

ARTESIA, OFFICE

State of New Mexico
~~RAILROAD COMMISSION OF TEXAS~~
OIL AND GAS DIVISION

Form W-12
(1-1-71)

INCLINATION REPORT

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

1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	8. Well Number
South Red Lake Grayburg	SRLG Unit	45
3. OPERATOR		9. RRC Identification Number (Gas completions only)
Joe L. Tarver		
4. ADDRESS		10. County
3405 - 69th Drive, Lubbock, Texas 79413		
5. LOCATION (Section, Block, and Survey)		
Sec. 35, T17S, R27E, 330FNL & 1,650 FEL		Eddy

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 1870 feet = 17.38 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 _____ PTSD 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 Sec. 91.143, Texas Natural Resources Code, 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.

Signature of Authorized Representative

Name of Person and Title (type or print)

Name of Company

Telephone: _____
Area Code

OPERATOR CERTIFICATION

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, 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 incrimination data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

Joe L. Tarver - Owner

JOE L. TAYLOR
Name of Person and Title (type or print)

Joe L. Tarver

Operator

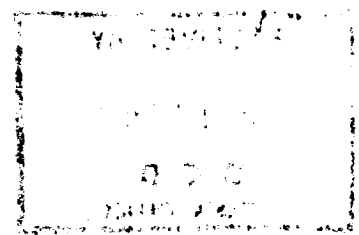
Telephone: 806 795-9262

Area Code

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

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



1941/42