

copy

API NUMBER 30-043-20386  
 OPERATOR NAME PITCO Production Company WELL NUMBER #1  
 PROPERTY NAME State 36-22-6  
 SECTION 36 TOWNSHIP 22N RANGE 06W

FOOTAGE UL- M 810'FSL-800'FWL

Sur Csg OD	7"	XX	XX	XX	XX
SUR CSG TD	97	XX	XX	XX	XX
Chacra 1785'		XX	XX	XX	XX
PC 1370'	0	XX	XX	XX	XX
Fruitland 1120'	50sx	XX	XX	XX	XX
Kirtland 700'		XX	XX	XX	XX
Ojo Alamo 680'	4.5	XX	XX	XX	XX
Nacieminto surface	1983	XX	XX	XX	XX
PROD CSG TD		XX	XX	XX	XX
PROD CSG WT		XX	XX	XX	XX
TOP OF CMT	0	XX	XX	XX	XX
ACTUAL	240sx		XX	XX	
CACULATED			XX	XX	
PERF TOP	1795		XX	XX	
PERF BOTTOM	1831		XX	XX	
PACKER			XX	XX	
TYPE OF PLUG			XX	XX	
CIBP & CMT			XX	XX	
CMT			XX	XX	
Perforate each zone before pumping plug			XX	XX	

**\*\*Cement Plugs are 100' +50%excess inside, 100'+100%excess outside\*\***

#### PROPOSED PLUGGING OPERATION

MIRUPU, NUBOP, RIH W/Work string, clean out to 1795'

Perf, pump plug, 1785-1685 + excess, woc, tag,

Perf, pump plug, 1420-1320 + excess, woc, tag,

Perf, pump plug, 1170-1070 + excess, woc, tag,

Perf, pump plug , 750-630 + excess, woc, tag,

Perf, pump plug, 147-surface

Close pits according to guidelines: Clean and level location

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OPERATOR	4

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

## SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Benson Mineral Group, Inc.	8. Farm or Lease Name State 36-22-6
3. Address of Operator 555 17th St., Suite 3200, Denver, Colorado 80202	9. Well No. #1
4. Location of Well UNIT LETTER M, 810 FEET FROM THE South LINE AND 800 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 22N RANGE 6W NMPM.	10. Field and Pool, or Wildcat Rusty Chacra
15. Elevation (Show whether DF, RT, GR, etc.) 7010 GR.	12. County Sandoval

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Run tbq <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4-21-79: Blow well to clean up.  
4-24-79: Ran 2 3/8" tbq, land at 1856' GR.  
4-25-79 Thru 5-4-79: Blow well daily to clean up, heavy mist and spray water.  
6-8-79: Haul rods to location. Wait on pulling unit and roustabout crew to set pmp equipment so well can be pmp tested.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Paul C. Ellison TITLE Production Manager DATE June 14, 1979

Original Signed by A. R. Kendrick APPROVED BY \_\_\_\_\_ TITLE SUPERVISOR DISTRICT # 3 DATE JUN 18 1979

CONDITIONS OF APPROVAL, IF ANY:

S. GEOLOG

## Tops

Nacimiento - Surf.

Ojo Alamo - 650

~~Fruitland~~/Kittling - 700

Fruitland - 1120

PC - 1370

Chaco - 1785

---

## 2 Log

M-36-22N-6W

2 logs

State 36-22-6#1

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NEW MEXICO OIL CONSERVATION COMMISSION

30-043-20386  
Form C-101  
Revised 1-1-55

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
St. NM-L-1561	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name	
2. Name of Operator		State 36-22-6	
Benson Mineral Group, Inc.		9. Well No.	
3. Address of Operator		1	
3200 Anaconda Tower, 555 17th St., Denver, CO 80202		10. Field and Pool, or Wildcat	
4. Location of Well		Wildcat Chacra	
UNIT LETTER M LOCATED 810 FEET FROM THE South LINE		12. County	
AND 800 FEET FROM THE West LINE OF SEC. 36 TWP. 22N RGE. 6W NMPM		Sandoval	
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
2000		Chacra	Rotary
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
7010 GR	State-wide	B & N Drilling	As soon as permitted

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
9-5/8	7" used	23	100	50 sx. circ.	
6 1/4	4 1/2" new	9.5	2000	210 sx. circ.	

