HOBBS OCD

State Of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division

SEP 3 0 2014

Form W-12 (1-1-71) FOD1296

				RECEIVED	6. OGRID Number 4323
INCLINATION REPORT					7 API Number
(One Copy Must Be Filed With Each Completion Report)					30-025-41483
1. FIELD NAME 2. LEASE NAME					8. Well Number
Penrose Skelly-Grayburg WT McComack					028
3. OPERATOR Chevron USA Inc.					RRC Identification Number
Chevron OSA Inc.					(Gas completions only)
Houston, TX 77252	2				(Gas completions only)
110400011, 212 //201	_				10. County
5. LOCATION (Section, Block, and Survey)					1
Lot J, Sec.32, 13S T	Ownship, Range 37E	30	-025-4148	3	Lea
	JR	ECORD OF	INCLINATI	ON	
*11. Measured Depth	12. Course Length	*13. Angle of	14. Displacement per	15. Course	16. Accumulative
(feet)	(Hundreds of feet)	Inclination (Degrees)	Hundred Feet	Displacement (feet)	Displacement (feet)
710	710	0.30	(Sine of Angle x100) 0.52	3.72	3.72
1027	317	0.30	0.52	1.66	5.38
1200	173	0.20	0.35	0.60	5.98
1204	4	0.30	0.52	0.02	6.00
1672	468	0.80	1.40	6.53	12.54
2066	394	0.80	1.40	5.50	18.04
2643	577	2.50	4.36	25.17	43.21
3151	508	2.10	3.66	18.62	61.82
3658	507	0.80	1.40	7.08	68.90
4066	408	2.20	3.84	15.66	84.56
	<u> </u>				
•	is needed, use the reverse si	·	_		
17. Is any information	shown on the reverse side of	fthis form?	☑ no		
18. Accumulative total	displacement of well bore a	t total depth of	4066 feet =	84.56	feet.
*19. Inclination measur	ements were made in -	Tubing	☐ Open hole	☑ Drill Pipe	·/···
20. Distance from surface location of well to the <u>nearest</u> lease line					30 feet.
21. Minimum distance to lease line as prescribed by field rules					feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever?					
(If the answer to th	e above question is "yes," at	tach written explanation of th	e circumstances.)		
INCLINATION DATA	CERTIFICATION		OPERATOR CERTIFIC	ATION	
v 31 at v		shot I have assessed by and of the	I declare I am authorized	to make this certification, that	t I have personal knowledge of a
the inclination data and facts placed on both sides of this form and that such data and facts are					d on both sides of this form are tru
	the best of my knowledge. The item numbers on this form.	his certification covers all data a			icated by asterisks (*) by the ite
indicated by asicrisks (70)	no nem mambers on this form.		numbers on this form.	()	
Della Edde	Cld		manda	il lehnsn	Δ
				ed Representative	
	President / Operation	ns	Amanda Johnson, agent Name of Person and Title (type or print)		
Name of Person and Ti			Name of Person and Title (type or print) Trammer Engineering Tox.		
Eagle Rock Drillin Name of Company	ig, anc.		Operator Operator	ngincering	, TUC.
• •			· •	1100 0-0:	
Telephone: 432-682				-429-2281	
Area Coo	16		Area Co	ae	