

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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  
PO Box 16187, Lubbock, Texas 79490

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pearl Western	Well No. 1Y	Pool Name, including Formation Gladiola Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>610</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>12S</u> Range <u>38E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

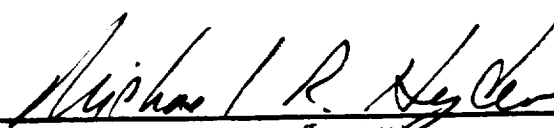
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company-Trucks	Address (Give address to which approved copy of this form is to be sent) Price Tower Annex, Bartlesville, OK 74004					
Name of Authorized Transporter of 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 L	Sec. 18	Twp. 12S	Range 38E	Is gas actually connected? NO	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)  
Michael R. Hyden, Vice President  
(Title)  
September 4, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 27 1987, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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.

RECEIVED  
SEP 10 1986  
O.C.P.  
HCBBS OFFICE

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NOV 3 1986  
O.C.P.  
HCBBS OFFICE