

Sec. 14-17S-25E

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

1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	8. Well Number
3. OPERATOR		9. RRC Identification Number (Gas completions only)
4. ADDRESS		10. County
5. LOCATION (Section, Block, and Survey)		

RECORD OF INCLINATION

[illegible]

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 1550 feet = 59.00 feet.

*19. Inclination measurements were made in ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe (feet)

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? _____

(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.

Vicki Baxter
Signature of Authorized Representative

VICKI BAXTER SEC.
Name of Person and Title (type or print)

BYRD DRILLING COMPANY

Telephone: 915 563-2023
Area Code

OPERATOR CERTIFICATION

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.

Signature of Authorized Representative

Name of Person and Title (type or print)

Operator _____

Telephone: _____
Area Code _____

Railroad Commission Line Only:

Approved By: _____ Title: _____ Date: _____

* permission items omitted by company that submitted the information always.