

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED  
MAR 26 1986  
OIL CONSERVATION DIVISION

I. Operator  
EPX Company

Address  
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recombination  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☒ Condensate  
 Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Joint Venture KD	Well No. 9	Pool Name, including Formation West Lindrith Gallup Dakota	Kind of Lease State Federal or Fee	Lease Jic.Jt.Venture
Location Unit Letter K : 1850 Feet From The South Line and 1850 Feet From The West Line of Section 10 Township 23N Range 3W NMPM. Rio Arriba Co				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Trading Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit K Sec. 10 Twp. 23N Rge. 3W	Is gas actually connected? When


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)  
April 1, 1986  
(Date)

OIL CONSERVATION DIVISION  
MAR 26 1986  
APPROVED   
BY  
SUPERVISOR DISTRICT 2  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for sale on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Rec'd.	Drill
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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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)

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 (pump, gas pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size