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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 (Please explain)
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE PLATED AFTER <u>8/1/82</u> UNLESS AN EXCEPTION TO E-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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		West Nadine Sub R-7076 (10-1-82)	
Lease Name Kornegay "A"	Well No. 1	Pool Name, including Formation Undesignated Tubb	Kind of Lease State, Federal or Fee Fee
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		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	The Permian Corporation P. O. BOX 1183, Houston, TX 77001		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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? No
			When

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 Completion - (X)		X				X											
Date Spudded 2-13-82	Date Compl. Ready to Prod. 3-24-82		Total Depth 7138		P.B.T.D. 7082												
Elevations (DF, RKB, RT, GR, etc.) 3571.1 GR	Name of Producing Formation Tubb		Top Oil/Gas Pay 6460		Tubing Depth 6420												
Perforations 6460-6809 (15 holes)						Depth Casing Shoe 7137											
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT											
12 1/2		8 5/8		1588		775											
7 7/8		4 1/2		7137		1000											
4 1/2 csg.		2 3/8		6420		-----											

VI. 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 3-24-82	Date of Test 6-3-82	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. 4	Water-Bbls. 2	Gas-MCF 4

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
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.	
<u>Randy A. McClary</u> (Signature) District Engineer (Title) June 17, 1982 (Date)	

OIL CONSERVATION COMMISSION JUN 23 1982	
APPROVED _____, 19____	
BY <u>JERRY SEXTON</u> DISTRICT SUPERVISOR	
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.	

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