

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	☐ OIL ☐ GAS
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator EPX Company	
Address P. O. Box 4289, Farmington, NM 87499	
Reasons for filing (Check proper one)	Other (Please explain)
☐ New Well ☐ Recompletion ☐ Change in Ownership	Meridian Oil Inc. is an Agent for Meridian Oil Production Inc.
Change in Transporter of: ☐ Oil ☐ Casingshead Gas	☐ Dry Gas ☒ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease name Jic. Joint Venture KD	Well No. 2	Pool Name, including Formation West Lindrith Gallup Dakota	Kind of Lease State (Federal) or Fee	Lease Jic. Jt Vent
Location				
Unit Letter F	1650	Feet From The North	Line and 1650	Feet From The West
Line of Section 10	Township 23N	Range 3W	N.M.P.M.	Rio Arriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 1599, Aztec, New Mexico 87410
Name of Authorized Transporter of Casingshead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4829, Farmington, NM 87499
If well produces oil or liquids, give location of lease.	Is gas actually connected? ☐ when
Unit F	Sec. 10
Twp. 23N	Range 3W

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

(Signature)
Drilling Clerk
(Title)
6-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or de-
well, this form must be accompanied by a tabulation of the de-
tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for change of
well name or number, or transporter, or other such change of con-

Separate Forms C-104 must be filled for each pool in m-
completed wells.