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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

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	Well API No.	30-025-03485
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		XXX Other (Please explain)	
New Well	<input type="checkbox"/>	MAY 01 1994	
Recompletion	<input type="checkbox"/>	OPERATOR NAME CHANGE ONLY	
Change in Operator	<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 C	Well No.	1	Pool Name, including Formation	SAN SIMON YATES, NORTH (ASSOC)	Kind of Lease	State, Federal or Fee	Lease No.	E-2446
Location									
Unit Letter	M	Feet From The	660	FSL	Line and	660	Feet From The	FHL	Line
Section	20	Township	21S	Range	35E	NMPM	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	NAVAJO REFINING CO. PIPELINE DIVISION	Address (Give address to which approved copy of this form is to be sent)	P.O. BOX 159, ARTESIA, N.MEX. 88211				
Name of Authorized Transporter of Casinghead Gas	GPM	Address (Give address to which approved copy of this form is to be sent)	4044 PENBROOK, ODESSA, TX. 79762				
If well produces oil or liquids,	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When?	
	F	20	21S	35E			

O-TRNSP. OGRID NO. 015694
G-TRNSP. OGRID NO. 001771
OIL POD NO. 501410
GAS POD NO. 501430

With that from any other lease or pool, give commingling order number:									
TA									
pletion - (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
SHERRY WADE PRODUCTION CLERK
Printed Name 35-94 Title (505) 392-5516
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
By _____ Orig. Signed by Paul Knutz
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.
- See Instructions at Bottom of Page for changes of operator, well name or number, transporter, or other such changes.