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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
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

I. Operator INCLINE RESERVES, INC. Well API No. 30-045-28904

Address 1603 SW 37th St., Topeka KS 66611-2563 913-267-5033

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☒ Change is Transporter of: ☐ Oil ☐ Dry Gas ☒ ☐ Gashead Gas ☐ Condensate ☐

Recompletion ☐

Change in Operator ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>FED COM 7</u>	Well No. <u>#1</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease <u>State, Federal or BLM</u>	Lease No. <u>NM03549</u>
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Location

Unit Letter M : 345 Feet From The South Line and 1025 Feet From The West Line

Section 7 Township 28N Range 8W , NMPM San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS</u>	<u>P O BOX 4990 FARMINGTON NM 87499-4990</u>
If well produces oil or liquids, give location of leaks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<u>NO</u> <u>May 1, 1993</u>

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
		<u>X</u>	<u>X</u>					
Date Spudded <u>12/29/92</u>	Date Compl. Ready to Prod. <u>03/10/93</u>	Total Depth <u>2270'</u>	P.B.T.D. <u>2245'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5748' GR</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>1940'</u>	Tubing Depth <u>2120'</u>					
Perforations <u>1940-44', 1958-63', 2023-28', 2030-34', 2036-38', 2050-52', 2065-68', 2106-08', 2111-27'</u>			Depth Casing Shoe <u>2245'</u>					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>260'</u>	<u>200 sx reg.</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>2245'</u>	<u>250 sx Poz. 125 sx reg</u>
	<u>1.900"</u>	<u>2120'</u>	

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
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OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D <u>596</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pvt., back pr.) <u>back pressure</u>	Tubing Pressure (Shut-in) <u>276#</u>	Casing Pressure (Shut-in) <u>276#</u>	Choke Size <u>1"</u>

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 J. P. GARRETT Title VICE PRESIDENT

Date 03/12/93 Telephone No. 913-267-5033

OIL CONSERVATION DIVISION
APR 8 1993
Date Approved _____
By [Signature]
SUPERVISOR DISTRICT #3
Title _____

- 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.