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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
000 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

Operator	PRONGHORN MANAGEMENT CORPORATION (122811)	Well API No.	30-025-25000
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		XXX Other (Please explain)	
New Well	<input type="checkbox"/>	MAY 01 1994	
Recompletion	<input type="checkbox"/>	Change in Transporter of:	
Change in Operator	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY	
Change of operator give name and address of previous operator		BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241	

I. DESCRIPTION OF WELL AND LEASE

Lease Name	MARSHALL (14907)	Well No.	5	Pool Name, including Formation	CRUZ DELAWARE (14910)	Kind of Lease	State Federal or Fee	Lease No.	LC-068848
Location									
Unit Letter	F	1980	Feet From The	PNL	Line and	1980	Feet From The	FWL	Line
Section	19	Township	23S	Range	33E	NMIM,	LEA	County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	NAVAJO REFINING CORP	or Condensate	<input checked="" type="checkbox"/>	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	GPM GAS CORP.	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	4004 PENBROOK ST. ODESSA, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trp.	Rge.	Is gas actually connected?	When?
	P	24	23	32	YES	8-1-94
If this production is commingled with that from any other lease or pool, give commingling order number:					CTB-75	

V. COMPLETION DATA

Selection - (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	Lbbs. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

regulations of the Oil Conservation
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

MAY 20 1994

Date Approved

By

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.