OF COPIES RECEIVED DISTRIBUTION		OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE			
GAS			
PRORATION OFFICE			
Operator Tamarack Petroleum Co., Address	Inc.		
P. O. BOX 2046, Midland, Texas 79702			
Reason(s) for filing (Check proper box) New We!l	Change in Transporter of:	CASENGRAD	R 12/7/8
Recompletion	Oil Dry Gas Casinghead Gas Condensa		NULPTION 24 WARP
Change in Ownership		ILE COSTAINED	
If change of ownership give name and address of previous owner			
Lease No.			
Lease Name Raley	Well No. Poor Name, Successfulling For		or Fee Fee
Location		0010	oast
Unit Letter 0 ; 660	Feet From The South Line	and Feet From Th	e <u>east</u>
Line of Section 8 Town	nship 20-S Range 38	-Е , ммрм,	_ea County
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil A or Condensate Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation		P. O. BOX 1183, Hous Address (Give address to which approve	d copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas X or Dry Gas		P. O. BOX 1589, Tuls	a, OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected:	iting on line connection
If this production is commingled with that from any other lease or pool, give commingling order number:			
V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Completio	n - (X)   X   Date Compl. Ready to Prod.	X I I I I I I I I I I I I I I I I I I I	P.B.T.D.
Date Spudded 8-29-81	10-6-81	7107	7054 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 3566.8 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 6018	5995
Perforations			Depth Casing Shoe 7080
6018-6050 TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>8 5/8</u> 4 1/2	1575	775. 750
7 7/8 4 1/2 CSG	2 3/8 TBG	5995	
	OD ALLOWARIE (Test must be af	ter recovery of total volume of load oil a	and must be equal to or exceed top allow-
oll, WELL able for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test 10-13-81	Rod Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs. Actual Prod. During Test	Oil-Bbls.	<u>20</u> # Water-Bbis.	Gas-MCF
	48	94	49
GAS WELL		1	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIAN	  CE	11	TION COMMISSION
		APPROVED 19	
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.		BYOrig_Signed fig	
		TITLE Dist to State	
		This form is to be filed in compliance with RULE 1104.	
Romety a. Mullen		This form is to be fried in comprised with filled or deepened 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	
(Signature)		well, this form must be accompa-	rdance with RULE 111.
District Engineer		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
October 20, 1981		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.	
(Date)		Separate Forms C-104 must be filed for each pool in multiply completed wells.	



.

1891 5 5 1 30