NO. OF CODIES SINCLIVED	_				
DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old Effective 1-1-65	C-104 and C-11
U.S.G.S. LAND OFFICE OIL	AUTHORIZATION TO TRA		NATURAL GAS	A STATE OF THE STA	
IRANSPORTER GAS OPERATOR			A STATE	Water Jan	
Operation OFFICE Operator Tamarack Petroleum	Company, Inc.			entre de la Company	
Address 910 Building of the So	uthwest, Midland, Texa	s 79701			
Reason(s) for filing (Check proper bo. New Well Recompletion Change in Ownership X	Change in Transporter of: Oll Dry G	~c	e of well nan Harris No.		
If change of ownership give name and address of previous owner	Texaco Inc., Box 3109,	Midland, Texa	as 79701		
. DESCRIPTION OF WELL AND	Formation				
Bronco (Wolfcamp) Ur	(Wolfcamp) Offic 1 Broneo (Wolfcamp)		State, Federal or I		
	60 Feet From The South Li		Feet From The	West Lea	
	ownship 12 S Range	38 E , NMP1	А,	Lea	County
Name of Authorized Transporter of O.		B-2 Phillips I	Building, Od	essa, Texas	79760
Phillips Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Company		Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100			
tf well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. N 35 12S 38E	Is gas actually connec	•	ıknown	
If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool	, give commingling order		ug Back Same Res	y Diff Besty
Designate Type of Complet		Total Depth		B.T.D.	i i
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations			De	epth Casing Shoe	
HOLE SIZE	TUBING, CASING, A HOLE SIZE CASING & TUBING SIZE		RD	SACKS CEMENT	
	FOR ALLOWABLE (Test must be		was of load oil and t	Tuet be equal to or e	reed too alla
OH. WELL Date First New Oil Run To Tanks	Date of Test	lepth or be for full 24 how Producing Method (Flo	·s)		
Length of Test	Tubing Pressure	Casing Pressure	Cì	Choke Size	
Actual Proa. During Test	Oil-Bbla.	Water-Bbls.		Gas-MCF	
				_	<u>.</u>
GAS WELL Actual Prog. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	
CERTIFICATE OF COMPLIAN	NCE			ON 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.		1		,	19
above is true and complete to the		TITLE			
auto Lt	nature)	This form is t	quest for allowablet be accompanied	pliance with RULE e for a newly drille I by a tabulation o	d or deepens. The deviation

(Title)

(Date)

Vice President

June 4, 1973

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 plated wells.

All sections of this form must be filled out completely for allowable on new and recompleted wells.