

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

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

I. Operator **PRONGHORN MANAGEMENT CORPORATION** *(122811)* Well API No. **30-025-08359**

Address **P.O. BOX 1772 HOBBS, NM 88241**

Reason(s) for Filing (Check proper box) ☒ Other (Please explain) **MAY 01 1994**

New Well ☐ Change in Transporter of: ☐ Dry Gas ☐ OPERATOR NAME CHANGE ONLY

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☐

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 *(SWD)*

Lease Name **MARSHALL** *(14992)* Well No. **2** *(SWD)* Pool Name, including Formation **CRUZ DELAWARE** *(14910)* Kind of Lease **State** *(Federal)* Lease No. **LC-068848**

Location Unit Letter **K** : **1980** Feet From The **FSL** Line and **1910** Feet From The **FWL** Line

Section **19** Township **23S** Range **33E** , **NMIM**, **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)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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? When ?

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

IV. COMPLETION DATA

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								
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.)								
k	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

is true and complete to the best of my knowledge and belief.

Signature *Sherry Wade*

Printed Name **SHERRY WADE** Title **PRODUCTION CLERK**

Date **3.3.94** Telephone No. **(505) 392-5516**

OIL CONSERVATION DIVISION

Date Approved **MAY 20 1994**

By *Paul Kautz* Orig. Signed by **Paul Kautz** 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.