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LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				

LEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE U.S.G.S.	AUTHORIZATION TO TRA	AND INSPORT OIL AND NATURAL			
	LAND OFFICE	- 701110112711011101117	SEP 1 10 43 M 169			
	TRANSPORTER GAS	1	ort 10 de 194 92			
	OPERATOR	1				
I.	PRORATION OFFICE	1				
	Operator Tamarack Pet	roleum Company Inc		$\langle \cdot $		
Tamarack Petroleum Company, Inc.						
	910 Building of the Southwest, Midland, Texas 79701 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Change in Transporter of: Change in Transporter of: Change in Transporter of: Change lease is the southwest, Midland, Texas 79701 Other (Please explain) Effective 9-1-69 Change lease is the southwest, Midland, Texas 79701					
	New Well Recompletion	Change in Transporter of: Oil Dry Ga		mon ''A' to Texaco		
	Change in Ownership	Casinghead Gas Conden				
	If change of ownership give name and address of previous owner	Texas Oil and Gas Corr	poration, 1000 Oil and	Gas Building, Wichita Fall		
II. DESCRIPTION OF WELL AND LEASE				Texas		
	Lease Name Towage Hamon 119411	Well No. Pool Name, Including Fo	ormation Kind of Lease State, Feder			
	Texaco Hamon ''24'' 2 Pearl Queen State, Federal or Fee Fee					
	Unit Letter C; 165	50 Feet From The W Lin	e and 990 Feet From	The N		
	24	washin 19-S Range	35-E , NMPM. L	£8 County		
	Line of Section 27 Tow	wnship 1975 Range	33-E , NMPM, L	County County		
Ш.		TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Oil Permian Corporation	or Condensate	Address (Give address to which appro			
Permian Corporation P. O. Box 3119, Midland, Name of Authorized Transporter of Casinghead Gasy or Dry Gas Address (Give address to which approved copy			oved copy of this form is to be sent)			
	Warren Petroleum Corr		Monument, New Me	xico		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	,	nen		
	give location of tanks.	D 24 19S 35E	Yes	December, 1964		
	COMPLETION DATA	th that from any other lease or pool,				
	Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	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		
	7 6110.4110.13					
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FOOLL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oi pth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	A WELL		ift, etc.)		
			Chala Sina			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF		
	CAC BUTT T					
	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		
	CERTIFICATE OF COVELAN	CE .	OIL CONSERV	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIANO	CH.	OIL CONSERV	p 5 1969		
	I hereby certify that the rules and r	regulations of the Oil Conservation	APPROVED	, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By John Kungan			
			Geologis			
		1/		TITLE		
	MITT Talk	, Å	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.			
	•	ature)				
	Vice President					
	Sentember 3 1060					
	September 3, 1969	gte)				
	Du	•	Separate Forms C-104 mu	at be filed for each pool in multiply		
			completed wells.			