

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Benson Mineral Group Inc. 1726 Champa St Suite 600 Denver Co 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dome Rusty 30-22-6	Well No. 1	Pool Name, including Formation Rusty Chacra Extension	Kind of Lease State, Federal or Fee Federal	Lease No. NM-6676
Location Unit Letter <u>B</u> ; <u>820</u> Feet From The <u>North</u> Line and <u>1520</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>22N</u> Range <u>6W</u> , NMPM, <u>Sandoval</u> 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 Casinghead 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)
DOME PETROLEUM	1625 Broadway Suite 2900 Denver Co 80202
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
	NO

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

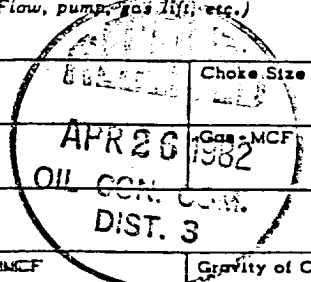
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		XX	XX					
Date Spudded 5/25/78	Date Compl. Ready to Prod. 6/30/78	Total Depth 2093'	P.B.T.D. ---					
Elevations (DF, RKB, RT, GR, etc.) 6922 GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1758'	Tubing Depth ---					
Perforations 1758-67; 1771-85; 1820-24; 1830-36; 1840-46; 1850-54 @ 2 SPF							Depth Casing Shoe 2092'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 5/8"	7", 20#	98'	50					
6 1/2"	4 1/2", 9.5#	2092'	310					
	2 3/8	1444						

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 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 2083	Length of Test 3 hr.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Stat-in) 110 psig.	Casing Pressure (Stat-in) 270 psig 490	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

APR 26 1982

APPROVED _____, 19____

BY Frank J. [Signature]

SUPERVISOR DISTRICT # 3

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 deviatric 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 owner well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiple completed wells.