tate of New Mexico KALL ROAD XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
			2. LEASE NAME	8. Well Number
			SRLG Unit	44
3. OPERATOR Joe L. Tarver				
3405 - 69th Drive, Lubbock, Texas 79413				
	Eddy			
T17S, R27E, Sec. 35 - 990' FNL & 990' FEL				
	AND GAS DIVISION N REPORT th Each Completion Report.) 2. LEASE NAME SRLG Unit exas 79413			

RECORD UĽ INCLINA

*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)
500	5.00	0	0	0	0
1000	5.00	1/4	.44	2.20	2.20
1500	5.00	1/2	.87	4,35	6.55
2000	5.00	1/2	.87	4,35	10.90
2497	4,97	1	1.75	8,70	19.60
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 18. Accumulative total displacement of well bore at total depth of			Casing	<u>PT</u>	Drill Pipe
(If the answer to	the above question is	s ''yes'', attach written	explanation of the circ	umstances.)	
INCLINATION DATA			OPERATOR CERTIF	penalties prescribed in S	Sec. 91.143, Texas Natural
Resources Code, that have personal knowled sides of this form and plete to the best of m indicated by asterisks Signature of Authorize Name of Person and T Name of Company	I am authorized to mak ge of the inclination dat that such data and facts y knowledge. This certi (*) by the item aumbers (*) by the item aumbers d Representative L. THRUG itie. (type or print) DRILLING	K own	A Resources Code, the have personal knowl that all data presen complete to the besi and information press asterisks (*) by the Signature of Authoriz JOE/L. Tarr Name of Person and JOE L. Tarr Operator	at I am authorized to ma edge of all information p ted on both sides of this of my knowledge. This of ented herein except incli- item numbers on this form and Representative Ver - Owner Title (type or print) Ver	ke this certification, that I resented in this report, and form are true, correct, and certification covers all data mation data as indicated by
Telephone:	6 145 -	9162	Telephone: 806	795-92	62

Railroad Commission Use Only:

Approved By : ____

_____ Title : _____ Date : _____

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