NO. OF COFIES RECT	IVED	L,	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE		L	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE		i	1

NEW MEXICO OIL CONSERVATION COMMISS. JN. Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE **AND** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Tamarack Petroleum Co., Inc. P. O. Box 2046, Midland, TX 79702
Reason(s) for filing (Check proper box) orasenghead) cas must not be X FLARED AFTER New Well UNLESS AN EXCEPTION TO R-4070 Dry Gas Oil B OBTAINED. Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE

Well No. Pool Name find unit of the first of the Legse No. State, Federal or Fee Blinebry Fee Patterson Location 1780 Feet From The north Line and 2080 County Township 20-S 38-E Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001

Address (Give address to which approved copy of this form is to be sent) The Permian Corporation

Name of Authorized Transporter of Casinghead Gas X or Dry Gas Box 1589, Tulsa, OK 74102 Warren Petroleum Sec. Unit If well produces oil or liquids, give location of tanks. waiting on line connection 8 20-S : 38E No G If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back New Well Werkover Oil Well Designate Type of Completion - (X) χ χ P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 7120 7013 9-17-81 <u>8-14-81</u> Tubing Depth Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) 5964 5980 Blinebry_ 3565.7 GR Depth Casing Shoe 7120 5983-6032 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 8 5/8 750 7120 5964 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Rod pump 9-20-81 9-20-81 Choke Size Casing Pressure Tubing Pressure Length of Test 20# 24 hrs Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test 58 23 56 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION I. CERTIFICATE OF COMPLIANCE APPROVED. I hereby certify that the rules and regulations of the Oil Conservation Orig. Signed by Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Jerry Sexion BY. Dist 1. Supv. TITLE . This form is to be filed in compliance with RULE 1104. M. Clay 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.

District Engineer (Title) 10-1-81

(Date)

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.