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

District Engineer

July 24, 1981 (Date)

EW MEXICO OIL CONSERVATION COMMISS! REQUEST FOR ALLOWABLE AND

Form C-104

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

| } | S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | . GAS | | | |
|---|--|---|---|---|--|--|--|
| ŀ | LAND OFFICE | | | | | | |
| | TRANSPORTER GAS | | | | | | |
| | OPERATOR | | | | | | |
| 1. | PRORATION OFFICE | | | | | | |
| | Operator | | | | | | |
| | Address | Tamarack Petroleum Company, Inc. | | | | | |
| | P. O. Box 2046, Mi | dland, TX 79702 | | | | | |
| Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | | |
| | New We!1 X Change in Transporter of: Recompletion Oil Dry Gas | | | | | | |
| | Recompletion Oil Dry Gas Condensate Casinghead Gas Condensate | | | | | | |
| | If change of ownership give name THIS WELL HAS BEEN PLACED IN THE POOR 7 | | | | | | |
| and address of previous owner | | | | | | | |
| II. | I. DESCRIPTION OF WELL AND LEASE Lease Name | | | | | | |
| _ I = | | | | eral or Fee Fee | | | |
| | Location | | | | | | |
| | Unit Letter M; 660 |) Feet From The South Line | e and 660 Feet Fro | m The West | | | |
| | Line of Section 4 Tow | mship 20-S Range | 38-E , NMPM, | Lea County | | | |
| III | DESIGNATION OF TRANSPORT | FR OF OIL AND NATURAL GA | .S | | | | |
| 111. | Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which app | proved copy of this form is to be sent) | | | |
| | The Permian Corpor | ration | P. O. Box 1183, Ho | ouston, TX 77001 proved copy of this form is to be sent) | | | |
| | Name of Authorized Transporter of Cas Warren Petroleum | inghead Gas [A] or Dry Gas | P. O. Box 1589, Tu | | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Fige. | | When | | | |
| | give location of tanks. | M 4 20-S 38-E | Yes | 7/15/81 | | | |
| | If this production is commingled with COMPLETION DATA | h that from any other lease or pool, | give commingling order number: | | | | |
| | Designate Type of Completio | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | |
| | Date Spudded | Date Compl. Ready to Prod. | X Total Depth | P.B.T.D. | | | |
| | 5/14/81 | 7/14/81 | 7100 | 6940 | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| | 3581.9 GR | | | 6790 Depth Casing Shoe | | | |
| | Perforations COOA COOO | | | 7100 | | | |
| | 6884 - 6888 | TURING CASING AND | D CEMENTING RECORD | 7100 | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | 12 1/4 | 8 5/8 | 1600 | 775 | | | |
| | 7 7/8 | 4 1/2 | 7100 | 750 | | | |
| | 4 1/2 csg. | 2 3/8 | 6790 | None None | | | |
| V. | TEST DATA AND REQUEST FO | oil and must be equal to or exceed top allow- | | | | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | epth or be for full 24 hours) Producing Method (Flow, pump, ga | s lift, etc.) | | | |
| | 7/14/81 | 7/16/81 | Flowing | _ | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | |
| | 24 hrs. Actual Prod. During Test | 300# | 0# |] 6/64 Gas-MCF | | | |
| | Actual Prod. During Test | O11-Bbls. | Water-Bbls. | 450 | | | |
| 0. | | 1 | | | | | |
| | GAS WELL | | 1511 0 10 0 0 0 0 | Gravity of Condensate | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity or Condensate | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| VI | CERTIFICATE OF COMPLIANCE | | OIL CONSER | RVATION COMMISSION | | | |
| | 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. | | APPROVED AUG | ALIC 2.1094 | | | |
| | | | APPROVED HIT 19 | | | | |
| | | | II BY | BY TOTAL | | | |
| | | | TITLE SUPERVISOR DISTRICT | | | | |
| | | | | | | | |

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

JUL 28 1981

VIC MOTAMEDERICS AND