

OIL CONSERVATION DIVISION

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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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) Other (Please explain)

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 Champ St Suite 600 Denver Co 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 29-22-6	Well No. 1	Pool Name, including Formation Wildcat <u>Chacra</u>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-6676
Location Unit Letter <u>I</u> ; <u>1670</u> Feet From The <u>South</u> Line and <u>1170</u> Feet From The <u>East</u> Line of Section <u>29</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.	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. Res
		XX	XX					
Date Spudded 6/23/78	Date Compl. Ready to Prod. 9/19/78	Total Depth 2150'		P.B.T.D. --				
Elevations (DF, RKB, RT, GR, etc.) 6928 GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1727'		Tubing Depth 1798'				
Perforations 1727-67; 1794-1800 @ 1 SPF		Depth Casing Shoe 2004'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/2"	7", 20#	98'		50				
6 1/2"	4 1/2", 9.5 #	2004		240				
	2 3/8" tubing	1798						

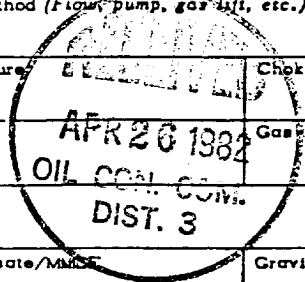
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 (Finger 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 1205	Length of Test 3 hr.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pistol, back pr.) Flowing	Tubing Pressure (shot-in) 72 psig	Casing Pressure (shot-in) 183 psig	Choke Size 3/4"



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 Sub J. Ory
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 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.