STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multip.

	JK ALLUWABLE
	AND
I. AUTHORIZATION TO TRANS	SPORT DIL AND NATURAL GAS
Operator E.P.X	
Address	
Por 1200 F	
Box 4289, Farmington, New Mexico 87499	
Resson(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion OII	bry Gas
Change in Ownership Casinghead Gas	Condensate Change Pool Name
	Condensate Change Pool Name
If change of ownership give name and address of previous owner	
and address of breatons owner	
T DESCRIPTION OF WELL AND LEACH	
II. DESCRIPTION OF WELL AND LEASE	·
west No. Pool Name, including i	The state of the s
Jic. Joint Venture KD 4 West Lindrith	Gallup Dakota Rem. Foderal MXXXX Jic Join Venture
Location	To some time and
Unit Lotter F : 2310 Feet From The North	2310 West
	Feet From The WEST
Line of Section 4 Township 23N Range	3W Rio Arriba
Nunge	3W .NMPM. Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	
Name of Authorized Transporter of Oil Or Condensate (X)	<u> GAS</u>
	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company Name of Authorized Transporter of Casingnead Gas () or Dry Gas ()	P. U. Box 256, Farmington, New Mexico 87401
	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 4289, Farmington, New Mexico 87499
If well produces oil or liquids, Unit Sec. Twp. Rgs.	is gas actually connected? When
give location of tanks. F 4 23N 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	OIL CONSERVATION DIVISION
1 km km m m m m m m m m m m m m m m m m	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED JUN 1 1984
been complied with and that the information given is true and complete to the best of my knowledge and belief.	, 19
	BY
	TITLE SUPERVISOR DISTRICT # 3
A Business	
Ja. D. Spilled	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly drilled or deepend
Brilling Clerk	well, this form must be accompanied by a tabulation of the deviati- tests taken on the well in accordance with RULE 111.
(Title)	The secondaries with AULE 111.
June 12, 1984	All sections of this form must be filled out completely for allo- able on new and recompleted wells.
(Date)	
	Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of condition
	Service Fee C to

Designate Type of Comple		1 New Well	Workover	Deepen	Plug Back	Same Res'v	DILL Rest
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Total Depth			-t <u>-</u>	<u> </u>
Elevations (DF, RKS, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth		
Periorations					Depth Casing Shoe		
	TUBING, CASING,	AND CEMENTI	NG RECORT	0	. I		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SE		SACKS CEMENT		
							
	T FOR ALLOWABLE (Test must be made for this	e after recovery	of total volum full 24 hours	ne of load oil	and must be e	qual to or exc	eed top allow
	T FOR ALLOWABLE (Test must be uble for this		of total volum full 24 howe; detnod (Flow,	,		qual to or exc	eed top allow
Date First New Oil Run To Tanks			keinod (Flow,	,			eed top allow
V. TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tanks Length of Test Actual Fred. During Test	Date of Test	Producing A	ketnod (Flow,	,	ift, ste.j		
Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	Producing k	ketnod (Flow,	,	Choke Size		
Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressure Oli-Shis.	Casing Pres	ketnod (Flow,	, pump, gas i	Choke Size		