

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR		
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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

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)
☒ New Well
☐ Recompletion
☐ 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 Golden State	Well No. 2	Pool Name, including Formation Arkansas Junction San Andres	Kind of Lease State, Federal or Fee State	Lease No. V-1374
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>18S</u> Range <u>36E</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"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit : <u>L</u> Sec. : <u>12</u> Twp. : <u>18S</u> Rge. : <u>36E</u> Is gas actually connected? <u>Yes</u> When <u>April 15, 1985</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.

Michael G. Mooney

Michael G. Mooney
(Signature)
Drilling & Production Manager
(Title)
April 19, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 3 1985, 19
BY
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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Date Spudded		Elevations (D.F., RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		Depth Casing Shoe	
Oil Well	X	3/22/85		3795.1 GR		San Andres		4950		5100		5220	
Gas Well		4/17/85						5250		P.B.T.D.			
New Well													
Workover													
Deepen													
Plug Back													
Same Res'v.													
Diff. Res'v.													

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
12 1/4		8 5/8" - 24#		1350		650 SX.	
7 7/8		5 1/2" - 14#, 15.5#		5250		475 SX.	
		2 3/8" tubing					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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		Oil - Bbls.		Water - Bbls.		Gas - MCF	
4/19/85		4/17/85		Pump		24 hrs.		N/A		N/A		N/A	

GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	

APR 24 1985