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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
600 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.	30-025-25642
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		XXX Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	MAY 01 1994 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"/>	
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	MARSHALL	Well No.	8	Pool Name, including Formation	CRUZ DELAWARE	Kind of Lease	State, Federal or Free	Lease No.	LC-068848
Location									
Unit Letter	L	2600	Feet From The	FSL	Line and	1230	Feet From The	FWL	Line
Section	19	Township	23S	Range	33E	NMPM,	LEA	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	NAVAJO REFINING CORP	or Condensate	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	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.	Twp.	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: CTR-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.			
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		

O-TRANSP. OGRID NO. 15694
G-TRANSP. OGRID NO. 9797
OIL POD NO. 498810
GAS POD NO. 498850

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

Signature SHERRY WADE
Printed Name SHERRY WADE
Date 3.5.94
Title PRODUCTION CLERK
(505) 392-5516
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
By Orig. Signed 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.