Benson Mineral Group, Inc. intends to drill the above well to evaluate the Chacra formation. A blowout preventer diagram is attached.  
The gas is not dedicated.

APPROVAL VALID  
FOR 90 DAYS UNLESS  
DRILLING COMMENCED,  
EXPIRES 12-12-78

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Paul C. Ellison Title Production Manager Date 9-8-78  
(This space for State Use)

APPROVED BY Frank E. Chang TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-112  
Supersedes O-112  
Effective 1-1-77

All distances must be from the outer boundaries of the Section.

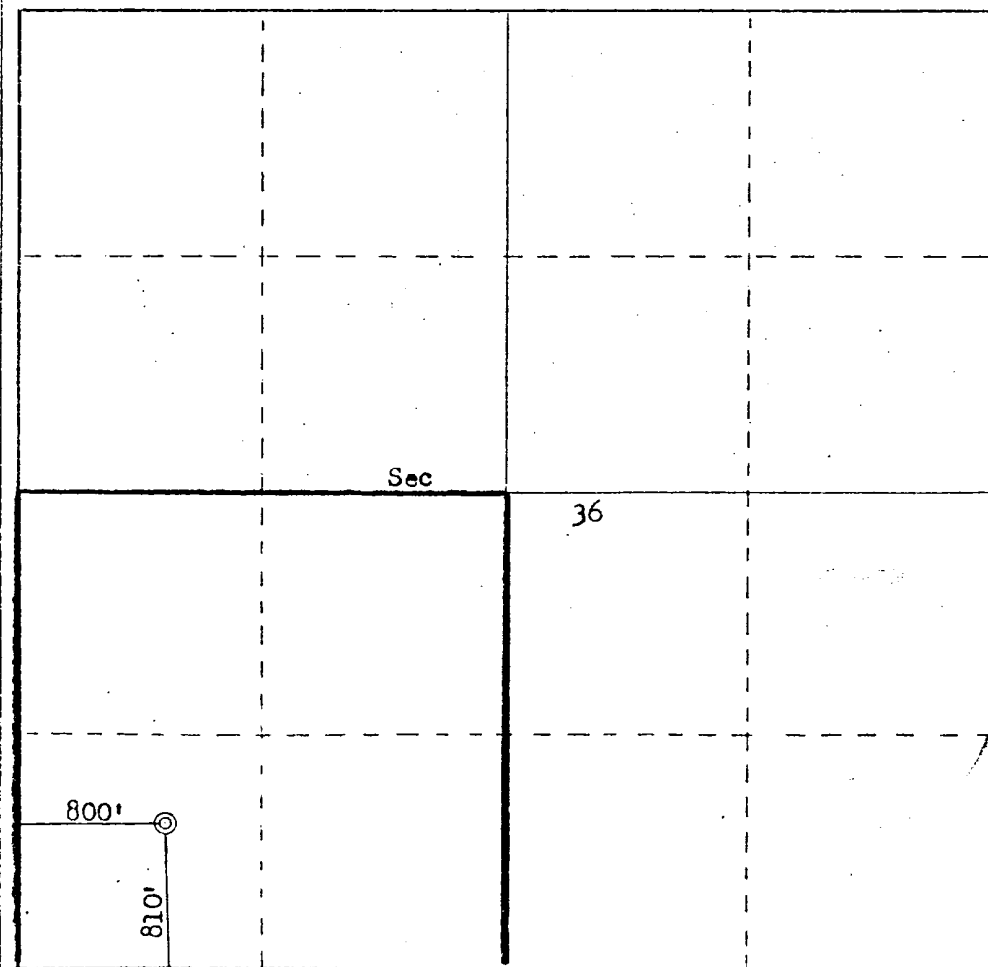
Operator <b>BENSON MINERAL GROUP, INC.</b>			Lease <b>STATE 36-22-6</b>		Well No. <b>1</b>
Map Letter <b>M</b>	Section <b>36</b>	Township <b>22N</b>	Range <b>6W</b>	County <b>SANDOVAL</b>	
Actual Proposed Location of Well:					
<b>810</b>	feet from the <b>South</b>	<b>800</b>	feet from the <b>West</b>		
Ground Level Elev. <b>7010</b>	Producing Formation <b>Chacra</b>	Foot <b>Wildcat</b>	Dedicated Acreage <b>160</b>		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



