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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 <122811>	Well API No.	30-025-28610
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:	
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 <14998>	Well No.	5	Pool Name, including Formation	GRUZ DELAWARE <14910>	Kind of Lease	State	Lease No.	V-732-2
Location									
Unit Letter	J	1980	Feet From The	South	Line and	1650	Feet From The	East	Line
Section	18	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 <input checked="" type="checkbox"/> or Condensate <input 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 CORPORATION <input checked="" type="checkbox"/> 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 J	Sec. 18	Twp. 23S
		Rge. 33E	Is gas actually connected? YES
			When? 6-1-84

If this production is commingled 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.						
GR, 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			

5 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.)

Tank	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/MCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

ies 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 Title PRODUCTION CLERK
Date 3-5-94 Telephone No. (505) 392-5516

OIL CONSERVATION DIVISION

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