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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>4122811</u>	Well API No.	30-025-26492
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain) MAY 01 1994	
New Well <input type="checkbox"/>	Change in Transporter of:	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			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE HL <u>15000</u>	Well No.	1	Pool Name, including Formation	<u>407320</u> BRINNINSTOOL BONE SPRING	Kind of Lease	Lease No.
						State, Federal or Fee	L-3680-1
Location							
Unit Letter	L	1980	Feet From The	FSL	Line and	660	Feet From The
						FWL	
Section	02	Township	23S	Range	33E	NMPM,	LEA
						County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	SCURLOCK PERMIAN CORP. <u>4020445</u>	Address (Give address to which approved copy of this form is to be sent)				
		P.O. BOX 4648 HOUSTON, TX 77210				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	NA	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?
	L	02	23S	33E		

If this production is commingling with that from any other lease or pool, give commingling order number:

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				

REQUEST FOR ALLOWABLE

to 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.)

Unit	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

in accordance with the rules and regulations of the Oil Conservation Division 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 (505) 392-5516
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
By Paul Kautz Orig. Signed by
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.

3) This form must be filled out for changes of operator, well name or number, transporter, or other such changes.