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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Araho, Inc.		
Address P. O. Box 5456, Midland, Texas 79701		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well ☐	Change In Transporter of: Oil ☐ Dry Gas ☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☐ Change In Ownership ☐	Report run of 185 barrels of skimmer oil.

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

DESCRIPTION OF WELL AND LEASE

Lease Name L. C. State SWD	Well No. 1	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>I</u> ; <u>2190</u> Feet From The <u>South</u> Line and <u>560</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>17S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 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: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same hole's	Diff. Hole's
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable 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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carl R. Zuzo
(Signature)
President
March 7, 1980
(Date)

OIL CONSERVATION COMMISSION

APR 3 1980

APPROVED _____, 19____
BY _____
TITLE _____
Dist 1, Supv.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the pressure tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells or new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.