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Appropriate District Office  
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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 <u>(122811)</u>		Well API No. 30-025-21479
Address P.O. BOX 1772 HOBBS, NM 88241		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <b>MAY 01 1994</b>		
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. 7	Pool Name, including Formation LANGLIE MATTIX 7 RVRS Q-G	Kind of Lease <u>(State, Federal or Fee)</u>	Lease No.
Location Unit Letter <u>C</u> : <u>1310</u> Feet From The <u>FNL</u> Line and <u>2626</u> Feet From The <u>FNL</u> Line Section <u>21</u> Township <u>24S</u> Range <u>37E</u> , NMPM, <u>LEA</u> 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"/> <u>LANTERN Injection</u>	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>N/A</u>	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 <u>C</u>	Sec. <u>21</u>	Twp. <u>24S</u>	Rge. <u>37E</u>	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. O-TRNSP. OGRID NO. G-TRNSP. OGRID NO.	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.)

Test	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

and regulations of the Oil Conservation  
and that the information given above  
is true and complete to the best of my knowledge and belief.

Signature <u>Sherry Wade</u>	PRODUCTION CLERK
Printed Name <u>SHERRY WADE</u>	Title <u>(505) 392-5516</u>
Date <u>3-5-94</u>	Telephone No.

OIL CONSERVATION DIVISION

Date Approved <u>MAY 20 1994</u>
By <u>Paul Kautz</u>
Title <u>Geologist</u>

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.