

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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, TX 79490	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. <i>BLM</i>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cavalcade "21" Fed	Well No. 1	Pool Name, including Formation Young Wolfcamp	Kind of Lease State, Federal or Fee Federal	Lease No. 59044
Location 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>18 South</u> Range <u>32 East</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"/> Koch Oil Co. of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 410 HS & L Bldg., Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21
	Twp. 18S	Rge. 32E
Is gas actually connected?	When No ASAP	

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.

William P. Crow
(Signature)
Exploration Manager
(Title)
12/07/84
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 7 1984, 19 _____

BY JOHN L. SUTTON

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
9/23/84	12/6/84		10,980'			10,914'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3778.6' KB	Wolfcamp		10,758'			10,885'			
Perforations						Depth Casing Shoe			
10,758-10,808'						10,914'			
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"		10,980'		1100 SX.			
		2 7/8"		10,885'					

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 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.)	
11/10/84		12/6/84		Pumping	
Length of Test		Tubing Pressure		Casing Pressure	
24 hrs.		100#		50#	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
173 BO		173		0	
				Gas - MCF	
				284	

GAS WELL

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