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TRANSPORTER	OIL	
	GAS	
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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

I. Operator **Tamarack Petroleum Company, Inc.**
Address **910 Building of the Southwest, Midland, Texas 79701**
Reason(s) for filing (Check proper box) ☐ New Well ☐ Recompletion ☒ Change in Ownership ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain) **Effective 11-1-68**

If change of ownership give name and address of previous owner **E. L. Fundingsland, 1402 Denver U.S. Bank Bldg., Denver, Colorado**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Texaco-Lea** Well No. **1** Pool Name, Including Formation **Pearl Queen** Kind of Lease **Fee** Lease No. **Fee**
Location Unit Letter **L** **330** Feet From The **West** Line and **2310** Feet From The **South**
Line of Section **24** Township **19S** Range **35E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ **The Permian Corporation** Address (Give address to which approved copy of this form is to be sent) **P.O. Box 3119, Midland, Texas**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ **Warren Petroleum Corporation** Address (Give address to which approved copy of this form is to be sent) **Tulsa, Oklahoma**
If well produces oil or liquids, give location of tanks. Unit **L** Sec. **24** Twp. **19S** Rge. **35E** Is gas actually connected? **Yes** When **Unknown**

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'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 (pilot, 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.

Albert J. Metraek
(Signature)
Vice President
(Title)
February 6, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **J. R. [Signature]**
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.