NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Operator	A AUTHORIZATION TO TRANS	SERVATION COMMIL IN OR ALLOWABLE AND SPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 S
Tamarack Petroleum Co.	, Inc.		
P. O. Box 2046, Midland	d, TX 79702	Other (Please explain)	
Reason(s) for filing (Check proper box)	CASINGHEAD GAS BUST NOT DE		
New Well X Recompletion	Oil Dry Gas	FLARED AFTER	TION TO R-4879
Change in Ownership	Casinghead Gas Condensa	te D OBTAINED.	
If change of ownership give name and address of previous owner		All A PILETI	
DESCRIPTION OF WELL AND L	EASE Mist Madene Well No. Pool Nage, Including Form	ation Kind of Lease	Lease No.
Lease Name Speight		Blinebry State, Federal	or Fee Fee
Location		660	e west
Unit Letter <u>D</u> ; <u>660</u>	Feet From The <u>NOrth</u> Line of	and <u>660</u> Feet From Th	
Line of Section 9. Tow	nship 20-S Range	<u> 38-Е , ммрм, Lea</u>	County
DESIGNATION OF TRANSPORT		Add.coo (otto ti	
The Permian Corporation	on Inghead Gas or Dry Gas	P. O. Box 1183, Hous Address (Give address to which approv	ton, TX //001 ed copy of this form is to be sent)
Warren Petroleum		P. O. Box 1589, Tuls	a, OK 74102
If well produces oil or liquids,	John Deer Topic	Is gas actually connected? When	Waiting on connection
give location of tanks.	<u>E</u> 9 20-S 38-E	NO	
If this production is commingled wit . COMPLETION DATA	th that from any other lease or pool, gi	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio	On went	X I I I I I I I I I I I I I I I I I I I	
Date Spudded		Total Depth	P.B.T.D.
8/27/80	10/25/80 Name of Producing Formation	7120 Top Oil/Gas Pay	7067 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Blinebry	51 9 5	6079
3575 GR Perforations		,	Depth Casing Shoe 7120
6008-6051	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 775
124	$\frac{85/8}{4^{1}2}$	<u> </u>	750
7 7/8 4½ csg	2 3/8	6079	
		to a long of long of	and must be equal to or exceed top allow-
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be aft able for this dep	oth of be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li, Rod Pump	ft, etc.)
10/25/80 Length of Test	10/28/80 Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	40#	40#	 Gas-MCF
Actual Prod. During Test	Oil-Bbls. 33	35	40
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of lest		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIAN	NCE	1	ATION COMMISSION
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.		APPROVED_NIV 61980_, 19	
C. A. W. M. Miller		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened If this is a request he componented by a tabulation of the deviation	
(Signature)		well, this form must be accompanied by with RULE 111.	
District Engineer		All sections of this form must be filled out completely for shows	
(Title)		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.	
11/3/80 (Date)		well name or number, or transporter, of other scene of the second of the	



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