ENE	RGY AND MINERALS DEPARTMENT	OIL CONSERVA	TION DIVISION	ł							
:	P. O. BOX 2088 DISTRIBUTION SANTA FE, NEW MEXICO 87501										
	TANTA TU SANTA FE, NEW MEXICO COLLAR										
	V 8.0.8.	PROVIDE ED									
	LAND OFFICE REQUEST FOR ALLOWABLE										
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
I.	FRONATION OFFICE				-						
	ARAHO, INC.										
	Address Down 0.27	LOVINGTON, NEW	MEXICO 88260								
	P. O. BOX 937 Lovinoion, Low Context (Please explain)										
	New Well	Change in Transporter of:	REPORT R	UN OF OIL. 555	BARRELS OF						
	Recompletion	OII Dry G		. 222							
	Change in Ownership	Casingheod Gas Conde									
	If change of ownership give name										
	and address of previous owner										
	DESCRIPTION OF WELL AND I	otwation	Action Kind of Lease Le State, Federal of Fee								
	Lease Nome L. C. STATE		State, Federal of Fee								
	Location		560	Feet From T	he <u>EAST</u>						
	Unit Letter I : 21	90 Feet From The <u>500111</u> C		and560 Feet From TheEAST							
	Line of Section 1 Tranship 17s Range 36e , NMPM, LEA										
:		CER OF OUL AND NATURAL G	AS	·	land the form is	in he real					
III	DESIGNATION OF TRANSPORT	X or Condensate				10 01 31.4					
4	THE DEDITAN CODDOD	A TT ON	P O BOX 1183 Address (Give address to	HOUSTON which approv	ed copy of this form is	to be sen					
1	Name of Authorized Transporter of Cas	inghead Gas Or Dry Odd		•							
	A Moulds	Unit Sec. Twp. Rge.	Is gas actually connecte	d7 Whe	<b>.</b>						
-2	If well produces oil or liquids, give location of tanks.			number:							
Ì	give location of tanks. If this production is commingled with	th that from any other lease or pool	, give comminging order	Deepen	Plug Back   Same Re	s'y, Diff					
IV	COMPLETION DATA	Oil Well Gas Well	New Well Workover	l I							
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	_1	P.B.T.D.						
	Date Spudded	•			Tubing Depth						
ţ	Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation		Top Oil/Gas Pay								
•					Depth Cosing Shoe						
:	Perforations	-									
1			ND CEMENTING RECOR	<u>ет</u>	SACKS CEMENT						
·	HOLE SIZE	CASING & TUBING SIZE									
	E AND REQUEST F	. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)									
7	OIL WELL	Dcis of Test	Producing Method (Flor	v, pump, gas li	ijt, etc.)						
	Date First New Dil Run To Tanks			<u></u>	Choke Size						
	Length of Test	Tubing Pressure	Casing Pressure								
		Oil-Bbls.	Water-Bbla.		Gae-MCF						
	Actual Prod. During Test					······································					
						•					
	GAS WELL	Length of Test	Bbis. Condensute/MMC	:F	Gravity of Condenso	i <b>te</b>					
	Actual Prod. Test-MCF/D		Casing Pressure (Shu	-1p]	Choke Size						
	Testing Method (piloi, back pr.)	Tubing Pressure (Shut-in)	Casing Press de Case								
			DIL C	ONSERVA							
Ť	I. CERTIFICATE OF COMPLIANCE			JUNIJ	1.501	19					
	I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		on Ar at A	ORIGINAL SIGNED BY JERRY SEXTON							
			of. BYD	DISTRICT I SUPERVISOR							
			TITLE								
		31	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or of If this is a request for allowable by a tabulation of the c								
	Reallin 1-	- If this is a re well, this form mu	If this is a request for allowable by a tabulation of the c well, this form must be accompanied by a tabulation of the c								
	DOROTHY RUNNELS -	lests taken on the	tests taken on the well in acceleration be filled out completely f								
	DOROTHI KONNELD	able on new and	able on new and recompleted weren								
•	June 15, 1984		I	Fill out only Sections I, II, III, and with the such change of c well name or number, or transporter, or other such change of c Separate Forms C-104 must be filed for each pool in							
•	· · · · · · · · · · · · · · · · · · ·	Dote)	Separate For completed wells.	ms C-104 m	APE DA 11160 101 ENCU	· • • • • • • • • • •					
	•		the second s								



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1	IGY AND MINERALS DEPARTMENT       OIL CONSERVATION DIVISION         INFORMATION       P. O. BOX 2088         INAND       P. O. BOX 2008         ING       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         OPERATION       INC.								
