

Submit 5 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.	30-025-03522
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:	OPERATOR NAME CHANGE ONLY	
Recompletions <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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
14987 N. MEX. BZ NCT 5	5604	2	SAN SIMON YATES, NORTH (ASSOC)	State Federal or Fee	B-158
Location	Unit Letter C : 660 Feet From The FNL Line and 1980 Feet From The FWL Line				
Section 29	Township 21S	Range 35E	NMPM, Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
NAVAJO REFINING CO. PIPELINE DIVISION	15294	P.O. BOX 159, ARTESIA, N.M. 88211				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
GPM	8009171	4044 PENBROOK, ODESSA, TX. 79762				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	C	29	21S	35E		

with that from any other lease or pool, give commingling order number:

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

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 3-5-94 Title (505) 392-5516
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
By _____ Orig. Signed by Paul Krutz
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.

3) Fill in only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.