

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Cavalcade Oil Corporation

Address
P. O. Box 16187, Lubbock, TX 79490

Reason(s) for filing (Check proper box) Other (Please explain)

☒ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cavalcade Federal "21" <i>Lea</i>	Well No. 4	Pool Name, including Formation Querreycho Plains - Queen	Kind of Lease State, Federal or Fee Federal	Lease No. 59044
Location Unit Letter <u>P</u> : <u>400</u> Feet From The <u>South</u> Line and <u>600-660</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"/> Koch Oil Company 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 Company	Address (Give address to which approved copy of this form is to be sent) 410 HS&L Building, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>21</u> Twp. <u>18S</u> Rge. <u>32E</u>	Is gas actually connected? <u>Yes</u> When

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
(Signature)
Michael G. Mooney, Drlg. & Prod. Manager

(Title)

October 22, 1985

(Date)

OIL CONSERVATION DIVISION

NOV 4 - 1985

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.

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O.C.D.
HOMES OFFICE

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/04/85	Date Compl. Ready to Prod.		Total Depth 4225			P.B.T.D. 4156			
Elevations (DF, RKB, RT, GR, etc.) 3750.8' GL	Name of Producing Formation Penrose		Top Oil/Gas Pay 4096			Tubing Depth 4040			
Perforations 4096-4102', 4108-4130'						Depth Casing Shoe 4220			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8", 23# - LS		420'			250 sx Class "C"			
7 7/8"	4 1/2", 9.5#, J-55		4220'			860 sx "Lite", 300 sx Poz "C"			
4 1/2"	2 3/8", 4.6#, J-55		4040'						

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 10/27/85	Date of Test 10/26/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr.	Tubing Pressure 50#	Casing Pressure 0	Choke Size 10/64
Actual Prod. During Test 7	Oil - Bbls. 7	Water - Bbls. 0	Gas - MCF 30

GAS WELL

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

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