

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

OIL CONSERVATION DIVISION
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.		Well API No. 30-045-28334
Address 1603 SW 37th St. Topeka, KS 66611		
Reason(s) for Filing (Check proper box) 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 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 Kendall 24	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter K : 1550 Feet From The South Line and 1900 Feet From The West Line Section 24 Township 29 N Range 10 W , NMPM 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"/>	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)					
El Paso Natural Gas Co.	PO Box 4990 Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					NO	01/01/90

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 10/30/90	Date Compl. Ready to Prod. 12/15/90 11-18-90		Total Depth 2125'		P.B.T.D. 2110'			
Elevations (DF, RKB, RT, GR, etc.) 5597' GR	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 1802'		Tubing Depth 1880'			
Perforations 1802'-18', 1847'-49', 1852'-56', 1918'-21', 1924'-31', 1948'-50', 1956'-58'					Depth Casing Shoe 2124'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	210' - 8 5/8" 20#		213'		220			
7 7/8"	2124' - 4 1/2" 10.5#		2124'		530			
	1.90		1880					

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 Rues To Tank	Date of Test	Producing Formation (Oil, gas, etc.)	
		Basin Fruitland Coal	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		DEC 19 1990	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		OIL CON. DIV.	

GAS WELL

Actual Prod. Test - MCF/D 427	Length of Test 24 hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 512 PSIG	Choke Size 1/4"

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
J. P. Garrett Vice-President
Printed Name
Date **12/13/90** Telephone No. **(913) 267-5033**

OIL CONSERVATION DIVISION

Date Approved **MAR 18 1991**

By [Signature]
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.