

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Cavalcade Oil Corporation

Address
P.O. Box 16187, Lubbock Texas 79490

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner: Lynx Petroleum Consultants, Incorporated, P.O. Box 1666, Hobbs, N.M. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Slack	Well No. 4	Pool Name, including Formation Gladiola - Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>12 S</u> Range <u>38 E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150, Midland, TX 79702
If well produces oil or liquids, give location of tanks. Unit: <u>M</u> Sec.: <u>18</u> Twp.: <u>12S</u> Rge.: <u>38E</u>	Is gas actually connected? When <u>No</u>

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.


Randall L. Capps (Signature)

Vice President - Land
(Title)

2-15-85
(Date)

OIL CONSERVATION DIVISION

FEB 27 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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FEB 22 1985

O.C.O.
HOBOH OFFICE

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IV. COMPLETION DATA

Date Spudded	Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some Rea'y. Dill. Rea'y.	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	Perforations	
					Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation
Tubing Depth	Top Oil/Gas Pay	Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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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 Flow Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
	Gas-MCF	

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod. back pr.)	Tubing Pressure (SPUC-TM)	Casing Pressure (SPUC-TM)	Choke Size

GAS WELL

OIL WELL