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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1

5a. Indicate Type of Lease

State ☒Fee ☐

5. State Oil & Gas Lease No.

St. NM-LG-3923

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 32-22-6
3. Address of Operator P. O. Box 61585, Houston, Texas 77208-9990	9. Well No. 1
4. Location of Well UNIT LETTER <u>D</u> <u>1100</u> FEET FROM THE <u>North</u> LINE AND <u>1010</u> FEET FROM <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>22N</u> RANGE <u>6W</u> NMPM.	10. Field and Pool, or Wildcat Wildcat <u>Chaco</u>
15. Elevation (Show whether DF, RT, GR, etc.) 6966 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 OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <u>Change of operator name</u> <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
Completion Plans -- <input checked="" type="checkbox"/> XX	
CHANGE PLANS <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 1703.

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

(2) Complete well as follows:

Perforate 40 holes between 1658-1752

Sand water and nitrogen frac

Clean up, test and place well on production as soon as gas pipeline is completed.



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

SIGNED Chaine Hazeldean TITLE Regulatory & Prod. Supervision DATE 2/12/82APPROVED BY _____ TITLE SUPERVISOR DISTRICT #3 DATE 1982

CONDITIONS OF APPROVAL, IF ANY: