STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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: Cavalcade Oil Corporation

Address: P.O. Box 16187, Lubbock, Texas 79490

Reason(s) for filing (Check proper box)

- [ ] New Well
- [x] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cavalcade ~~Federal~~ "21" Fd	1	Querecho Plains - Queen	State, Federal or Fee Federal	59044

Location

Unit Letter O : 660 Feet From The South Line and 1650 Feet From The East

Line of Section 21 Township 18 South Range 32 East , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [x]	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 [x] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	410 HS&L Bldg., Bartlesville, OK 74004

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	21	18S	32E	Yes	

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)

Vice President - Land
(Title)

7/1/85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL - 8 1985, 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.

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IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Di
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/23/84	6/26/85	10,980	4165
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3778.6 KB	Penrose	4,103'	4082
			Depth Casing Shoe 4175
Perforations 4103-4108, 4115-4138			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	405'	420 sx.
11"	8 5/8"	4175'	2550 sx.
7 7/8"	5 1/2"	cut off @ 5575'	
	2 3/8"	4082'	

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 able for this depth or be for full 24 hours)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
6/26/85	6/27/85	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	180	-0-	22/64
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
27.5	27 1/2	-0-	601

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**