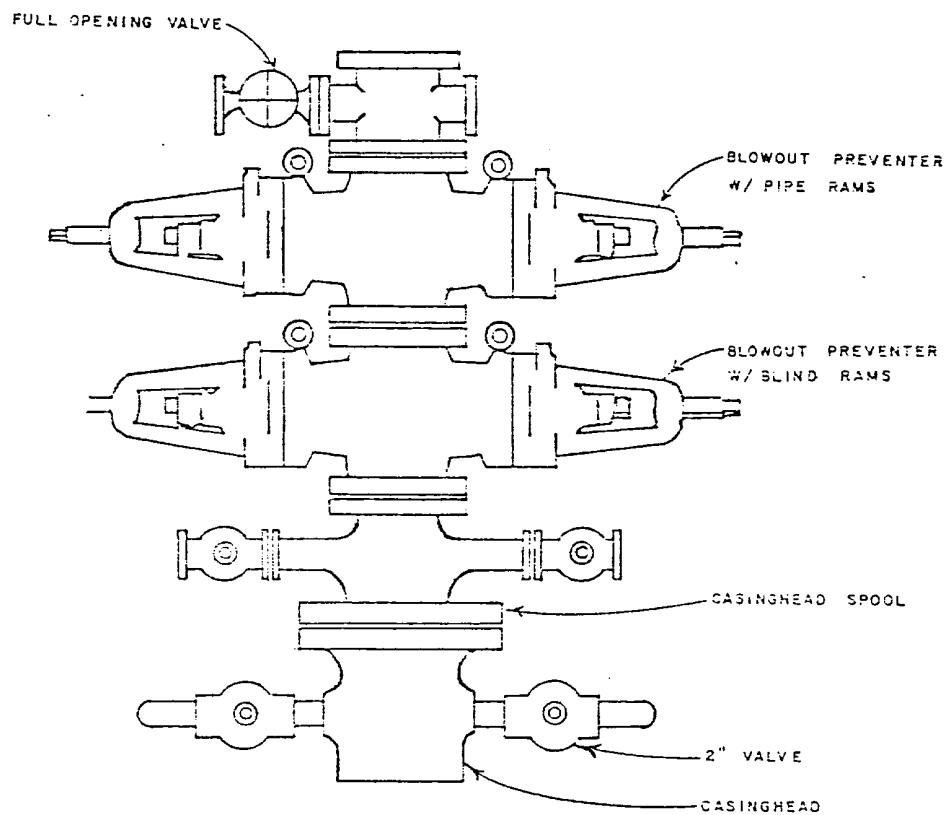
CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Paul C. Ellison*  
Name  
**Paul C. Ellison**  
Position  
**Production Manager**  
Company  
**Benson Mineral Group, Inc.**  
Date  
**September 8, 1978**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**September 14, 1978**  
Registered Professional Surveyor  
and or Licensed Surveyor.  
*Frederick B. Kerr, Jr.*  
Frederick B. Kerr, Jr.  
3950



