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Supersedes Old C-104 and C-110

Form C-104 EW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Tamarack Petroleum Company, Inc. Address 910 Building of the Southwest, Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Effective 5-22-70 X Dry Gas Recompletion Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee E7262 State Northeast Pearl Queen Unit 16 Pearl Queen 990 Feet From The West Line and 1650 North Feet From The Unit Letter 19-S 35-E Lea 23 , NMPM, County Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil [X] P. O. Box 1910, Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent) Shell Pipe Line Company
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Corporation P. O. Box 1589, Tulsa, Oklahoma ally connected? Rge Unit wp. If well produces oil or liquids, give location of tanks. 19S | 35E 23 10-1-62 С Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. New Well Workover Plug Back Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Name of Producing Formation Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Water - Bble. Oil-Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE MAY 25 1970 APPROVED 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. BY JUPERVISOR DISTING AIT/LE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened Wine P well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature, Production Agent All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) May 22, 1970

(Date)

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.

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