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Appropriate District Office
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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>5123811</u> | Well API No. | 30-025-28607 |
| 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 |
| Recompletion | <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | OPERATOR NAME CHANGE ONLY |
| 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 | NM STATE DL <u>4998</u> | Well No. | 2 | Pool Name, Including Formation | GRUZ DELAWARE <u>4910</u> | Kind of Lease | State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee <input type="checkbox"/> | Lease No. | V-732-2 |
| Location | | | | | | | | | |
| Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line | | | | | | | | | |
| Section <u>18</u> Township <u>23S</u> Range <u>33E</u> NMPM, LEA County | | | | | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---------------------------------|---------------|--------------------------|--|----------------------------|---------------|
| Name of Authorized Transporter of Oil | NAVAJO REFINING CORP <u>XXX</u> | or Condensate | <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 | GPM GAS CORPORATION <u>XXX</u> | or Dry Gas | <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| | | | | 4044 PENBROOK ST. ODESSA, TX 79762 | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| | <u>0</u> | <u>18</u> | <u>23S</u> | <u>33E</u> | <u>YES</u> | <u>6-1-84</u> |

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

| | | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|--|
| 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. | | | |
| (R, 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 | | | |
| must 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.) | | | |
| ank | 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 | |
| DIVISION have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | |
| Signature | SHERRY WADE |
| Printed Name | 35.94 |
| Date | (505) 392-5516 |
| | Telephone No. |

OIL CONSERVATION DIVISION

| | |
|---------------|-----------------|
| Date Approved | MAY 20 1994 |
| By | Orig. Signed by |
| | Paul Kantz |
| 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.