NEW MEXICO OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE
OPERATOR
TRANSPORTER OIL / GAS
FILE

Operator
Unichem International, Inc.

Address
P. O. Box 1196, Eunice, New Mexico 88231

Reason(s) for filing (Check proper box)
- New Well
- Recompletion
- Change in Ownership

Change in Transporter of:
- Oil
- Dry Gas
- Casinghead Gas
- Condensate

Other (Please explain)
196.02 bbls. oil accumulated in salt water disposal system

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
WM State "E"	2	Goodwin Abo	State, Federal or Fee State	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 , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Tesoro Crude Oil Company

Address (Give address to which approved copy of this form is to be sent)
8700 Tesoro Drive, Santonio, Texas 78286

Name of Authorized Transporter of Casinghead 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	Deepen	Plug Back	Same Restv.	Diff. Restv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (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)

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	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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
Administration Manager
(Title)
9-30-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 7 1982, 19
ORIGINAL SIGNED BY
BY
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 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 operator, well name or number, transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.