NO. OF COPIES RECE	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

Reason(s) for filing (Check proper box)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Northeast Pearl Queen Unit

23

Name of Authorized Transporter of Oil X

Shell Pipe Line Company
Name of Authorized Transporter of Casinghead Gas X

Warren Petroleum Corporation

Designate Type of Completion - (X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

Recompletion

Change in Ownership

Line of Section

If well produces oil or liquids,

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

IV. COMPLETION DATA

OIL WELL

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Production Agent

May 22, 1970

(Title)

(Date)

SSI

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

ATURAL GAS

79701

Effective 5-22-70

Other (Please explain)

NO. OF COPIES REC	EIVED	******		
DISTRIBUTION		JEW MEXICO OIL CONSERVATION COMM		
FILE U.S.G.S.		REQUEST FOR ALLOWABLE AND		
			AUTHORIZATION TO TRANSPORT OIL AND	
		LAND OFFICE		
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				

Tamarack Petroleum Company, Inc.

Oil

910 Building of the Southwest, Midland, Texas

X

Dry Gas

Range

Gas Well

Condensate

Change in Transporter of:

19-S

or Condensate

23

Date Compl. Ready to Prod.

Name of Producing Formation

CASING & TUBING SIZE

Oil Well

or Dry Gas

Casinghead Gas

9

Township

C

Date of Test

Oil-Bbls.

Length of Test

Tubing Pressure (Shut-in)

Tubing Pressure

Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Pearl Queen Fee 990 Feet From The North Line and 990 Feet From The East 35-E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102 19S | 35E Yes October, 1964 If this production is commingled with that from any other lease or pool, give commingling order number: Workover Same Res'v. Diff. Res'v. New Well Deepen Plug Back Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT (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) Producing Method (Flow, pump, gas lift, etc.) Choke Size Casing Pressure Water - Bhla. Gas - MCF Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION APPRO VED 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. BY TYTCE SUPERVISOR DISTRICT This form is to be filed in compliance with RULS 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.

MAY 2 3 1970