┝	Addiess NEW YORK ON 88260								
	Reason(s) for filing (Check proper box)       Change in Transporter of:       Other (Please explain)         New Well       Change in Transporter of:       REPORT RUN OF 370 BARRELS OF         Skinder       Oil       Dry Gas       Skinder Oil.         Change in Ownership       Cosinghead Gas       Condensate       Other (Please explain)								
1	f change of ownership give name and address of previous owner								
<b>n</b> . [	DESCRIPTION OF WELL AND L Leose Name L. C. STATE	EASE. Well No. Pool Name, Including	Formation	Kind of Lea State, Feder		Lease			
Ī	Location T 210	90 Feel From The <u>SOUTH</u> L	ine and	560 Feet From	The EAST				
	Line of Section 1	nship 175 Range	<u>36e</u>	i					
л <b>.</b>	None of Authorized Transporter of Cill [Y] of Condensate []			Address (Give address to which approved copy of this form is to be sent) <u>POBOX 1183</u> , HOUSTON, TEXAS, 77001 Address (Give address to which approved copy of this form is to be sent)					
	linit Sec.			actually connected?	"hen				
	If well produces oil or liquids, give location of tanks.			mmingling order number:					
: 	give location bi tonks. If this production is commingled wit COMPLETION DATA	Oil Well Gas Well		ell Workover Deepen	Plug Back Same Re	s'v. DifL F			
	Designate Type of Completio		1		P.B.T.D.				
	Date Spuddød	Date Compl. Ready to Prod.	Total I	Depth	1.5.1.6.				
1	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O	ll/Gas Pay	Tubing Depth				
-					Depth Casing Shoe				
	Perforations -			NTING RECORD					
	TUBING, CASING, AND		AND LEME	DEPTH SET	SACKS CE	SACKS CEMENT			
	HOLE SIZE								
			i	overy of total volume of load	oil and must be equal to p	r exceed top			
TV.	TEST DATA AND REQUEST F	able for thi	<ul> <li>depth of b</li> </ul>	cing Method (Flow, pump, ga					
	Date First New Dil Run To Tanks	Date of Test	PIDAL						
	Length of Tost	Tubing Piessure	Casin	ig Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bhis.	Water	-Bbla.	Gas-MCF				
	Actual Prod. During Test								
					Gravity of Condenso				
	GAS WELL Actual Prod. Teel-MCF/D	Longth of Test	Bbls.	Condensate/MMCF	Cravity bi Conserve	·			
	Testing Method (puot, back pr.)	Tubing Presewe (Shut-in)	Cosir	g Pressure (Shut-in)	Choke Size				
				OIL CONSER'	VATION DIVISION				
71	CERTIFICATE OF COMPLIANCE			R/ /		19			
	I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		tion AP	Eddie W. Snay					
			iel.   ·BY	I BY OIL & Gas Inspactor					
	Duarly Runnel			TITLE					
DOROTHY RUNNELS - PRESIDENT			_ 11	- All sections of this form must be filled out completery for					
	(Tille) May 8, 1984			Fill out only Sections 1, 11, 111, and VI for changes of well many or number, or transporter, or other such change of cor					
		Date)		Separate Forms C-104 moleted wells.	must be filed for each	i pool in m			
	•		ti cu	multite instant					

