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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.
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 type="checkbox"/>	Change in Transporter of:	Request testing allowable per attached letter. <i>68 bbls.</i>
Recompletion <input 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 Raley "A"	Well No. 1	Pool Name, Including Formation W. Nadine Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>P</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>20-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County				

I. 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 Corporation	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 <u>OP</u>	Sec. <u>8</u>
	Twp. <u>20-S</u>	Rge. <u>38-E</u>
	Is gas actually connected? Yes	When March 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res ^{ty} .	Diff. Res ^{ty} .
Date Spudded 1-29-82	Date Compl. Ready to Prod. 3-10-82		Total Depth 7107		P.B.T.D. 7060			
Elevations (DF, RKB, RT, GR, etc.) 3566.8 GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6813		Tubing Depth 6731			
Perforations					Depth Casing Shoe 7107			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1595		775			
7 7/8	4 1/2		7107		900			
4 1/2 csg.	2 3/8		6731		-----			

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 3-10-82	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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. McClary
(Signature)
District Engineer
(Title)
June 17, 1982
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	JUN 21 1982
BY	ORIGINAL SIGNED BY JERRY SEYED
TITLE	DISTRICT
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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JUN 18 1982

C.C.D.
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