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OIL CON. DIV.
DIST. 3

RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form W-12
(1-1-71)

INCLINATION REPORT

One Copy Must Be Filed With Each Completion Report.)

1. FIELD NAME (as per RRC Records or Wildcat) Wildcat	2. LEASE NAME Bravo West
3. OPERATOR Amerada Hess Corp.	
4. ADDRESS P.O. Box 2040 Tulsa, OK 74102	
5. LOCATION (Section, Block, and Survey) Section 33, T19N-R29E	
6. RRC District	
7. RRC Lease Number. (Oil completions only)	
8. Well Number 1	
9. RRC Identification Number (Gas completions only)	
10. County Harding, N.M.	

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)
800	800	1/4	.43	3.44	3.44
1390	590	3/8	.66	3.89	7.33
2280	890	0	0	0	7.33
2875	595	1/4	.43	2.56	9.89

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TULSA, OK

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 2875 feet = 9.89 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 _____ 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? no
(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., 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.

Chester Lambert
Signature of Authorized Representative
Chester Lambert Vice President
Name of Person and Title (type or print)
CO-2 in Action
Name of Company
Telephone: 806 373-8307
Area Code

OPERATOR CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., 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.

J. R. Wilson
Signature of Authorized Representative
J. R. Wilson, Supervisor Drlg. Admin Serv
Name of Person and Title (type or print)
Amerada Hess Corporation
Operator
Telephone: 918 599 4226
Area Code

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

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