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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

SEP 10 10 43 AM '69

I. Operator  
**Tamarack Petroleum Company, Inc.**  
Address  
**910 Building of the Southwest, Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐ Other (Please explain)  
Recompletion ☐ Oil ☐ Dry Gas ☐ **Effective 9-1-69 Change lease name**  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ **from Texaco Hamon "A" to Texaco**  
**Hamon '24'**  
If change of ownership give name and address of previous owner **Texas Oil and Gas Corporation, 1000 Oil and Gas Bldg., Wichita Falls, Texas**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Texaco Hamon "24"** Well No. **1** Pool Name, Including Formation **Pearl Queen** Kind of Lease **Fee** Lease No.  
Location  
Unit Letter **D** ; **990** Feet From The **N** Line and **330** Feet From The **W**  
Line of Section **24** Township **19-S** Range **35-E** , NMPM, **Lea** County

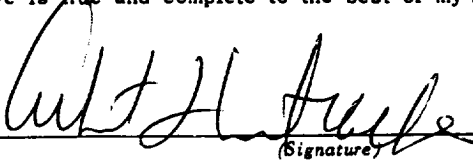
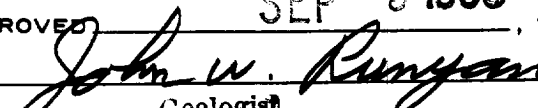
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Permian Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 3119, Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Warren Petroleum Corporation** Address (Give address to which approved copy of this form is to be sent)  
**Monument, New Mexico**  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
**Yes** **December, 1964**

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 (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.  
  
**Vice President**  
(Title)  
**September 3, 1969**  
(Date)  
OIL CONSERVATION COMMISSION  
SEP 5 1969  
APPROVED BY   
Geologist  
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.