

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Operator
ARAHO, INC.
Address
P. O. BOX 937
LOVINGTON, NEW MEXICO 88260
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
REPORT RUN OF 370 BARRELS OF SKIMMER OIL.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
L. C. STATE
Well No.
1
Pool Name, including Formation
Kind of Lease
State, Federal or Fee
Location
Unit Letter
I
2190 Feet From The
SOUTH Line and
560 Feet From The
EAST
Line of Section
1 Township
17s Range
36e, NMPM, LEA

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
THE PERMIAN CORPORATION
Address (Give address to which approved copy of this form is to be sent)
P O BOX 1183, HOUSTON, TEXAS 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 Sec. Twp. Rge.
Is gas actually connected? When

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
(Test must be after recovery of total volume of load oil and must be equal to or exceed 1 barrel for this depth or be for full 24 hours)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
DOROTHY RUNNELS - PRESIDENT
APRIL 6, 1984
OIL CONSERVATION DIVISION
APPROVED APR 9 1984
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE
This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes well name or number, or transporter, or other such change of completed wells.
Separate Forms C-104 must be filed for each pool completed wells.