

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Integrated Energy Incorporated

Address

P.O. Box 61585, Houston, Texas 77208

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner*Benson Mineral Group Inc. 1724 University St. Suite 602
Denver Co 80202*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 21	Well No. 1	Pool Name, Including Formation Rusty Chacra Extension	Kind of Lease State, Federal or Fee Federal	Lease No. NM-6681
Location				
Unit Letter A	1040	Feet From The North	Line and 1190	Feet From The East
Line of Section 21	Township 22N	Range 7W	Sandoval County	

III. 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)			
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
DOMESTIC PETROLEUM	1625 Broadway Suite 2900 Denver Co 80202			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
is gas actually connected?			When	
No				

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re:
		XX	XX					
Date Spudded 5/30/78	Date Compl. Ready to Prod. 6/30/78	Total Depth 1882'	P.B.T.D. --					
Elevations (DF, RKB, RT, GR, etc.) 6802 GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1543'	Tubing Depth 1836'					
Perforations 1543-72; 1624-30; 1634-40 @ 1 SPF			Depth Casing Shoe 1879'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 5/8"	7", 20#	116'	50					
6 1/2"	4 1/2", 9.5#	1879'	280					
	2 7/8" tubing	1836'						

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top all
able 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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 621	Length of Test 3 hr.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pistol, back pr.) Flowing	Tubing Pressure (stat-in) 35 psig	Casing Pressure (stat-in) 105 psig 4/10	Choke Size --

VI. 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.

Terence J. Casey
(Signature)
Terence J. Casey, Executive Vice President
(Title)
20 April 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 26 1982**, 19
BY *Sam T. Casey*
TITLE SUPERVISOR DISTRICT #3

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 deviativ
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditioSeparate Form C-104 must be filed for each pool in multipl
completed wells.