

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| FILE                  |     |
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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

I.

Operator  
CELTIC OIL CORPORATION

Address  
P. O. Box 12550, Odessa, TX 79768

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of:

☐ Recompletion ☐ Oil ☐ Dry Gas

☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate

Other (Please explain)

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<br>Cavalcade 21 Federal   | Well No.<br>4 | Pool Name, including Formation<br>Queen<br>Querecho Plains Associated | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>NM-59044 |
| Location   |               |   |   |                       |
| Unit Letter <u>P</u> : <u>400</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> |               |   |   |                       |
| Line of Section <u>21</u> Township <u>18S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/>         | 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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.   | Is gas actually connected? When  |
| Unit <u>I</u> Sec. <u>21</u> Twp. <u>18S</u> Rge. <u>32E</u>   | Yes <u>12/5/84</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.

John M. Wilson  
(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  
C. C. D.  
HOBBS OFFICE