

Submit 5 Copies  
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	Well API No.	30-025-28680
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> 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"/>		
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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
STATE "EF" (14983)	1	CRUZ DELAWARE (14910)	State	V-731-4
Location				
Unit Letter	L	2310 Feet From The	FSL	Line and 330 Feet From The
Section	17	Township	23S	Range 33E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
NAVAJO REFINING CORP.	<input checked="" type="checkbox"/>	P.O. BOX 159 ARTESIA, NM 88211				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
GPM GAS CORPORATION	<input checked="" type="checkbox"/>	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?
	L	17	23S	33E	YES	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.					
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.)								
Rank	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

des and regulations of the Oil Conservation  
ied with and that the information given above  
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  
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 allowable on new and recompleted wells.