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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 Co., Inc.	
Address P. O. Box 2046, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Harkins	Well No. 1	Pool Name, Including Formation Skaggs Drinkard
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u>		Kind of Lease State, Federal or Fee <u>Fee</u>
Line of Section <u>8</u> Township <u>20-S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County		Lease No.

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>8</u> Twp. <u>20-S</u> Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u> When <u>7/15/81</u>

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 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>	
Date Spudded 4/28/81	Date Compl. Ready to Prod. 6/2/81	Total Depth 7100
Elevations (DF, RKB, RT, GR, etc.) 3579.2 GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6915
Perforations 6915-6939 (10 holes)		P.B.T.D. 7073
		Tubing Depth 6873
		Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
12 1/4	8 5/8	1600
7 7/8	4 1/2	7100
4 1/2 CSG	2 3/8	
		SACKS CEMENT
		775
		750

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 7/14/81	Date of Test 7/17/81	Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 hrs	Tubing Pressure 190	Casing Pressure 500#
Actual Prod. During Test	Oil - Bbls. 100	Water - Bbls. 9
		Gas - MCF 280

GAS WELL		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)
		Grav. of Condensate
		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.	
<u>Randy A. McClay</u> (Signature) District Engineer (Title) 7/20/81 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>7/22/1981</u> , 19	
BY <u>[Signature]</u>	
TITLE <u>ENGINEER DISTRICT</u>	
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.	