**BENSON  
MINERAL  
GROUP, INC.**

3200 Anaconda Tower  
555 17th Street  
Denver, Colorado 80202

STANDARD BLOWOUT PREVENTER  
ASSEMBLY  
6" 900 SERIES

DESIGNED BY	DATE	POSTED	APPROVED BY	DRAFTING BY
				G W R

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator PITCO Production Company	
Address 1790 One Williams Center, Tulsa, Oklahoma 74172	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner MCO Resources (Integrated) Corp., formerly Integrated Energy, Inc., MCC Plaza, 5718 Westheimer, Houston, Texas 77057.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 36-22-6	Well No. 1	Pool Name, including Formation Rusty Chacra	Kind of Lease State, Federal or Fee	State	NM Lease No. I-1561
Location					
Unit Letter <u>M</u> : <u>810</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u>					
Line of Section <u>36</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)
Texaco Oils Inc.	P. O. Box 52332, Houston, Texas 77052
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	Yes 10/82

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Rick Couch  
Rick Couch (Signature)  
Landman (Title)  
March 25, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED MAR 28 1986  
BY Frank J. [Signature]  
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 deviation 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 multiply completed wells.

MAR 28 1986  
OIL CON. DIV.  
DIST. 3

**PITCO PRODUCTION COMPANY**

<b><u>API #</u></b>	<b><u>PROPERTY NAME</u></b>	<b><u>NUMBER</u></b>	<b><u>LOCATION</u></b>
30-043-20386	State 36-22-6	1	M-36-22N-06W



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
MAR 14 1985  
OIL CONSERVATION DIV  
DIST. 3

I. Operator MCO RESOURCES (INTEGRATED) CORP.

Address 5718 WESTHEIMER, SUITE 1100, HOUSTON, TX 77057

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas	Other (Please explain) <u>CHANGE OPERATOR NAME</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner INTEGRATED ENERGY, INC., P. O. BOX 61585, HOUSTON, TX 77208

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE 36-22-6</u>	Well No. <u>1</u>	Pool Name, including Formation <u>CHACRA</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>ST. NM L-1561</u>
Location				
Unit Letter <u>M</u> : <u>810</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u>				
Line of Section <u>36</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)
<u>TEXACO OIL INC.</u>	<u>P. O. BOX EE, CORTEZ, CO. 81321</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>4/85</u> When <u>10/82</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Jane Ashcraft  
(Signature) JANE ASHCRAFT  
PRODUCTION ANALYST  
(Title)  
MARCH 7, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] MAR 14 1985  
BY [Signature]  
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 deviation 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 multiply completed wells.

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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-10:  
Revised 11

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee
5. State Oil & Gas Lease No.	
St. NM-L-1561	

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Integrated Energy Inc.	8. Farm or Lease Name State 36-22-6
3. Address of Operator P. O. Box 61585, Houston, Texas 77208-9990	9. Well No. 1
4. Location of Well UNIT LETTER M 810 FEET FROM THE South LINE AND 800 FEET FROM West LINE, SECTION 36 TOWNSHIP 22N RANGE 6W NMPM.	10. Field and Pool, or Wildcat Chacra
15. Elevation (Show whether DF, RT, GR, etc.) 7010 GR	12. County Sandoval

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	OTHER Change of Operator
OTHER Change of Operator <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Request permission to change operators name from Benson Mineral Group, Inc.  
to Integrated Energy Inc.

State 36-22-6#1 was completed 8-19-79 as a gas well and has been shut in  
pending a pipeline connection. To date, well is not connected to a pipeline.



8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

NAME Clair H. H. H. H. TITLE Regulatory & Production Supv. DATE 2/12/82

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPROVAL IF ANY:

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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
ST. NM-L-1561	
7. Unit Agreement Name	
8. Farm or Lease Name	
State 36-22-6	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Rusty Chacra	
12. County	
Sandoval	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	
2. Name of Operator	
Benson Mineral Group, Inc.	
3. Address of Operator	
555 17th St. 3200 Anaconda Tower, Denver, CO 80202	
4. Location of Well	
UNIT LETTER M 810 FEET FROM THE South LINE AND 800 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 22N RANGE 6W NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Fracturing

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-23-79: Set frac tank.  
4-13-79: Haul 1900' 2 3/8" tubing to location.  
4-17-79: Foam frac with 30,000# sand and 15,000 gal. foam.  
4-19-79: SI waiting to run tubing.



