

(1-1-71)


INCLINATION REPORT (One Copy Must Be Filled With Each Completion Report.)		6. RRC District
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	7. RRC Lease Number. (Oil completions only)
Undes Atoka (S.A.)	Peon "GK" No. 1	8. Well Number
3. OPERATOR	9. RRC Identification Number (Gas completions only)	
Yates Petroleum Corporation		10. County Eddy
4. ADDRESS		
207 South 4th Street - Artesia, NM		
5. LOCATION (Section, Block, and Survey)		
330' FNL & 330' FWL of Sec. 27-18S-26E		

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 1880 feet = 28.39 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? _____
(If the answer to the above question is "yes", attach written explanation of the circumstances.)

DECLARATION OF INCLINATION DATA 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 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.	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 	Signature of Authorized Representative _____
Name of Person and Title (type or print) James W. Cummins - Sec. - Texas	Name of Person and Title (type or print) _____
Name of Company Burd Building Company	Operator _____
Telephone: 555-55225 Area Code _____	Telephone: _____ Area Code _____

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

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