

# INCLINATION REPORT

(One Copy Must Be Filled With Each Completion Report.)

1. FIELD NAME Pitchfork Ranch Morrow		2. LEASE NAME Madera 29 Federal		3. District 1
OPERATOR HNG OIL COMPANY				4. Lease Number (Oil completions only)
ADDRESS Box 2267, Midland, Texas 79702				5. Well Number 1
LOCATION 1980' FSL & 1650' FEL, Sec. 29, T24S, R34E				6. Identification Number (Gas completions only) NM 16139
				7. County Lea, NM

## RECORD OF INCLINATION

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)	15. Accumulative Displacement (feet)
185	185	1/4	.44	.81	.81
400	215	1/4	.44	.95	1.76
600	200	1/2	.87	1.74	3.50
830	230	1	1.75	4.03	7.53
1048	218	1/2	.87	1.90	9.43
1550	502	1/4	.44	2.21	11.64
2041	491	1/2	.87	4.27	15.91
2537	496	1/4	.44	2.18	18.09
3038	501	1/2	.87	4.36	22.45
3533	495	1	1.75	8.66	31.11
4033	500	1	1.75	8.75	39.86
4552	519	1-3/4	3.05	15.83	55.69
5033	481	3	5.23	25.16	80.85
5200	167	3	5.23	8.73	89.58
5682	482	1-3/4	3.05	14.70	104.28
6163	481	2-1/4	3.93	18.90	123.18

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

Is any information shown on the reverse side of this form?  yes  no

Accumulative total displacement of well bore at total depth of 15,280 feet = 416.20 feet

Inclination measurements were made in  Tubing  Casing  Open hole  Drill Pipe

Distance from surface location of well to the nearest lease line 1650 feet

Minimum distance to lease line as prescribed by field rules \_\_\_\_\_ feet

Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? No

(If the answer to the above question is "yes", attach written explanation of the circumstances.)

**INCLINATION DATA CERTIFICATION**

*Brice L. Smith*  
Signature of Authorized Representative

Brice L. Smith  
Name of Person and Title (type or print)

PARKER DRILLING COMPANY  
Name of Company

Address: \_\_\_\_\_  
Area Code: \_\_\_\_\_

**OPERATOR CERTIFICATION**

*Betty Gildon*  
Signature of Authorized Representative

Betty Gildon, Regulatory Analyst  
Name of Person and Title (type or print)

HNG OIL COMPANY  
Operator

915/683-4871  
Telephone

Area Code: \_\_\_\_\_

CHERYL A. MINSO, Notary Public  
My Commission Expires 9-4-85

Subscribed and Sworn Before Me This 28 Day  
of March, 1983.

*Cheryl A. Mins*  
Notary Public

