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OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Pewitt
9. Well No. 1
10. Field and Pool, or Wildcat W. Nadine Blinebry
12. County Lea
19. Proposed Depth 6050'
19A. Formation Blinebry
20. Rotary or C.T. Rotary
21. Elevations (Show whether DF, RT, etc.) 3563.8 GR
21A. Kind & Status Plug. Bond Blanket (in force)
21B. Drilling Contractor Pengo
22. Approx. Date Work will start 12/10/81

1a. Type of Work DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	
2. Name of Operator Tamarack Petroleum Co., Inc.	
3. Address of Operator P. O. Box 2046, Midland, TX 79702	
4. Location of Well UNIT LETTER I LOCATED 1980 FEET FROM THE south LINE AND 660 FEET FROM THE east LINE OF SEC. 8 TWP. 20-S RGE. 38-E NMPM	
23. PROPOSED CASING AND CEMENT PROGRAM	

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	1600'	900 sks	circ. to surface
7 7/8"	4 1/2"	10.5#	7100'	625 sks	5000.

1. Pull out of hole with rods, pump and tubing.
2. Run in hole with cast iron bridge plug and set above Drinkard perforations @ 6937-6956.
3. Dump with bailer 20 feet of cement on top of plug.
4. Perforate Blinebry Formation from 6005 to 6047.
5. Acidize and frac as necessary.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Randy A. McClay Title District Engineer Date 11/20/81

(This space for State Use)

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Form

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: