

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

NOV 11 11 31 AM '68

I. Operator  
**Tamarack Petroleum Company, Inc.**  
 Address  
**910 Building of the Southwest, Midland, Texas 79701**  
 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)  
**Effective 11-1-68 Change lease name from New Mexico State "I" to Cabot State "23"**

If change of ownership give name and address of previous owner  
**Cabot Corporation, Box 4395, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name **Cabot State "23"** Well No. **1** Pool Name, including Formation **Pearl Queen** Kind of Lease **State** Lease No. **E7262**  
 Location  
 Unit Letter **D** ; **330** Feet From The **North** Line and **330** Feet From The **West**  
 Line of Section **23** Township **19S** Range **35E** , NMPM, **Lea** County

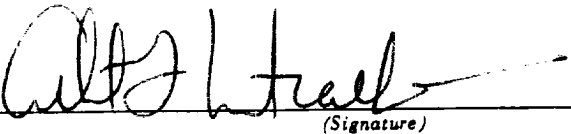
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
**The Permian Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 3119, Midland, Texas 79701**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
**Warren Petroleum Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 1589, Tulsa, Oklahoma 74102**  
 If well produces oil or liquids, give location of tanks. Unit **D** Sec. **23** Twp. **19S** Rge. **35E** Is gas actually connected? **Yes** When **NA**

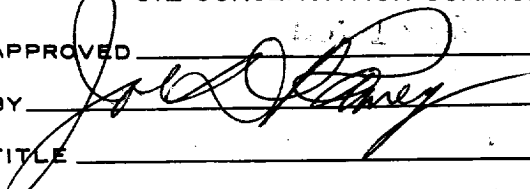
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
 Perforations Depth Casing Shoe  
**TUBING, CASING, AND CEMENTING RECORD**  
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)  
 Length of Test Tubing Pressure Casing Pressure Choke Size  
 Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

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

VI. CERTIFICATE OF COMPLIANCE  
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
  
 Vice President  
 November 13, 1968

OIL CONSERVATION COMMISSION  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY   
 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.