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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>4122811</u>	Well API No.	30-025-11183
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:	
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	OPERATOR NAME CHANGE ONLY
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 BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	J F BLACK <u>414888</u>	Well No.	4	Pool Name, including Formation	<u>33820</u> JALMAT - T-Y-SR	Kind of Lease	State, Federal or Fee	Lease No.	
Location									
Unit Letter	F	:	1980	Feet From The	FNL	Line and	1980	Feet From The	FWL
Section	21	Township	24S	Range	37E	NMPM,	LEA	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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: F	Sec: 21	Twp: 24S	Rge: 37E	Is gas actually connected?	When?

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

IV. COMPLETION DATA

OIL POD NO. GAS POD NO. 499510 499510	O-TRNSP. OGRID NO. G-TRNSP. OGRID NO. 13063 499510	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				
					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

I, the undersigned, certify 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 MA 30 1994
By Paul Kautz Orig. Signed by 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.