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

I.

Operator	Well API No.
PRONGHORN MANAGEMENT CORPORATION <12281>	30-025-28754
Address: P.O. BOX 1772 HOBBS, NM 88241	

Reason(s) for Filing (Check proper box)
New Well ☐ Recompletion ☐ Change in Operator ☐
Change in Transporter of: Oil ☐ Dry Gas ☒ Casinghead Gas ☐ Condensate ☐
XXX Other (Please explain): OPERATOR NAME CHANGE ONLY

MAY 01 1994

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.
<14960> JENNINGS FEDERAL	5	DOUBLE X DELAWARE <19090>	~~State~~, Federal or Fee	NM-033503

Location
Unit Letter F : 1980 Feet From The North Line and 2055 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	Address (Give address to which approved copy of this form is to be sent)
XXX or Condensate ☐ NAVAJO REFINING CORP. <015694>	P.O. BOX 159 ARTESIA, NM 88211
Name of Authorized Transporter of Casinghead Gas XXX or Dry Gas ☐ GPM GAS CORPORATION <009171>	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:

OIL POD NO. 30010
GAS POD NO. 30030
O-TRNSP. OGRID NO.
G.-TRNSP. OGRID NO. 15694 / 009171

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.
GR, 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

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
or.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

ERTIFICATE OF COMPLIANCE

...ules and regulations of the Oil Conservation 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 Title
5-5-94 (505) 392-5516
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved: MAY 20 1994
By: Orig. Signed Paul Kautz 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.