

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

I. Operator	
CELTIC OIL CORPORATION	
Address	
P. O. Box 12550, Odessa, TX 79768	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well	Change in Transporter of:
☐ Recompletion	☐ Oil
☒ Change in Ownership	☐ Casinghead Gas
	☐ Dry Gas
	☐ Condensate

If change of ownership give name and address of previous owner Cavalcade Oil Corporation, P. O. Box 16187, Lubbock, TX 79490

II. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Cavalcade 21 Federal	1	Queen Querecho Plains Associated	State, Federal or Fee Federal
Location			Lease No. NM-59044
Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>			
Line of Section <u>21</u> Township <u>18S</u> Range <u>32E</u> , NMPM. Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)		
Koch Oil Company of Texas, Inc.	P. O. Box 1558, Breckenridge, TX 76024		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum	410 HS&L Building, Bartlesville, OK 74004		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	I	21	18S 32E
Is gas actually connected?	When		
Yes	12/5/84		

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:

John M. Wilson Rec
(Signature)
John M. Wilson, President
(Title)
(Date)

OIL CONSERVATION DIVISION
JAN 6 - 1986
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.

RECEIVED
JAN 3 - 1986
O.C.D.
HOBBS OFFICE