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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 <122811>	Well API No. 30-025-08119
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 <input type="checkbox"/> 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 FIELDS <15001>	Well No. 1	Pool Name, including Formation CRUZ DELAWARE <14910>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. LC-063228
Location Unit Letter P : 660 Feet From The FSL Line and 660 Feet From The FEL Line Section 24 Township 23S Range 32E , NM PM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate NAVAJO REFINING CORP. <015684>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159 ARTESIA, NM 88211					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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.	Twp.	Rge.	Is gas actually connected? YES	When? 8-1-94

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-75**

IV. COMPLETION DATA

O-TRNSP. OGRID NO. 15694 G-TRNSP. OGRID NO. 9171 OIL POD NO. 498810 GAS POD NO. 498820	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			

CERTIFICATE OF COMPLIANCE

and regulations of the Oil Conservation
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 Kautz**
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.