

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Date Recd.
Secretary of the Commission
File No.

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

Production (including lease production)	Oil	Gas	Condensate
New Well	Oil	Gas	Condensate
Production	Oil	Gas	Condensate
Change in Ownership	Oil	Gas	Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
WM State "E"	2	Goodwin Abo	State, Federal or Fee	B1431				
Location	Unit Letter	D	660	Feet From The North	Line and	660	Feet From The West	
Line of Section	31	Township	18S	Range	37E	N.M.P.M.	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)			
	Tesoro Crude Oil Company		8700 Tesoro Drive, San Antonio, Texas 78286			
	Name of Authorized Transporter of Gas	or Dry Gas	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	Sec.	Twp.	Rge.	Is gas actually connected?	When

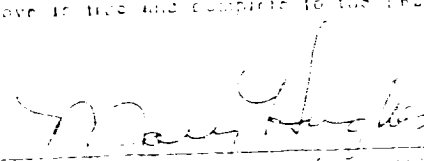
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Drill-in	Plug Back	Same Pool	Prod. Test
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Elevations (D.F., R.R., RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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 OIL WELL	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL	Actual Prod. Test - MCF/D	Length of Test	Date Condensate/MCF	Gravity of Condensate
Testing Method (Flow, gas lift, etc.)	Tubing Pressure (lbwt-in.)	Casing Pressure (lbwt-in.)	Chore 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 here is true and complete to the best of my knowledge and belief.

Administration Manager

OIL CONSERVATION COMMISSION	APPROVED	OCT 7 1982	19
	ORIGINAL SIGNED BY		
	DATE		
	TITLE		
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a statement of test deviation (to be taken on the well in accordance with RULE 1111). All sections of this form must be filled out and filed with the Commission. This form is to be filed in compliance with RULE 1104.			