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U.S.G.S.		
LAND OFFICE		
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

Operator Tamarack Petroleum Company, Inc.		
Address P. O. Box 2046, Midland, Texas 79702		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

**THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.**

I. DESCRIPTION OF WELL AND LEASE

Lease Name Depew	Well No. 1	Pool Name, Including Formation UNDESIGNATED Undesignated Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location East Well Blinebry R-6698				
Unit Letter E	2080	Feet From The North	Line and 990	Feet From The West
Line of Section 9	Township 20-S	Range 38-E	NMPM,	Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation Permian (Eff. 9 / 1 / 87)	P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum	P. O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 9	Twp. 20-S	Rge. 38-E	Is gas actually connected? Yes	When 1-29-81

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v.
Date Spudded 11-27-79	Date Compl. Ready to Prod. 1-29-81	Total Depth 7136	P.B.T.D. 6096					
Elevations (DF, RKB, RT, GR, etc.) 3586 RKB	Name of Producing Formation Blinebry	Top Oil/Gas Pay 6036	Tubing Depth 6032					
Perforations 6036-6072	Depth Casing Shoe 7136							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16	13 3/8	421	450
12 1/4	9 5/8	4448	775
8 3/4	4 1/2	7136	845
4 1/2 casing	2 3/8 tubing	6032	-----

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 1-28-81	Date of Test 1-30-81	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure 20#	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 29	Gas - MCF 30

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.

Randy A. McClay
(Signature)

District Engineer

(Title)

February 5, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

James L. ...
SUPERVISOR DISTRICT 4

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.

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