

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 Champa St. Suite 600 Denver Co 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Dome Rusty 20-22-7</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Rusty Chacra Extension</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-7262</b>
Location				
Unit Letter <b>P</b>	<b>790</b> Feet From The <b>South</b> Line and	<b>790</b> Feet From The <b>East</b>		
Line of Section <b>20</b>	Township <b>22N</b>	Range <b>7W</b> , NMPM,	Sandoval 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)
<b>DOME PETROLEUM</b>	<b>1625 Broadway Suite 2900 Denver Co 80202</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	<b>No</b>

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

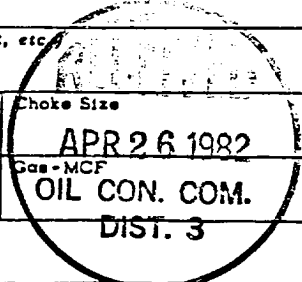
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <b>XX</b>	New Well <b>XX</b>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded <b>6/23/78</b>	Date Compl. Ready to Prod. <b>8/28/78</b>	Total Depth <b>2150'</b>	P.B.T.D. <b>1764'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>6796 GR</b>	Name of Producing Formation <b>Chacra</b>	Top Oil/Gas Pay <b>1440'</b>	Tubing Depth <b>1723'</b>					
Perforations <b>1440-74; 1511-1600 @ 1 SPF</b>	Depth Casing Shoe <b>1782'</b>							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>9 5/8"</b>	<b>7", 20#</b>	<b>97'</b>	<b>60</b>					
<b>6 1/4"</b>	<b>5 1/2", 4 1/2", 9.5#</b>	<b>1782'</b>	<b>270</b>					
	<b>2 3/8" tubing</b>	<b>1723'</b>						

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D <b>559</b>	Length of Test <b>3 hr.</b>	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>Flowing</b>	Tubing Pressure (Stat-in) <b>31 psig</b>	Casing Pressure (Stat-in) <b>83 psig 3PS</b>	Choke Size

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

APPROVED **APR 26 1982**, 19  
BY *Paul T. 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 deepene 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 allow able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio  
Separate Forms C-104 must be filed for each pool in multipl completed wells.