

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMM ON
**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)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain) GASINGHEAD GAS MUST NOT BE PLACED UNDER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		
Change in Ownership <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 Danglade	Well No. 1	Pool Name, including Formation W. Nadine (Blinebry)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter L	1980	Feet From The south	Line and 660	Feet From The west
Line of Section 9	Township 20S	Range 38E	, 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"/> The Permian Corp.	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 L Sec. 9 Twp. 20S Rge. 38E	Is gas actually connected? No When waiting on connection

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 9-14-81	Date Compl. Ready to Prod. 10-16-81	Total Depth 7100	P.B.T.D. 7059					
Elevations (DF, RKB, RT, GR, etc.) 3563.5 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 6020	Tubing Depth 6024					
Perforations 6020-66	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1594	775
7 7/8	4 1/2	7080	750
4 1/2 CSG	2 3/8	6024	None

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 10-19-81	Date of Test 10-24-81	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure 20#	Choke Size -
Actual Prod. During Test	Oil-Bbls. 23	Water-Bbls. 16	Gas-MCF 18

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

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.

Randy A. McClay
 (Signature)
 District Engineer
 (Title)
 11-2-81
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Les Clements**
 Oil & Gas Insp.

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.

