

NAME	
MAILING	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-100
Supersedes OIL-100 and O-1
12-1-55 (1981)

Operator Unichem International, Inc.	
Address P. O. Box 1196, Eunice, New Mexico 88231	
Reason for filing (check proper box)	Owner (Please explain)
New Well ☐	Change in Transportation of: Oil ☐ Dry Gas ☐
Re-completion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Approximately 398 barrels oil accumulated from salt water disposal system

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lessee Name Truckers Salt Water SWD	Well No. L-6	Pool Name, including Formation Eunice Field	Kind of Lease State, Federal or Fee State	Lease No. B1400
Location Unit Letter L ; 3300 Feet From The North Line and 660 Feet From The West Line of Section 6 Township 21S Range 36E, NMDM 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) 8700 Tesoro Drive, San Antonio, 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	Shut-In Res't.	Prod. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (D.F., R.B.D., 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 lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

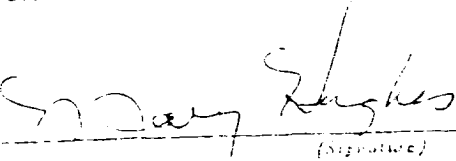
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil+Gels.	Water+Gels.	Gas+MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gels. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, pack, etc.)	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.


(Signature)
Administration Manager

9-30-82

OIL CONSERVATION COMMISSION

APPROVED 087 / 1982, 19
ORIGINAL SIGNED BY
DIY JERRY SEXTON
TITLE DISTRICT 1 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 deviation logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables on new or deepened wells.

Fill out the sections I, II, III, and VI for change of owner, well name, etc. and section V for change of completion.