RAILROAD COMMISSION OF TEXAS

OIL AND GAS DIVISION		6. RRC District	
·			
INCLINATIO	ON REPORT Vith Each Completion Report.)	7. RRC Lease Number. (Oil completions only)	
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	8. Well Number	
	Atalaya Federal RECEIVED BY	2	
3. OPERATOR Anadarko Petroleum, Corp.		9. RRC Identification Number (Gas completions only)	
4. ADDRESS	SEP 29 1986	T	
P.O. Box 130, Artesia, NM 88210		10. County	
5. LOCATION (Section, Block, and Survey)	O. C. D. Artesia, ossice	Eddy	

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
423	423	1	1.75	7.40	7.40
909	486	1/2	.88	4.28	11.68
1401	492	1	1.75	8.61	20.20
1894	493	1	1.75	8.63	28.92
2388	494	3/4	1.31	6.47	35.39
2877	489	1 1/4	2.19	10.71	46.10
3367	490	1 1/2	2.63	12.89	58.99
3500	133	1 3/4	3.06	4.07	63.06

If additional space is needed, use the reverse side of this form. 17. Is any information shown on the reverse side of this form? 18. Accumulative total displacement of well bore at total depth of	Casing Open hole	feet. Drill Pipe feet. feet. NO
INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form. Signature of Authorized Representative James I. Brazeal - President Name of Person and Title (type or print) Brazeal Incd/b/a CapStar Drilling Name of Company Telephone: 214 Area Code	OPERATOR CERTIFICATION I declare under penalties prescribed in Seresources Code, that I am authorized to make have personal knowledge of all information presented on both sides of this complete to the best of my knowledge. This complete to the best of my knowledge and information presented herein except incline asterisks (*) by the item numbers on this form. Signature of Authorized Representative Name of Person and Title (type or print) Operator Telephone: Area Code	e this certification, that lesented in this report, and form are true, correct, and ertification covers all data
Railroad Commission Use Only:		

Approved By: __

* Designates items certified by company that conducted the inclination surveys.

____ Date: __

RECORD OF INCLINATION (Contin

s report shall be file y to each appropriate	in the District Office completion for the we	of the Commission to J. (except Plugging P	the district in which	the well is drilled, b	y attaching one
inged. No inclination clination surveys are visions of Statewide	survey is required on required on re-entry o fule II.	wells that are drilled abandoned wells.) I	and completed as dry nclination surveys mu	operation, the course holes that are plugge st be made in accorda	of the well is d and abandoned. ince with the
inclination survey ma mmission for each we	de by persons or conc l drilled or deepened	eins appioved by the	Commission shall be	iled on a form prescri	bed by the
		- INSTRUCT	- SNO.	,	
If additional space is	needed, attach separate	sheet and check here.			
			 		
 					
			 		
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			,		
					(1881) 11121112
*II. Messured Depth (feet)	12. Course Length (Hundreds of feet)	INCLINATION (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.

copy to each appropriate completion for the well. (except Plugging Report)