

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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

Operator

Integrated Energy Incorporated

Address

P.O. Box 61585, Houston, Texas 77208

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous ownerBenson Mineral Group Inc 1726 Champa St Suite 400
Denver Co 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 18	Well No. 1	Pool Name, Including Formation Rusty Chacra Extension	Kind of Lease State, Federal or Fee Federal	Lease No. NM-5452
Location Unit Letter <u>N</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>1810</u> Feet From The <u>West</u> Line of Section <u>18</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 Author: DOMO PETROLEUM	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 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? <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'tv.	Diff. Res
		XX	XX					
Date Spudded 4/30/78	Date Compl. Ready to Prod. 7/16/79	Total Depth 2150'	P.B.T.D. 1968'					
Elevations (DF, RKB, RT, CR, etc.) 6899 GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1820'	Tubing Depth 1922'					
Perforations 1820-84 @ 1 SPF			Depth Casing Shoe 2147'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8", 32#	96'	120
6 1/2"	4 1/2", 9.5#	2147'	50
	2 3/8 tubing	1922	

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 CON. CON. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 47	Length of Test 24 hr.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shot-in) NA	Casing Pressure (Shot-in) 20 psig 380	Choke Size Orifice Well Tester

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

BY

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 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 conditioSeparate Forms C-104 must be filled for each pool in multip
completed wells.