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ļ	U.S.G.S.			
	LAND OFFICE			
	IRANSPORTER	OIL		
		GAS		
	OPERATOR		Ī	
ı.	PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

	FILE U.S.G.S. LAND OFFICE		-OR ALLOWABLE AND NSPORT OIL AND NATURAL G	Effective 1-1-65			
	IRANSPORTER OIL GAS OPERATOR						
1.	PRORATION OFFICE		,				
Tamarack Petroleum Company, Inc.							
	Address P. O. ROX 2046 Midland	BOX 2046, Midland, TX 79702					
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well Recompletion						
Recompletion Oil Dry Gas Change in Ownership Casinghead Gas XX Condensate Date Connected							
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.			
	Saunders "A" State	1 Saunders Permo	Upper Penn State, Federal	or Fee State			
	Unit Letter / J ; 198						
	Line of Section 16 Tow	mship 14-S Range	33-E , NMPM,	Lea County			
II.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GAS	S				
	Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be The Permian Corporation P. O. BOX 1183, Houston, TX 77001						
•	Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
	Warren Petroleum	Unit Sec. Twp. P.ge.		P. O. BOX 1589, Tulsa, OK 74102			
	If well produces oil or liquids, give location of tanks.	J 16 14-S 33-E	Yes	Sept. 14, 1983			
V.	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completio			P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.110.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lip	t, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Total Date Total	Oil-Bbls.	Water-Bbis.	Gas-MCF			
	Actual Prod. During Test Oil-Bbis. Water-Bbis.						
	CAC WELL						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE	CE		TION COMMISSION			
			DEC 1 2 1983  BY  ORIGINAL SIGNED BY JERRY SEXTON  TITLE  DISTRICT I SUPERVISOR  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 filled for each pool in multiply completed wells.				
	Commission have been complied v	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.					
	above is true and complete to the	/					
(	Y. Harne X	leen					
	Production Ac	gent					
	— (Ti	ile)					
	December 7, 1	1983 ate)					

DEC 9 1983