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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 79701		
Reason(s) for filing (Check proper box)	Other (Please explain)	CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/1/83 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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 Tenneco - Harris	Well No. 1	Pool Name, including Formation Bronco Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>I</u> ; <u>2310</u> Feet From The <u>south</u> Line and <u>626</u> Feet From The <u>east</u>				
Line of Section <u>2</u> Township <u>13-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co. - trucks		4001 Pembroke, Odessa, TX 79762		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 2	Twp. 13-S	Rge. 38-E
		Is gas actually connected?		When

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-23-82	Date Compl. Ready to Prod. 2-1-83		Total Depth 9216	F.B.T.D. 9119
Elevations (DF, RKB, RT, GR, etc.) 3791 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9050	Tubing Depth 9000
Perforations 9050 - 80			Depth Casing Shoe 9216	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4	13 3/8 48#	346	360 sxs Class C
12 1/4	8 5/8 32 & 24#	4659	300 sxs Class C
7 7/8	5 1/2 17#	9216	500 sxs Class H

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 2-1-83	Date of Test 2-13-83	Producing Method (Flow, pump, gas lift, etc.) rod pump	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure 40#	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 95	Water - Bbls. 17	Gas - MCF 98

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]
(Signature)
Engineer
(Title)
2-15-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 17 1983, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.