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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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 Company, Inc.	
Address P.O. Box 2046 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Kornegay A	Well No. 1	Pool Name, Including Formation W. Nadine Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 1650 Feet From The North Line and 1650 Feet From The West				
Line of Section 9 Township 20-S Range 38-E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		SCURLOCK PERMIAN CORP EFF 9-1-91				
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 Permian (Eff. 9/1/87)	P.O. Box 1183 Houston, Texas 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 F	Sec. 9	Twp. 20-S	Rge. 38-E	Is gas actually connected? Yes	When July, 1982

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 2-13-82	Date Compl. Ready to Prod. 8-26-82	Total Depth 7138	P.B.T.D. 7082
Elevations (DF, RKB, RT, GR, etc.) 3571.1 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 6045	Tubing Depth 6041
Perforations 6045-6075 (20 Holes)			Depth Casing Shoe 7137
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	85/8	1588	775
7 7/8	4 1/2	7137	1000
4 1/2 CSQ.	2 3/8 TBG	6041	----

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 8-26-82	Date of Test 8-28-82	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 Hours	Tubing Pressure -----	Casing Pressure 20 1/2	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 34	Water-Bbls. 41	Gas-MCF 32

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. M. Clay  
(Signature)  
District Engineer  
(Title)  
9-1-82  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 13 1982, 19

BY Eddie W. Dean

TITLE OIL & GAS INSPECTOR

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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SEP 3 1982

O.C.D.  
HOBBS OFFICE