

OIL CONSERVATION DIVISION

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

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

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. 30-045-27791
Address 1603 SW 37th St., Topeka, KS 66611		913-267-5033
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: 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 Storey Gas Com "A"	Well No. #1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease XXX Federal XXX	Lease No. SF 077111
Location Unit Letter G : 2260' Feet From The North Line and 1480' Feet From The East Line Section 15 Township 28 N Range 9 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	P. O. Box 4990 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is gas actually connected?	When?
					NO	March 15, 1991

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 11/01/90	Date Compl. Ready to Prod. 11/26/90		Total Depth 2375'		P.B.T.D. 2310'			
Elevations (DF, RK, RT, GR, etc.) 5914' GR 5196'	Name of Producing Formation Fruitland Coal Seam		Top Oil/Gas Pay 2114'		Tubing Depth 2247'			
Perforations 2114'-18', 2120'-32', 2156'-60', 2162'-72', 2176'-79', 2206'-28'					Depth Casing Shoe 2374'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 20#		239'		200 sx reg			
7-7/8"	4-1/2" 10.5#		2375'		400 sx Poz, 130 sx reg			
	1,900" 2.75#		2247'					

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
			MAR 08 1991

GAS WELL

Actual Prod. Test - MCF/D 683	Length of Test 24	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.) back pressure	Tubing Pressure (Shut-in) 390	Casing Pressure (Shut-in) 390	Choke Size 3/8"

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 **03/04/91** Title **913-267-5033**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 29 1991**
By **[Signature]**
Title **SUPERVISOR DISTRICT 13**

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.