

Submit 5 Copies  
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. 30-025-03524
Address P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas 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 N.MEX. BZ ST-NCT 5	Well No. 4	Pool Name, including Formation SAN SIMON YATES, NORTH (ASSOC)	Kind of Lease State Federal or Fee	Lease No. B-158
Location Unit Letter F : 1980 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 NAVAJO REFINING CO. PIPELINE DIVISION	or Condensate GPM	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	or Dry Gas	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 F Sec 29 Twp 21S Rge 35E	Is gas actually connected?	When?

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

ATA	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.			
etc.)	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

It 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.)

nk	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 7 20 1994  
By Orig. Signed by  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.