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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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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.	30-025-11182
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		XX 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	J F BLACK <14988>	Well No.	3	Pool Name, including Formation	<37240> LANGLIE MATTIX 7 RVRS Q-G	Kind of Lease	State	Lease No.
Location								
Unit Letter	B		660	Feet From The	FNL	Line and	1980	Feet From The
Section	21	Township	24S	Range	37E		NMPM	LEA
County								

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

gled 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
	Date 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

IV. 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
(r.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
		Choke Size

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 20 1994

By

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