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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. 30-025-03521
Address P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <b>MAY 01 1994</b> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>4987</u> N.MEX. BZ ST NCT 5	Well No. 1	Pool Name, including Formation <u>53790</u> SAN SIMON YATES, NORTH (ASSOC)	Kind of Lease (State) Federal or Fee	Lease No. B-158
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>FNL</u> Line and <u>660</u> Feet From The <u>FWL</u> Line Section <u>29</u> Township <u>21S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>NAVAJO REFINING CO. PIPELINE DIVISION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 159, ARTESIA, N.M. 88211</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GPM</b>	Address (Give address to which approved copy of this form is to be sent) <b>4044 PENBROOK, ODESSA, TX. 77210</b>					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>29</u>	Twp. <u>21S</u>	Rge. <u>35E</u>	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.				
(c.)	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

Date Approved M. 20 1994  
By Geologist  
Title 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.