

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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

OCT 15 12 35 PM '69

Operator Tamarack Petroleum Company, Inc.	
Address 910 Building of the Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of well name from Texaco Hamon No. 1 effective 10-1-69
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Pearl Queen Unit	Well No. 8	Pool Name, including Formation Pearl Queen	Kind of Lease State, Federal or Fee	Lease No. ---
Location Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>23</u> Township <u>19-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 23
	Twp. 19S	Rge. 35E
	Is gas actually connected? Yes	When NA

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

I. 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.

W. J. L. Clark  
(Signature)  
Vice President  
(Title)  
October 14, 1969  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Joe D. Roney  
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.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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 <b>Tamarack Petroleum Company, Inc.</b>	
Address <b>910 Building of the Southwest, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>Effective 11-1-68</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Earl G. Colton, D204 Petroleum Center, San Antonio, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Texaco Hamon</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Pearl Queen</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>--</b>
Location				
Unit Letter <b>B</b>	<b>330</b>	Feet From The <b>North</b> Line and <b>2310</b>	Feet From The <b>East</b>	
Line of Section <b>23</b>	Township <b>19S</b>	Range <b>35E</b>	<b>Lea</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas 79701</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74102</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>23</b>	Twp. <b>19S</b>	Rge. <b>35E</b>
				Is gas actually connected? <b>Yes</b>
				When <b>NA</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res <sup>ty</sup> .	Diff. Res <sup>ty</sup> .
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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)  
**Vice President**  
(Title)  
**November 11, 1968**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **NOV 13 1968**, 19  
BY **John W. Ramsey**  
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.



RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from 209 feet to 5066 feet, and from feet to feet.  
Cable tools were used from 0 feet to 162 feet, and from 162 feet to 5066 feet.

PRODUCTION

Put to Producing April 1, 1962

OIL WELL: The production during the first 24 hours was 100 barrels of liquid of which 80% was oil; % was emulsion; 20% water; and % was sediment. A.P.I. Gravity 36.4

GAS WELL: The production during the first 24 hours was M.C.F. plus barrels of liquid Hydrocarbon. Shut in Pressure lbs.

Length of Time Shut in

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico

Northwestern New Mexico

T. Anhy. 1790	T. Devonian	T. Ojo Alamo
T. Salt	T. Silurian	T. Kirtland-Fruitland
B. Salt 3150	T. Montoya	T. Farmington
T. Yates 3315	T. Simpson	T. Pictured Cliffs
T. 7 Rivers 3755	T. McKee	T. Menefee
T. Queen 4540	T. Ellenburger	T. Point Lookout
T. Grayburg	T. Gr. Wash	T. Mancos
T. San Andres	T. Granite	T. Dakota
T. Glorieta	T.	T. Morrison
T. Drinkard	T.	T. Penn
T. Tubbs	T.	T.
T. Abo	T.	T.
T. Penn	T.	T.
T. Miss	T.	T.

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	60	60	Surface sands				
60	1100	1040	Red bed				
1100	1790	690	Red bed & anhydrite				
1790	3150	1360	Anhydrite & Salt				
3150	3750	600	Anhydrite & gypsum				
3750	3800	50	Shale & sand				
3800	4540	740	Anhydrite & lime				
4540	5066	526	Line with sand & shale Streaks				
				Filed with one copy Electric Log.			

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

April 5, 1962  
(Date)

Company or Operator Karl G. Colten

Address

Name M. L. Smith

Position or Title Agent