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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

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 (122811)	Well API No.	30-025-21401
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 (14988)	Well No.	5	Pool Name, including Formation	LANGLIE MATTIX 7 RVRS Q-G	Kind of Lease	State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other <input type="checkbox"/>	Lease No.	
Location									
Unit Letter	K		1980	Feet From The	FSL	Line and	2030	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	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	K	21	24S	37E		

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

IV. COMPLETION 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			
				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.)								
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		
	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 _____
By _____
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.