

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

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

I. Operator
Tamarack Petroleum Company, Inc.
Address
P. O. BOX 2046, Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Raley "B"	Well No. 1	Pool Name, Including Formation West Nadine Blinebry	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter A ; 330 Feet From The north Line and 330 Feet From The east Line of Section 17 Township 20-S Range 38-E , NMPM, Lea County				

III. 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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 8	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-7-83	Date Compl. Ready to Prod. 9-9-83	Total Depth 6220	P.B.T.D. 6173					
Elevations (DF, RKB, RT, GR, etc.) 3568.3 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 6022	Tubing Depth 6015					
Perforations 6022 - 6157			Depth Casing Shoe 6217					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	1584	775					
7 7/8	4 1/2	6217	250					
7 7/8	4 1/2 DV Tool	4403	250					
4 1/2 CSG	2 3/8 TBG	6015						

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)

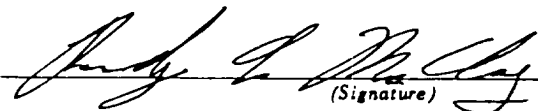
Date First New Oil Run To Tanks 9-20-83	Date of Test 9-25-83	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure 20#	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 126	Gas-MCF 6

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.


(Signature)
District Engineer
(Title)
9-27-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 3 1983, 19
BY ORIGINAL SIGNED BY EDDIE SEAY
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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