

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 (122811)	Well API No. 30-025-08148 30-025-30872
Address	P.O. BOX 1772 HOBBS, NM 88241	
Reason(s) for Filing (Check proper box)	XXX Other (Please explain) MAY 01 1994 New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Operator <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 (14991) JENNINGS FEDERAL	Well No. 1	Pool Name, including Formation DOUBLE X DELAWARE	Kind of Lease State, Federal or Fee	Lease No. NM-033503
Location Unit Letter C, 1980 Feet From The West Line and 660 Feet From The North Line Section 14 Township 24S Range 32E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> SWD	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 or Dry Gas <input type="checkbox"/> GPM GAS CORPORATION	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 F Sec. 14 Twp. 24 Rge. 32	Is gas actually connected? When?

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			

D 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/MMCF	Gravity of Condensate
pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

rules and regulations of the Oil Conservation  
is true and complete to the best of my knowledge and belief.

Signature SHERRY WADE PRODUCTION CLERK  
Printed Name 3-5-94 Title (505) 392-5516  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994  
By [Signature] Original Signed by  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.