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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 <u>122811</u>		Well API No. 30-025-11178
Address 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	OPERATOR NAME CHANGE ONLY
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 J F BLACK <u>14988</u>	Well No. 1	Pool Name, including Formation LANGLIE MATTIX 7 RVRS Q-G	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal <input type="radio"/> Free	Lease No.
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>FNL</u> Line and <u>1980</u> Feet From The <u>FEL</u> Line Section <u>21</u> Township <u>24S</u> Range <u>37E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Lantern Petroleum Corp. [13063]	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2281, MIDLAND, TX. 79702					
Name of Authorized Transporter of Casinghead Gas N/A	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 21	Twp. 24S	Rge. 37E	Is gas actually connected?	When?

If well produces oil or liquids, give location of tanks.

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					
TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe						

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules 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 01 1994
By Paul Krutz
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.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name, or location.