information given above	
is true and complete to the best of my knowledge and belief.	
Signature	SHERRY WADE
Printed Name	3-5-94
Date	(505) 392-5516
	Telephone No.

OIL CONSERVATION DIVISION	
MAY 20 1994	
Date Approved	
By	Dr. Signer
Title	Paul E. G...

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