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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210		_		Box 2088	•					
DISTRICT III		Sa	inta Fe, New I	Mexico 87:	504-2088					
1000 Rio Brazos Rd., Aziec, NM 87410	REQ		OR ALLOWA				I			
I. Operator		10 IHA	ANSPORT O	IL AND NA	ATURAL G		API No.			
TAMARACK PETROLEUM	COMPANY	, INC.								
500 W. Texas - Suit	e 1485,	Midlar	nd, Texas 7	79701						
Reason(s) for Filing (Check proper box) New Well			_	Ot	her (Please exp	lain)				
Recompletion	Oil		Transporter of:							
Change in Operator	Casinghe		Condensate							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LE									
Lesse Name Bronco (Wolfcamp) Uni	nit Well No. Pool Name, Inclu			AOI + Camp \			d of Lease Fee Lease No.			
Location Unit Letter	. 1	980	Feet From The	North	ne and178	36 .		East	7	
2	_ 13-S		38-	E	Le	1 ea	eet From The		Line	
Joseph Towns	ıp		Range		MPM,		· · · · · · · · · · · · · · · · · · ·		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil										
1	of Authorized Transporter of Oil or Condensate illips Petroleum Company - Trucks				Address (Give address to which approved copy of this form is to be sent) 4001 Pembrook, Odessa, Texas 79762					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
None If well produces oil or liquids,	1 min 1									
give location of tanks.	Unit B	Sec. 2	Two Ree 135 38E	1 110			a ?			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or p	ool, give comming	ling order numi	ber:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		1	<u> </u>	1	<u> </u>			L	Dill Res v	
Date Spanner	Date Comp	I. Ready to I	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			
		UDDIO (
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			CACKE CEMENT			
MOLE OVER CASING					DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES							1			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		load oil and must		exceed top allow thod (Flow, pun			or full 24 hour	5.)	
ength of Test	Tubing Press	sure		Casing Pressure Choke Size						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Te	:st		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Press	sure (Shut-in)	Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	TE OF	COL (DI	IANCE							
I hereby certify that the rules and regulat	ions of the O	il Conservat	ion	0	IL CON	SERVA	TION E	DIVISIO	N	
Division have been complied with and the is true and complete to the best of my kn	at the inform	ation given	above				FF	B 28	1990	
and and comprese to the best of my kr	owiense sug	ociici.		Date	Approved					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

I. Wayne Green Printed Name 2/26/90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Title.

Eddie W. Seny

Oil & Gas Inspector

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

915/683-5474

Production Agent

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.