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S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
PERATOR			
ORATION OFFICE			
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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

Tamarack Petroleum Co., Inc.		
Address 1485 One First City Center, Midland, TX 79701		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Arco "28" State	Well No. 1	State, Federal or Fee State	E-1582
Pool Name, including Formation Reeves (Queen)			
Location			
Unit Letter A	Feet From The 660	Line and north	Feet From The 660
Line of Section 28		Township 18-S	Range 35-E
		NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		SCURLOCK PERMIAN CORP EFF 9-1-91	
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 Permian (EX 9 / 1 / 87)	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 Co.	Box 1589, Tulsa, OK 74102		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 28	Twp. 18S
			Rge. 35E
	Is gas actually connected?		When
	Yes		1-30-86

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.
(X)	X		X				
Date Spudded 7-23-85	Date Compl. Ready to Prod. 9-20-85		Total Depth 10,300		P.B.T.D. 4589		
Elevations (DF, RKB, RT, GR, etc.) 3910.7 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 4472		Tubing Depth 4445		
Perforations 4472-4488					Depth Casing Shoe 4652		


TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	490	475
11	8 5/8	3910	1700
7 7/8	4 1/2	4652	480

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 9-20-85	Date of Test 9-24-85	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure 20#	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 90	Water - Bbls. 18	Gas - MCF 108

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test				
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.


(Signature)
Production Agent
(Title)

2/10/86

OIL CONSERVATION COMMISSION FEB 12 1986	
APPROVED _____, 19 _____	
BY _____ DISTRICT 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.	