Yates Petroleum Corp.
Flint GU Well #1
Eddy County, NM

OIL AND GAS DIVISION

6. RRC District	
7. RRC Lease Number. (Oil completions only)	

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

1. FIELD NAME (as per RRC Records or Wildcat) **Atoka San Andres**	2. LEASE NAME **Flint "GU"**

8. Well Number
1

3. OPERATOR
Yates Petroleum Corporation V

RECEIVED

9. RRC Identification Number (Gas completions only)

4. ADDRESS
207 So. 4th Street – Artesia, NM

NOV 8 1976

10. County
Eddy

5. LOCATION (Section, Block, and Survey)
Section 22-T18S-R26E

O. C. C.
ARTESIA. OFFICE

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)
225	2.25	1/2	0.87	3.69	3.69
975	7.00	2 1/2	4.36	20.49	24.18
1090	1.25	2 1/4	5.23	7.66	31.84
1525	4.25	2 1/4	3.93	18.68	50.52
1950	4.25	2 1/4	3.93	16.41	66.91

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 _____1950_____ feet = _____66.91_____ 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.

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 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 Use Only:

Approved By: _____ Title: _____ Date: _____

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