

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.  | 30-025-08163              |
| Address<br>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:   | 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                        | ERNEST FEDERAL    | Well No.      | 1  |
| Pool Name, including Formation    | DOUBLE X DELAWARE | Kind of Lease | State (Federal or Fee)                                   |
| Lease No.                         | LC-062269         |               |  |
| Location                          |                   |               |  |
| Unit Letter                       | D                 | 660           | Feet From The North Line and 330 Feet From The West Line |
| Section                           | 23                | Township      | 24S  |
| Range                             | 32E               | NMPM,         | LEA County   |

|  |      |      |      |  |                            |        |  |
|--|------|------|------|--|----------------------------|--------|--|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |      |      |      |  |                            |        |  |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate                                  |      |      |      | Address (Give address to which approved copy of this form is to be sent) |                            |        |  |
| NAVAJO REFINING CORP.  |      |      |      | P.O. BOX 159 ARTESIA, NM 88211   |                            |        |  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> |      |      |      | Address (Give address to which approved copy of this form is to be sent) |                            |        |  |
| GPM GAS CORPORATION  |      |      |      | 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 ? |  |
|  | G    | 22   | 24   | 32   |                            |        |  |

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                                    |  | OIL CONSERVATION DIVISION     |  |
| is true and complete to the best of my knowledge and belief. |  | Date Approved MAY 20 1994     |  |
| Signature SHERRY WADE  |  | By                            |  |
| Printed Name 3.5.94  |  | Title                         |  |
| Date   |  | Original Signed by Paul Santa |  |
| Telephone No. (505) 392-5516                                 |  | Coordinator                   |  |

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.