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DENVER, COLO.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Paul C. Ellison TITLE Production Manager DATE April 24, 1979

Original Signed by A. R. Kendrick  
APPROVED BY SUPERVISOR DIST. 3 DATE APR 27 1979

CONDITIONS OF APPROVAL, IF ANY:

# REPORT OF PROOF OF APPARENT DEVIATION

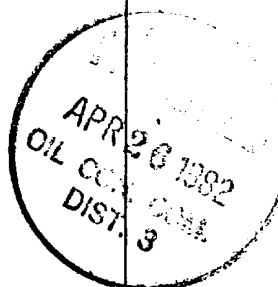
*Integrated Energy*  
Benson Mineral Group, Inc.

Operator \_\_\_\_\_ Lease No. ST NM-L-1561

FIELD Chacra County, ST Sandoval, NM

Lease Name & Well No. State 36-22-6 #1 SEC. 36 T 22N R 6W

Degrees Deviation	Deviation Factor	DEGREES DEVIATION	DEPTH FROM SURFACE	LENGTH OF INTERVAL	DEVIATION FACTOR	DEVIATION OF INTERVAL	CUMULATIVE APPARENT DEVIATION	REMARKS
1/4	.00436							
1/2	.00873	1°	500	500	.01745	8.725	8.725	
3/4	.01309	3/4°	2000	1500	.01309	19.635	28.36	
1	.01745							
1 1/4	.02182							
1 1/2	.02618							
1 3/4	.03054							
2	.03490							
2 1/4	.03926							
2 1/2	.04362							
2 3/4	.04798							
3	.05234							
3 1/4	.05669							
3 1/2	.06105							
3 3/4	.06540							
4	.06976							
4 1/4	.07411							
4 1/2	.07846							
4 3/4	.08281							
5	.08716							
5 1/4	.09150							
5 1/2	.09585							
5 3/4	.10019							
6	.10453							
6 1/4	.10887							
6 1/2	.11320							
6 3/4	.11754							
7	.12187							
7 1/4	.12620							
7 1/2	.13053							
7 3/4	.13485							
8	.13917							
8 1/4	.14349							
8 1/2	.14781							
8 3/4	.15212							
9	.15643							
9 1/4	.16074							
9 1/2	.16505							
9 3/4	.16935							
10	.17365							



ATTEST:

*F. Michael Murphy*  
F. Michael Murphy, Secretary

Title President

Date 8-19-79

Certified as Being True & Correct by \_\_\_\_\_

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 39 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1165.

**INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE**

### Southeastern New Mexico

### Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Chacra _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	T. Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilt _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....

No. 2, from.....to.....

No. 3, from.....to.....

No. 4, from.....to.....

No. 5, from.....to.....

No. 6, from.....to.....

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet. ....

No. 2, from.....to.....feet. ....

No. 3, from.....to.....feet. ....

No. 4, from.....to.....feet. ....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation

BENSON  
MINERAL  
GROUP, INC.

October 5, 1979

Mr. Joe D. Ramey, Director  
Oil Conservation Commission  
State of New Mexico  
P.O. Box 2088  
Santa Fe, NM 87501

Dear Mr. Ramey:

This letter is to inform you that the following wells are  
capable of producing gas in commercial quantities:

M Federal 17-22-6 #1, Sandoval County, New Mexico  
State 36-22-6 #1, Sandoval County, New Mexico AOF 62 MCFPD

Gas from the above wells is not dedicated.

Sincerely,

BENSON MINERAL GROUP, INC.



