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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

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.	30-025-21478
Address P.O. BOX 1772 HOBBS, NM 88241			
Reason(s) for Filing (Check proper box)		XXX Other (Please explain)	
New Well	<input type="checkbox"/>	MAY 01 1994	
Recompletion	<input type="checkbox"/>	Change in Transporter of:	
Change in Operator	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> OPERATOR NAME CHANGE ONLY	
Change of operator give name and address of previous operator		Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
BABER WELL SERVICING COMPANY P.O. BOX 1772 HOBBS, NM 88241			

I. DESCRIPTION OF WELL AND LEASE

Lease Name	J F BLACK (14988)	Well No.	6	Pool Name, Including Formation	LANGLIE MATTIX 7 RVRS Q G	Kind of Lease	(State) Federal of Fee	Lease No.	
Location									
Unit Letter	F	:	2630	Feet From The	FNL	Line and	1340	Feet From The	FWL
Section	21	Township	24S	Range	37E	NMPM,	LEA	County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	XX or Condensate	Address (Give address to which approved copy of this form is to be sent)				
LANTERN Injection	<input type="checkbox"/>	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?
	F	21	24S	37E		

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

V. 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					
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.)

Test Date	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  
SHERRY WADE PRODUCTION CLERK  
Printed Name 3-5-94 (505) 392-5516  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved MAY 20 1994  
By Paul Kautz  
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.