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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	PRONGHORN MANAGEMENT CORPORATION <u>122811</u>	Well API No.	30-025-28755
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		XXX Other (Please explain) <u>MAY 01 1994</u>	
New Well	<input type="checkbox"/>	Change in Transporter of	<input type="checkbox"/>
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 <u>BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241</u>			

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>14940</u> JENNINGS FEDERAL	Well No. 6	Pool Name, including Formation <u>19010</u> DOUBLE X DELAWARE	Kind of Lease <u>State, Federal</u>	Lease No. NM-033503
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>24S</u> Range <u>32E</u> , NM PM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO REFINING CORP. <u>015694</u>	<input checked="" type="checkbox"/> or Condensate	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 <u>009171</u>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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:

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.)

Test	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, the undersigned, certify that the information 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
Printed Name SHERRY WADE Title PRODUCTION CLERK
Date 3-5-94 Telephone No. (505) 392-5516

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994

By Paul Korte

Title State Engineer

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.