

DEPARTMENT OF LAND & MINES FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CORRECTED C-104 (TO CORRECT REPORT FILED 9-10-83)**	Form C-104 Supersedes Old C-104 and Effective 1-1-65
--	---	--

Unichem International, Inc.
Address
P. O. Box 1196, Eunice, New Mexico 88231

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter oil: ☐ Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)
*** 334.90 bbls. oil (Correction)

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name WM "E" State	Well No.	Pool Name, including Formation Reclaiming Plant	Kind of Lease State, Federal or Fee	Lease No.
----------------------------	----------	--	--	-----------

Location
Unit Letter NW $\frac{1}{4}$, NW $\frac{1}{4}$ Feet From The Line and Feet From The
Line of Section 31 Township 18S Range 37E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Tesoro Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
--	------	------	------	------	----------------------------	------

this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Enfil. Res.
------------------------------------	----------	----------	----------	----------	--------	-----------	----------------	-------------

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

Time First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (plug, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Mary Hughes
Administration Manager
10-14-83

OIL CONSERVATION COMMISSION
OCT 17 1983
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT SUPERVISOR

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 available tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells, new and re-completed 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 conditions.