INCLINATION REPORT

(One Copy Must Be Filed With Each Completion Report)

1. FIELD NAME: NADINE; DRINKARD\ABO	2. LEASE NAME: McNeill B
3. OPERATOR: L.E. Jones Operating, Inc.	
4. ADDRESS: P.O. Box 1185, Duncan, OK 73534	30-025-36426
5. LOCATION (Section, Block, and Survey): Sec. 33, 19S, 38E J, 1655/S & 1732/E	
6. District	
7. Lease Number. (Oil completions only)	
8. Well Number: ~~B~~-1	
9. Identification Number (Gas completions only)	
10. County: Lea	

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)
308	308	0.50	0.87	2.69	2.69
584	276	0.75	1.31	3.61	6.30
863	279	1.00	1.75	4.87	11.17
1146	283	1.00	1.75	4.94	16.11
1455	309	0.75	1.31	4.04	20.15
1625	170	0.75	1.31	2.23	22.38
1909	284	1.00	1.75	4.96	27.34
2191	282	1.00	1.75	4.92	32.26
2479	288	1.50	2.62	7.54	39.80
2759	280	1.50	2.62	7.33	47.13
3039	280	0.75	1.31	3.67	50.79
3325	286	0.75	1.31	3.74	54.54
3824	499	1.00	1.75	8.71	63.25
4324	500	1.00	1.75	8.73	71.97
4445	121	0.50	0.87	1.06	73.03

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☒ yes ☐ no
18. Accumulative total displacement of well bore at total depth of 7264 feet = 133.06 feet.
*19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line ..... 1655 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 the above question is "yes," attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties 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.

Lisa Wilkes-Richardson

Signature of Authorized Representative

Lisa Wilkes-Richardson, Asst. Secty

Name of Person and Title (type or print)

Star Drilling Corporation

Name of Company

Telephone: (432) 684-5337

Area Code

OPERATOR CERTIFICATION

I declare under penalties that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

Name of Person and Title (type or print)

L.E. Jones Operating, Inc.

Operator

Telephone:

Area Code

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

KZ

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

RECORD OF INCLINATION (Continued from reverse side)

*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)
4826	381	1.25	2.18	8.31	81.34
5250	424	1.25	2.18	9.25	90.59
5721	471	1.50	2.62	12.33	102.92
5935	214	0.75	1.31	2.80	105.72
6411	476	1.00	1.75	8.31	114.03
6885	474	1.50	2.62	12.41	126.44
7264	379	1.00	1.75	6.61	133.06

If additional space is needed, attach separate sheet and check here. ☐

REMARKS: _____

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule 11.

This report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion for the well. (except Plugging Report)

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