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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 (22811)		Well API No. 30-025-28697
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 <input type="checkbox"/> 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 NM STATE "EF" (14981)	Well No. 3	Pool Name, Including Formation CRUZ DELAWARE (14910)	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No. V-731-4
Location Unit Letter M : 990 Feet From The FSL Line and 330 Feet From The FWL Line Section 17 Township 23S Range 33E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) INJECTION WELL					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 M	Sec. 17	Twp. 23S	Rge. 33E	Is gas actually connected? YES	When? 5-1-94

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

IV. COMPLETION DATA

OIL POD NO. GAS POD NO. O-TRNSP. OGRID NO. G-TRNSP. OGRID NO.	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

I certify that the information given above complies 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 PRODUCTION CLERK
Printed Name 35.94 Title (505) 392-5516
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Orig. Signed by
Paul Kanta
Geologist

Title _____

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.