INCLINATION REPORT

OPERATOR Amoco Production Company ADDRESS P. O. Box 68, Hobbs, New Mexico 88240

LEASE Bates Federal WELL NO. 2 FIELD

LOCATION 1830 FSL & 660' FWL, Section 26, T19S, R33E, Lea County, New Mexico

Depth	Angle Inclination (degrees)	Displacement	Displacement Accumulated
240	1/4	1.0560	1.0560
471	1/2	2.0097	3.0657
717	1/2	2.1402	5.2059
971	1/2	2.2098	7.4157
1164	1	3.3775	10.7932
1320	1	2.7300	13.5232
1415	1	1.6625	15.1857
1600	1	3.2375	18.4232
1900	1 1/4	6.5400	24.9632
2200	1 1/4	6.5400	31.5032
2487	1 3/4	8.7535	40.2567
2786	1 1/2	7.8338	48.0905
3105	2	11.1331	59.2236
3459	2 1/4	13.5585	72.7821
3708	2 1/4	10.1394	82.9215

RECEIVED
AMOCO PRODUCTION COMPANY
APR 21 1972
HOBBS, N. M.

AS		
AAS		
AE		
AF1		
AF2		
AAA		
FILE		

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

Ken Hedrick

Title: Drilling Superintendent

Affidavit:

Before me, the undersigned authority, appeared Ken Hedrick known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Ken Hedrick
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 20th day of April 19 72.

Notary Public in and for the County of Lea, State of New Mexico

Seal

MY COMMISSION EXPIRES MARCH 30, 1974

Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICAT (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM-05094

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: BATE Federal

2. NAME OF OPERATOR: Amoco Production Company

9. WELL NO.: 2

3. ADDRESS OF OPERATOR: BOX 68, HOBBS, N. M. 88240

10. FIELD AND POOL, OR WILDCAT: EAST GEM YATES

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface 1830' FSL x 660' FWL Sec. 26 (Unit L, NW/4 SW/4)
At top prod. interval reported below
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 26-19-33 NMPM

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH: LEA | 13. STATE: NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
4-10-72	4-17-72		3605' RDB	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
3456			→	0-TD	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. WAS DIRECTIONAL SURVEY MADE: NO

26. TYPE ELECTRIC AND OTHER LOGS RUN: Density Log-Induction

27. WAS WELL CORED: NO

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	32.3 - 36	1320'	12 1/4"	460 Sx	
7"	23	3308'	8 3/4"	50 "	2840'
4 1/2"	9.5	3188-3453	5 1/2"	40 "	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (*Interval, size and number*)

3427-31 (Plugged) w/2JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3427-31	500 gal 15% MCA
	1000 gal 15% LSTNE

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
		P&A

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS: Deviation Surveys

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED _____ TITLE AREA SUPERINTENDENT DATE MAY 17 1972

*(See Instructions and Spaces for Additional Data on Reverse Side)

0+3- USGS-H
1- DIV
1- WF
1- RRV

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
			None

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
T. Anhy	1304	
T. Salt	1485	
B. Salt	2935	
T. Yates	3140	

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