

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

OPERATOR	INTEGRATED ENERGY INCORPORATED
ADDRESS	P.O. Box 61585, Houston, Texas 77208
REASON(S) FOR FILING (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Benson Mineral Group Inc 1734 Champa St, Suite 602 Denver Co 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 20-22-6	Well No. 1	Pool Name, including Formation Wildcat Rusty Chacra	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17008
Location				
Unit Letter L	1480	South	1140	West
Line of Section 20	Township 22N	Range 6W	Sandoval County, NMPM	

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)
DOVE 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 8/9/78	Date Compl. Ready to Prod. 9/17/78	Total Depth 2100'	P.B.T.D. ---					
Elevations (DF, RKB, RT, GR, etc.) 6917 GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1798'	Tubing Depth 1886'					
Perforations 1798-1804; 1813-48 @ 1 SPF			Depth Casing Shoe 2100'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 5/8"	7", 20#	80'	50					
6 1/2"	4 1/2", 9.5 #	2100'	260					
	2 3/8" tubing	1886'						

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 WELL

Actual Prod. Test-MCF/D 576	Length of Test 3 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (shut-in) 25 psig	Casing Pressure (shut-in) 130 psig 280	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 3rd 7 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 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.