

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE			
SANTA FE		AND			
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator Tamarack Petroleum Company, Inc.					
Address P. O. BOX 2046, Midland, TX 79702					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input type="checkbox"/>		Change in Transporter of:		Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>		Oil <input type="checkbox"/>		Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		Casinghead Gas <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.					
DESCRIPTION OF WELL AND LEASE					
Lease Name Pewitt		Well No. 1		Pool Name, including Formation W. Nadine Blinebry	
				Kind of Lease State, Federal or Fee Fee	
				Lease No.	
Location					
Unit Letter I		1980		Feet From The south Line and 660 Feet From The east	
Line of Section 8		Township 20-S		Range 38-E	
				NMPM, Lea County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
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		P. O. BOX 1183, Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas <input 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, OK 74102			
If well produces oil or liquids, give location of tanks.		Unit I		Sec. 8	
		Twp. 20-S		Rge. 38-E	
				Is gas actually connected? Yes	
				When October '81	
If this production is commingled with that from any other lease or pool, give commingling order number:					
VI. COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>		Gas Well <input type="checkbox"/>	
Date Spudded 7-28-81		Date Compl. Ready to Prod. 12-8-81		Total Depth 7110	
Elevations (DF, RKB, RT, GR, etc.) 3563.8 GR		Name of Producing Formation Blinebry		Top Oil/Gas Pay 6008	
Perforations 6008-6049				P.B.T.D. 6820	
				Tubing Depth 6001	
				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
12 1/4		8 5/8		1568	
7 7/8		4 1/2		7110	
4 1/2 csg		2 3/8		6001	
				775 + 150	
				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 12-8-81		Date of Test 12-11-81		Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hours		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls. 25		Water-Bbls. 6	
				Gas-MCF 32	
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)	
				Gravity 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.					
APPROVED _____, 19____					
BY _____, District Engineer					
TITLE _____					
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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