Paul C. Ellison  
Production Manager

PCE/pms  
cc: A. R. Kendrick



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U.S.G.S.	
LAND OFFICE	
OPERATOR	3

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
St.-NM-L-1561

## SUNDRY NOTICES AND REPORTS ON WELLS

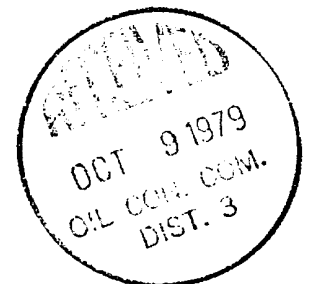
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Benson Mineral Group, Inc.	8. Farm or Lease Name State 36-22-6
3. Address of Operator 3200 Anaconda Tower, 555 17th St., Denver, CO 80202	9. Well No. 1
4. Location of Well UNIT LETTER M, 810 FEET FROM THE South LINE AND 800 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 22N RANGE 6W NMPM.	10. Field and Pool, or Wildcat Rusty Chacra
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Sandoval

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	Status Report <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7-2-79: Ran 2 x 1 1/2" pmp and 5/8" rods.  
7-21-79: Set pumping and made connections.  
8-14-79: Pmp test well.  
8-29-79: Pmp test well. Set up orifice well tester to meter gas. Waiting on charts from contract pumper.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Paul C. Ellison</u>	TITLE <u>Production Manager</u>	DATE <u>Oct. 3, 1979</u>
Paul C. Ellison <i>at Kendrick</i>		
APPROVED BY <u>Original signed by</u>	TITLE <u>SUPERVISOR DISTRICT # 3</u>	DATE <u>MAR 18 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		

DISTRIBUTION	3
SANTA FE	1
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OPERATOR	1

# NEW MEXICO OIL CONSERVATION COMMISSION

Sup. 100-101  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. St. NM-L-1561	

## SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Benson Mineral Group, Inc.		8. Farm or Lease Name State 36-22-6
3. Address of Operator 3200 Anaconda Tower, 555 17th Street, Denver, CO 80202		9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>810</u> FEET FROM THE <u>South</u> LINE AND <u>800</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>22N</u> RANGE <u>6W</u> NMPM.		10. Field and Pool, or Wildcat Rusty Chacra
15. Elevation (Show whether DF, RT, GR, etc.) 7010 GR.		12. County Sandoval

### 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

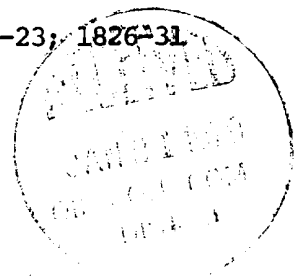
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Perforating

### 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11-15-78: Do dirt work, clean up site.  
11-21-78: Set ground anchors.  
11-28-78: Fence reserve pits.  
12-22-78: Backfill reserve pits.  
1-22-78: Repair road.  
1-24-78: Ran GRC log. PBTB 1894'. Perf 1795-1805'; 1811-23; 1826-31 with 2 shots per foot.



### 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Paul C. Ellison TITLE Production Manager DATE January 26, 1979  
Original Signed by A. R. Kendrick  
APPROVED BY \_\_\_\_\_ TITLE APPROVING OFFICER DATE JAN 31 1979  
CONDITIONS OF APPROVAL, IF ANY:



**NEW MEXICO OIL CONSERVATION COMMISSION**  
**MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL**

Form C-122  
 Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special				Test Date 8-19-79	
Company Benson			Connection None		
Pool Chacra			Formation Chacra		Unit
Completion Date 8-19-79		Total Depth 2000'		Plug Back TD 1894'	Elevation 7010'
Casing Size 4 1/2"	Wt. 9.5#	d 4.090	Set At 1983	Perforations: From 1795 To 1831	
Fig. Size 2 3/8"	Wt. 4.7#	d 1.995	Set At 1856'	Perforations: open-ended From To	
Type Well - Single - Bradenhead - G.C. or G.O. Multiple Single				Packer Set At None	
Producing Thru casing		Reservoir Temp. °F 60		Baro. Press. - P <sub>a</sub> New Mexico	
L 1983	H .60	G <sub>g</sub>	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S
Prover		Meter Run		Taps	

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h <sub>w</sub>	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.		Temp. °F
1.	1 month			3.9		60	0	60	370	60	30 day 24 hrs.
2.	2" x 1/2"						0		3.9		
3.							(pumping)				
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor Ft.	Gravity Factor F <sub>g</sub>	Super Compress. Factor, F <sub>pv</sub>	Rate of Flow Q, Mhd
1.			3.9	1.0	1.0	1.0	68
2.							
3.							
4.							
5.							

