

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| 1. OPERATOR | |
| Integrated Energy Inc. | |
| Address P. O. Box 61585, Houston, Texas 77208-9990 | |
| 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 1226 Champa Street, Ste. 600
BENSON MINERAL GROUP, INC. - Denver, Colorado 80202

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|----------------------|
| Lease Name STATE 32-22-6 | Well No. 1 | Pool Name, including Formation RUSTY CHACRA | Kind of Lease State, Federal or Fee | Lease No. NM-3923 |
| Location Unit Letter <u>D</u> ; <u>1100'</u> Feet From The <u>North</u> Line and <u>1010'</u> Feet From The <u>South</u> | | | | |
| Line of Section <u>32</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 COMPANY | 1625 Broadway, Ste. 2900 - Denver, Colo. 80202 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? <u>NO</u> When | |

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'v. |
| Date Spudded 10-11-78 | Date Compl. Ready to Prod. 3-11-82 | Total Depth 1850' | | P.B.T.D. 1788' | | | | | |
| Elevations (DT, RT, GR, etc.) 6966 GR | Name of Producing Formation RUSTY CHACRA | Top Oil/Gas Pay 1658' | | Tubing Depth 1715' | | | | | |
| Perforations (1658'-1752') 1730' - 38', 1741'-43', 1750'-52', 1658½'-60½', 1670'-78', 1679'-82' | | 1684'-92', 1701'-03' | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 9-5/8" | 7" | | 97' | | 50 | | | | |
| 6-1/4" | 4-1/2" | | 1818' | | 225 | | | | |
| | 2-3/8" EUE | | 1715' | | | | | | |

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 1310.4 | Length of Test 3 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Flowing | Tubing Pressure (Shut-in) 348 | Casing Pressure (Shut-in) 358 | Choke Size 3/4" |

1. 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.

Melley R. Swartzendruber
(Signature)

REGULATORY AGENT

(Title)

10/7/82

(Date)

OIL CONSERVATION DIVISION

OCT 8 1982

APPROVED _____, 19____

By Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE _____

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.