

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

Operator Tamarack Petroleum Co., Inc.	
Address P. O. Box 2046, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Saunders-State	Well No. 1	Pool Name, including Formation Saunders (Permian Penn)	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter N	660	Feet From The south	Line and 1980	Feet From The West
Line of Section 9	Township 14-S	Range 33-E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74012					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 9	Twp. 14-S	Rge. 33-E	Is gas actually connected? Yes	When August 12, 1983

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-1-83	Date Compl. Ready to Prod. 7-13-83	Total Depth 10,129	P.B.T.D. 10,032					
Elevations (DF, RKB, RT, GR, etc.) 4228 GR	Name of Producing Formation Permian-Penn	Top Oil/Gas Pay 9867	Tubing Depth 9927					
Perforations 9868-9942			Depth Casing Shoe 10,128					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16"	13 3/8"	424	420
11"	8 5/8"	4179	1900
7 7/8"	5 1/2"	10,128	350
	2 3/8"	9927	--

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)

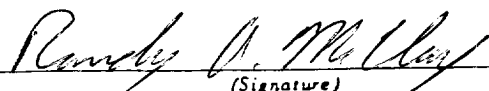
Date First New Oil Run To Tanks 7-13-83	Date of Test 9-16-83	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure 20#	Choke Size --
Actual Prod. During Test	Oil-Bbls. 38	Water-Bbls. 77	Gas-MCF 94

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

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.

  
(Signature)  
District Engineer  
(Title)  
9/20/83  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 22 1983**, 19\_\_\_\_\_  
BY **ORIGINAL SIGNED BY EDDIE SEAY**  
TITLE **OIL & GAS INSPECTOR**

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  
SEP 21 1983  
O.C.D.  
HOBBS OFFICE

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