

|                                                                                                                          |            |                                                            |
|--------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|
| NEW MEXICO OIL CONSERVATION COMMISSION<br>REQUEST FOR ALLOWABLE<br>AND<br>AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |            | Form O-104<br>Supersedes Old O-104 and<br>Effective 1-1-65 |
| LAND OFFICE                                                                                                              |            |                                                            |
| TRANSPORTER                                                                                                              | OIL<br>GAS |                                                            |
| OPERATOR                                                                                                                 |            |                                                            |
| PRODUCTION OFFICE                                                                                                        |            |                                                            |

**CORRECTED REPORT \*\***  
to Correct report filed 8-19-83

UNICHEM INTERNATIONAL, INC.  
P. O. Box 1196, Eunice, New Mexico 88231

|                                              |                                     |
|----------------------------------------------|-------------------------------------|
| Reason(s) for filing (Check proper box)      | Other (Please explain)              |
| New Well <input type="checkbox"/>            | ** 344.81 barrels oil               |
| 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"/> |

change of ownership give name  
and address of previous owner

**DESCRIPTION OF WELL AND LEASE**

|           |          |                                |                       |           |
|-----------|----------|--------------------------------|-----------------------|-----------|
| Well Name | Well No. | Pool Name, including Formation | Kind of Lease         | Lease No. |
| WM"E" #2  |          | Reclaiming plant               | State, Federal or Fee |           |

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

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|                                                                                                               |                                                                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Tesoro Crude Oil Company                                                                                      | P. O. Box 2297, Midland, Texas 79702                                     |
| 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) |

|                                                          |      |      |      |      |                            |      |
|----------------------------------------------------------|------|------|------|------|----------------------------|------|
| well produces oil or liquids,<br>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         | Surge Resv. | Diff. Resv. |
| Well Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.D.T.D.          |             |             |
| Observations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |             |             |
| Observations                         |                             |          |                 |          |        | 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)**

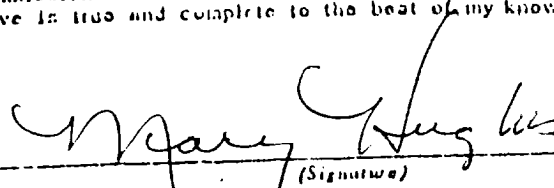
|                                |                 |                                               |            |
|--------------------------------|-----------------|-----------------------------------------------|------------|
| 1st First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

**2nd WELL**

|                                   |                           |                           |                       |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D         | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Producing Method (flow, 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
Administration Manager  
(Title)  
9-19-83  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED SEP 29 1983, 19  
ORIGINAL SIGNED BY JERRY SEXTON  
BY 1 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 deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells, old or new, and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter or other such change of conditions.

RECEIVED  
SEP 22 1943  
O.C.D.  
HOBBS OFFICE