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Appropriate District Office
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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.	30-025-03523 ✓
Address	P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box)	XXX Other (Please explain) MAY 01 1994		
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"/> Condensate <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>	Casinghead Gas <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	N.MEX. BZ ST NCT 5	Well No.	3	Pool Name, including Formation	SAN SIMON YATES, NORTH (ASSOC)	Kind of Lease	State	Lease No.	B-158
Location	Unit Letter E : 1980 Feet From The FNL Line and 660 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	Navajo Refining Co <015694>	Address (Give address to which approved copy of this form is to be sent)	T/A			
Name of Authorized Transporter of Casinghead Gas or Dry Gas	CPM Gas Corp <009121>	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	Sec.	Typ.	Rge.	Is gas actually connected?	When?

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

T/A

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

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 MAY 20 1994
By Paul Mantz Orig. Signed by Gerhardt
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 out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.