

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator INCLINE RESERVES, INC. 10921		Well API No. 30-045-28886
Address 1603 SW 37th St., Topeka KS 66611-2563 913-267-5033		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name FED COM 31 5352	Well No. #1	Pool Name, including Formations Basin Fruitland Coal 71629	Kind of Lease <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State	Lease No. SFO78487-A
Location Unit Letter <u>N</u> : 1210 Feet From The <u>South</u> Line and 1630 Feet From The <u>West</u> Line Section 31 Township 29N Range 8W, NMPLM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Waterpood # 2806351	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"/> EL PASO NATURAL GAS 2806350	Address (Give address to which approved copy of this form is to be sent) P O BOX 4990 FARMINGTON NM 87499-4990					
If well produces oil or liquids, give locations of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? NO	When? May 1, 1993

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
		X	X					
Date Spudded 12/23/92	Date Compl. Ready to Prod. 03/10/93		Total Depth 2440'		P.B.T.D. 2438'			
Elevations (DF, RKB, RT, GR, etc.) 5898' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2135'		Tubing Depth 2312'			
Perforations 2135-39', 2152-54', 2159-62', 2219-22', 2224-29', 2241-45', 2260-62', 2306-08', 2310-23.					Depth Casing Shoe 2438'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		258'		200 sx reg.			
7-7/8"	4-1/2"		2438'		350 sx Poz, 175 sx reg.			
	1.900"		2312'					

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 Tank	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
		MARI 5 1993	

GAS WELL

Actual Prod. Test - MCF/D 756	Length of Test 24 HRS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 600#	Casing Pressure (Shut-in) 600#	Choke Size 1-1/2"

VI. OPERATOR 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.

Signature J. P. Garrett Vice President  
Printed Name 03/12/93 Title 913-267-5033  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 27 1993  
By Original Signed by FRANK T. CHAVEZ  
Title SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.