NO.	P <sub>t</sub>	Temp. °R	T <sub>r</sub>	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
2.					Specific Gravity Separator Gas _____ X X X X X X X X
3.					Specific Gravity Flowing Fluid _____ X X X X X
4.					Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
5.					Critical Temperature _____ °R _____ °R

P <sub>c</sub> 382      P <sub>c</sub> <sup>2</sup> 145924			
NO.	P <sub>t</sub> <sup>2</sup>	P <sub>w</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>
1.	15.9	252.8	145671.19
2.			
3.			
4.			
5.			

(1)  $\frac{P_c^2}{P_c^2 - P_w^2} = \frac{145924}{145671.19}$

AOI = Q  $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 68$

(2)  $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.001$

Absolute Open Flow	68	Mcf @ 15.025	Angle of Slope	Slope, n .85
--------------------	----	--------------	----------------	--------------

Remarks: Well was pump tested

Approved by Commission:	Conducted by: Kurt Nelson	Calculated by: Sue Johnson	Checked by: Paul C. Ellison
-------------------------	------------------------------	-------------------------------	--------------------------------

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OPERATOR	4

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. St. NM-L-1561	

## SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Benson Mineral Group, Inc.		8. Farm or Lease Name State 36-22-6
3. Address of Operator 3200 Anaconda Tower, 555 17th Street, Denver, CO 80202		9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>810</u> FEET FROM THE <u>South</u> LINE AND <u>800</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>22N</u> RANGE <u>6W</u> NMPM.		10. Field and Pool, or Wildcat Rusty Chacra
15. Elevation (Show whether DF, RT, GR, etc.) 7010 GR		12. County Sandoval

## 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

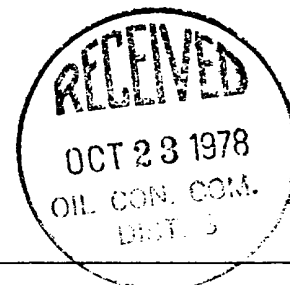
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER <input type="checkbox"/>	

## 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10-7-78: Spud.  
10-8-78: 7" Surface casing set at 97' GR with 50 sacks cement, circulate. Pressure test casing to 600 psi. OK.  
10-10-78: TD 2000'.  
10-11-78: Log. 4½" production casing set at 1983' with 240 sacks cement, circulate. Pressure test casing to 2500 psi. OK.



## 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Paul C. Ellison TITLE Production Manager DATE October 20, 1978

Original Signed by A. R. Kendrick TITLE SUPERVISOR DIST. #3 DATE OCT 23 1978

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 ☐  
Other (Please explain)

If change of ownership give name and address of previous owner Benson Minerals Group Inc

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 36-22-6	Well No. 1	Pool Name, Including Formation WV Chacra	Kind of Lease State, Federal or Fee State	Lease St. NM L-1561
Location Unit Letter <u>M</u> ; <u>810</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>22N</u> Range <u>6W</u> , NMPM, <u>Sandoval</u> Cour				

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 P.	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. Ro
		XX	XX					
Date Spudded 10/7/78	Date Compl. Ready to Prod. 8/19/79	Total Depth 2000'	P.B.T.D. 1894'					
Elevations (DF, RKB, RT, GR, etc.) 7010 GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1795'	Tubing Depth 1856'					
Perforations 1795-1805;1811-23;1826-31 @ 2 SPF			Depth Casing Shoe 1983'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 7/8"	7", 20#	97'	50					
6 1/2"	4 1/2", 9.5#	1983'	240					
	2 3/8" tubing	1856'						

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 68	Length of Test 24 hr.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) NA	Casing Pressure (Shut-in) 3.9 psig 370	Choke Size 1/2"

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  
BY Frank J. 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 Form C-104 must be filed for each pool in multiple completed wells.