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U.S.G.S.		
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 (Specify)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Casinghead Gas MUST NOT BE FLARED AFTER 11/2/81 UNLESS A PERMIT TO B-4070 IS OBTAINED
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry 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. *West Tardine Drinkard R-6838* 12-1-81

I. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name Pewitt		1	Skaggs Drinkard	State, Federal or Fee Fee	
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					

II. 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 Corp.			P. O. Box 1183, Houston, TX 77001		
Name of Authorized Transporter of Casinghead Gas <input checked="" 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	Sec.	Twp.	Rge.	Is gas actually connected? When
	I	8	20-S	38-E	No Waiting on line connection

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/28/81		Date Compl. Ready to Prod. 9/2/81		Total Depth 7110'		P.B.T.D. 7043'			
Elevations (DF, RKB, RT, GR, etc.) 3563.8 GR		Name of Producing Formation Drinkard		Top Oil/Gas Pay 6937'		Tubing Depth 6812'			
Perforations 6937'-6956						Depth Casing Shoe 7110'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2		8 5/8		1568		775 + 150			
7 7/8		4 1/2		7110		750			
4 1/2 csg		2 3/8		6812					

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 9/2/81		Date of Test 9/13/81		Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs		Tubing Pressure on pump		Casing Pressure 20#	
Actual Prod. During Test		Oil-Bbls. 42		Water-Bbls. 46	
				Choke Size --	
				Gas-MCF 105	

GAS WELL							
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 _____, 19____	
Randy A. McChay (Signature)		Orig. Signed by Les Clements	
District Engineer (Title)		Oil & Gas Insp.	
9/21/81 (Date)			
		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.	