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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Cavalcade Asset Corporation	
Address P.O. Box 16187, Lubbock, Texas 79490	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas

If change of ownership give name and address of previous owner: Cavalcade Oil Corporation, POB 16187, Lubbock, TX 79490

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Goldengate	Well No. 1Y	Pool Name, including Formation Gladiola Wolfcamp	Kind of Lease State, Federal or Fee Fee
Location Unit Letter E : 2030 Feet From The North Line and 635 Feet From The West			
Line of Section 18 Township 12S Range 38E, NMPM, Lea County			

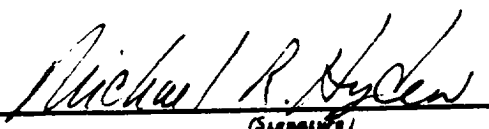
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company-Trucks		Address (Give address to which approved copy of this form is to be sent) Price Tower Annex, Bartlesville, OK 74004	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company		Address (Give address to which approved copy of this form is to be sent) POB 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 18	Twsp. 12S
		Reg. 38E	Is gas actually connected? Yes
			When 6-19-85

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)
Michael R. Hyden, Vice President
(Title)
September 4, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 27 1987, 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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