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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 <u><122811></u>		Well API No. 30-025-25201
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) OPERATOR NAME CHANGE ONLY Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> 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		

Lease Name MARSHALL <u><14977></u>		Well No. 7	Pool Name, Including Formation CRUZ DELAWARE <u><14912></u>	Kind of Lease State Federal <input checked="" type="checkbox"/>	Lease No. LC-068848
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>PNL</u> Line and <u>1980</u> Feet From The <u>FWL</u> Line Section <u>19</u> Township <u>23S</u> Range <u>33E</u> , NM PM, LEA County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate NAVAJO REFINING CORP <u><015694></u>		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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM GAS CORP. <u><009121></u>		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 P	Sec. 24	Twp. 23	Rge. 32	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

ACTION - (X) O-TRNSP. OGRID NO. <u>15694</u> G-TRNSP. OGRID NO. <u>9171</u> OIL POD NO. <u>499810</u> GAS POD NO. <u>499850</u>	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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			Bbls. 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 <u>Sherry Wade</u>	PRODUCTION CLERK
Printed Name <u>3-5-94</u>	Title (505) 392-5516
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	<u>MAY 20 1994</u>
By	<u>Orig Signed by Paul Kautz</u>
Title	<u>Geologist</u>

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.