

## OIL CONSERVATION DIVISION

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

1726 Chandler St Suite 600  
Denver Co 80202

## II. DESCRIPTION OF WELL AND LEASE

|  |               |  |   |                      |
|--|---------------|--|---|----------------------|
| Lease Name<br>Federal 19-22-6  | Well No.<br>1 | Pool Name, including Formation<br>Chacra Extension | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>NM-5452 |
| Location<br>Unit Letter <u>H</u> : <u>1590</u> Feet From The <u>North</u> Line and <u>1180</u> Feet From The <u>East</u><br>Line of Section <u>19</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) |
| DOMESTIC PETROLEUM   | 1625 Broadway Suite 2900 Denver Co 80202                                 |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge.<br>Is gas actually connected? When<br>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<br>7/8/78                        | Date Compl. Ready to Prod.<br>7/12/79 | Total Depth<br>2010'     | P.B.T.D.<br>2002'     |          |        |           |             |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>6901 GR | Name of Producing Formation<br>Chacra | Top Oil/Gas Pay<br>1816' | Tubing Depth<br>1908' |          |        |           |             |            |
| Perforations<br>1816-54 @ 1 SPF               | Depth Casing Shoe<br>2003'            |                          |                       |          |        |           |             |            |
| TUBING, CASING, AND CEMENTING RECORD          |                                       |                          |                       |          |        |           |             |            |
| HOLE SIZE                                     | CASING & TUBING SIZE                  | DEPTH SET                | SACKS CEMENT          |          |        |           |             |            |
| 9 5/8"  | 7", 20#                               | 101'                     | 50                    |          |        |           |             |            |
| 6 1/2"  | 4 1/2", 9.5#                          | 2003'                    | 50                    |          |        |           |             |            |
|   | 2 3/8" tubing                         | 1908'                    |                       |          |        |           |             |            |

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)

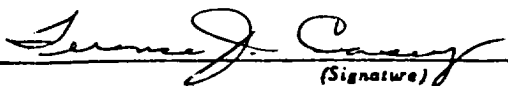
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure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

## GAS WELL

|   |                                 |   |                                   |
|---|---------------------------------|---|-----------------------------------|
| Actual Prod. Test-MCF/D<br>77.5             | Length of Test<br>24 hr.        | Bbls. Condensate/MCF                    | Gravity of Condensate             |
| Testing Method (pilot, back pr.)<br>Pumping | Tubing Pressure (shut-in)<br>NA | Casing Pressure (shut-in)<br>5 psig 370 | Choke Size<br>Orifice Well Tester |

## 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, Executive Vice President

(Title)

20 April 1982

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

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 deviated 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 Forms C-104 must be filed for each pool in multiple completed wells.