ENERGY AND MINERALS DEPARTMENT

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	OIL	
NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

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:		Other (Please explain)
Recompletion ☐	Oil ☐	Dry Gas ☐	REPORT RUN OF 370 BARRELS OF SKIMMER OIL.
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	PICKED UP 2/27/84

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE.

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease
L. C. STATE	1			

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__ Coun

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

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

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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 (Test 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)
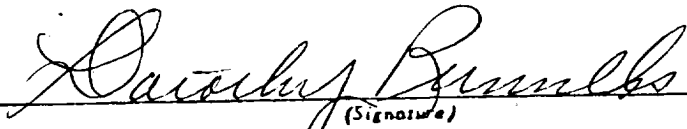
OIL WELL

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 (prod, 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
(Signature)

DOROTHY RUNNELS - PRESIDENT
(Title)

FEBRUARY 27, 1984
(Date)

OIL CONSERVATION DIVISION

FEB 28 1984

APPROVED _____ , 19 __

BY __ ORIGINAL SIGNED BY JERRY SEXTON __

TITLE __ District Supervisor __

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.