Form C-104 Revised 10-1-78

STATE OF NEW MEXICO

•		C. 11C11	ITICATOO
NERGY	AND N	MINERALS	DEPARTMENT

	E14 E0		_
DISTRIBUTE		_	
SANTA FE		$\neg \uparrow$	
FILE			
U.S.G.S.		$\neg$	
LAND OFFICE		$\neg$	_
TRANSPORTER	OIL	$\neg$	
	GAS		
PERATOR		- 1	_
PROBATION OF			_

## OIL CONSERVATION DIVISION

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

FILE U.S.G.S.						
TRANSPORTER OIL	REQUEST FOR ALLOWABLE					
AND  OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  PROBATION OFFICE						
Operator						
EPX Company						
Post Office Box 4289, Reoson(s) for filing (Check proper box	Farmington, NM 87499	101 (0)				
New Well	Change in Transporter of:	Other (Please expla	iin)			
Recompletion Change in Ownership	Oil X Dry C	<b>=</b> 1				
	Casinghead Gas Cond	ensate				
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including	Formation	of Lease			
Jicarilla Jt.Venture	1 Ch B - l - + -		(Federal or Fee Jic. Apache			
Unit Letter F; 2	North Feet From The	2310 ine and Fee	West			
Line of Section 4 To	wnship 23N Range	3W , NMPM,	Rio Arriba County			
DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Oil  Plateau, Inc.	TER OF OIL AND NATURAL G		th approved copy of this form is to be sent) ield, NM 87413			
Name of Authorized Transporter of Ca El Paso Natural Gas C			h approved copy of this form is to be sent) rmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 4 23N 3W	Is gas actually connected?	When			
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	, give commingling order numb	er:			
Designate Type of Completic	on - (X)	New Well Workover Dee	Plug Back   Same Res'v. Di:f. Res'v			
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			
Periorations			Depth Casing Shoe			
	TUBING, CASING, AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQUEST FO		after recovery of total volume of li epth or be for full 24 hours)	oad oil and must be equal to or exceed top allow			
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			
CACWELL		<u> </u>				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
CERTIFICATE OF COMPLIANC	E	OIL CONSE	RVATION DIVISION			
hereby certify that the rules and re Division have been complied with	and that the information given	APPROVED	Tholer			
bove is true and complete to the	DEST OF MY Knowledge and belief.	DENT GLOV	A RUTECTOR, DIST. #3			
11 H Brisi			ed in compliance with RULE 1104.			
1) II Distact	twe)	If this is a request for well, this form must be ac	rallowable for a newly drilled or despende companied by a tabulation of the deviation			
Drilling Clerk	(e)	All sections of this fo	accordance with RULE 111.  orm must be filled out completely for allow-			
December 15, 1982			ted wells.  I, II, III, and VI for changes of owner, insporter, or other such change of condition.			
(Dat	•	<b>7</b> 1	4 must be filed for each pool in multiply			