

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator Tamarack Petroleum Co., Inc.					
Address P. O. Box 2046, Midland, TX 79702					
Reason(s) for filing (Check proper box)				Other (Please explain)	
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 Saunders-State		Well No. 2		Pool Name, Including Formation Saunders (Permo-Penn)	
				Kind of Lease State, Federal or Fee State	
				Lease No.	
Location Unit Letter <u>E</u> ; <u>990</u> Feet From The <u>west</u> Line and <u>2310</u> Feet From The <u>north</u>					
Line of Section <u>16</u> Township <u>14-S</u> Range <u>33-E</u> , NMPM, Lea County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation		P. O. Box 1183, Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Warren Petroleum		P. O. Box 1589, Tulsa, OK 74012			
If well produces oil or liquids, give location of tanks.		Unit N	Sec. 9	Twp. 14-S	Rge. 33-E
		Is gas actually connected?		When	
		Yes		4-6-84	
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 3-1-84		Date Compl. Ready to Prod. 4-6-84		Total Depth 10,105	
Elevations (DF, RKB, RT, GR, etc.) 4227.1 GR		Name of Producing Formation Permo-Penn		Top Oil/Gas Pay 9807	
Perforations 9808-9970				P.B.T.D. 10,013	
				Tubing Depth 9,764	
				Depth Casing Shoe 10,104	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
16		13 3/8		418	
11		8 5/8		4206	
7 7/8		5 1/2		10,104	
5 1/2 CSG		2 7/8 TBG		9764	
				SACKS CEMENT 475	
				2700	
				1050	
				None	
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 4-6-84		Date of Test 4-21-84		Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs.		Tubing Pressure --		Casing Pressure 15	
Actual Prod. During Test		Oil - Bbls. 80		Water - Bbls. 315	
				Choke Size --	
				Gas - MCF 78	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pitot, 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.					
Engineer Randy A. McClay (Signature) 4-23-84 (Date)					
OIL CONSERVATION COMMISSION APPROVED <u>APR 25 1984</u> , 19 BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u> 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 deviated 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 multiple completed wells.					

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