Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office		sources Department	Revised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION		WELL ANIANO	
DISTRICT II	P.O. Box 2088		WELL API NO. 30-045-28334
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		STATE FEE X	
			6. State Oil & Gas Lease No.
SUNDRY NOT	CES AND REPORTS ON WELI	LS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
(FORM C	-101) FOR SUCH PROPOSALS.)	WII	
1. Type of Well: OIL GAS WELL WELL X			-
OIL GAS WELL X 2. Name of Operator	OTHER		Kendall 24
Incline Reserves, Inc			8. Well No.
3. Address of Operator			#2
	, KS 66611		9. Pool name or Wildcat
4. Well Location		·	Basin Fruitland Coal
Unit Letter R : : :	Feet From The	Line and1900) West Li
Section 24	_		
	Township 29N Ran 10. Elevation (Show whether D.	F RKR RT GR etc.)	NMPM San Juan County
	5597'	GR	
11. Check A	Appropriate Box to Indicate N	ature of Notice Re	Proof or Other Date
NOTICE OF INT	ENTION TO:	SHP	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK			SEQUENT REPORT OF:
<u> </u>	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:	C-1		
		OTHER:	
 Describe Proposed or Completed Operati work) SEE RULE 1103. 	ons (Clearly state all pertinent details, and	give pertinent dates, includ	ing estimated date of starting any proposed
, ==			
Incline Reserves, Inc. r	requests permission to	NG 0 4 1 /011 10 1	- #
of 5 1/2", 15.5#, J-55 o	asing as an alternate	ase 4 1/2",10.	off, J-55 casing instead
run on the subject well	will depend on availab:	ilitv.	ing size. The casing
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		M,	
			NOV 0 9 1990
		din na	10 4 0 3 13 3 U
		Oll	CON. DIV
		~~	DIST. 3
I hereby certify that the information above is true a	nd complete to the best of my knowledge and but		
	in the l		
SIGNATURE NOME AND	mue.	Agent	DATE Oct 31. 1990
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)			
APPROVED BY Original Signed by FR.	ANK T CHAVET	SUPERVISOR DIST	WET#3 WOULD TO
APPROVED BY Original Signed By FR	TITLE		DATE NIV () 9 199