

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.	30-025-25149
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		XXX Other (Please explain)	
New Well	<input type="checkbox"/>	MAY 01 1994	
Recompletion	<input type="checkbox"/>	OPERATOR NAME CHANGE ONLY	
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	JENNINGS FEDERAL	Well No.	4	Pool Name, including Formation	DOUBLE X DELAWARE	Kind of Lease	State (Federal) Lease No.
							NM-033503
Location							
Unit Letter	K	1980	Feet From The	South	Line and	1650	Feet From The
				West	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	NAVAJO REFINING CORP.	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	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	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	F	14	24	32		

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

DATA

Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	Data Compl. Ready to Prod.		Total Depth			P.B.T.D.		
R, 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		

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

Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994
By Paul Fazio
Orig. Signed by Paul Fazio
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.