NO. OF COPIES RECE	CIVED	i	
DISTRIBUTION			
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u.s.g.s.		1	Ι
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	Ī	
OPERATOR			
			1

OPERATOR			
I. PRORATION OFFICE Operator			
Tamarack Petro leum Company, Inc.			
910 Building of the Southwest, Midland, Texas 797			
Reason(s) for filing (Check proper box) New We!! Change in Transporter of:	lease explain)		
Recompletion Oil X Dry Gas \longrightarrow Effection Change in Ownership Casinghead Gas \longrightarrow Condensate \longrightarrow	ective 5-22- 7 0		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Northeast Pearl Queen Unit 11 Pearl Queen Nection Pool Name, Including Formation Northeast Pearl Queen	Kind of Lease State, Federal or Fee Fee	No.	
Location	North		
Unit Letter C; 1650 Feet From The West Line and 990		_	
Line of Section 24 Township 19 -S Range 35 -E , N	MPM, Lea Cour	ity	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give add)	ess to which approved copy of this form is to be sent)		
Shell Pipe Line Company P. O. Box	1910, Midland, Texas 79701		
	ess to which approved copy of this form is to be sent) 1589, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually cor	,		
If this production is commingled with that from any other lease or pool, give commingling			
IV. COMPLETION DATA Designate Type of Completion (Y) Oil Well Gas Well New Well Works	ver Deepen Plug Back Same Res'v. Diff. Re	38'V.	
Designate Type of Completion - (X) 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		
Lievations (DF, RRB, RI, GR, etc.) Indiae of Producting Formation			
Perforations	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RE			
HOLE SIZE CASING & TUBING SIZE DEPT	H SET SACKS CEMENT		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total able for this depth or be for full 24	volume of load oil and must be equal to or exceed top a hours)	llow-	
	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 (1	Choke Size		
VI. CERTIFICATE OF COMPLIANCE	L CONSERVATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation	MAY 2 5 1970 . 19		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	ERVISOR DISTRIC		
TITLE	TYTYE		
V. Same Willed If this is a	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
(Signature) well, this form tests taken on	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
(1 tite) sble on new an	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
M- 00 :0-n	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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OIL CONSERVATION (. .M. Roggs, u. a.