

## INCLINATION REPORT

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SEP 26 1977

Field Name Wildcat-Morrow County Eddy O. C. C.  
Operator Inexco Oil Company Address 1100 Milam Bldg., Suite 1900 ARTESIA, OFFICE  
City Houston  
Lease Name & No. E. G. Nix Well No. 1 Survey Sec 2, T19S, R26E

## RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
117	1/4	.51	
242	1/4	.55	1.06
317	1/2	.65	1.71
585	1/2	2.34	4.05
877	1/2	2.55	6.60
1198	1/2	2.80	9.40
1443	1/4	1.07	10.47
1625	2	6.35	16.82
1656	1	.54	17.36
1822	1/4	.72	18.08
1939	1/2	1.02	19.10
2100	1/2	1.41	20.51
2410	1/4	1.35	21.86
2755	1/2	3.01	24.87
3141	1-1/4	8.42	33.29
3225	1-1/4	1.83	35.12
3299	1	1.29	36.41
3362	1	1.10	37.51
3424	1	1.08	38.59
3613	1-3/4	5.77	44.36
3644	1-3/4	.95	45.31
3682	2	1.33	46.64
3721	3/4	.51	47.15
3824	1-1/4	2.25	49.40
3847	1-1/2	.60	50.00
3900	1-3/4	1.62	51.62
3975	2-1/4	2.94	54.56
4107	1-1/2	3.46	58.02
4135	2	.98	59.00
4176	2	1.43	60.43
4200	2	.84	61.27
4227	1-3/4	.82	62.09
4302	2	2.62	64.71
4364	2-3/4	2.97	67.68
4425	3-1/4	3.46	71.14
4460	3	1.83	72.97

Total Displacement

## Operator Affidavit:

(Note: Party making affidavit must strike out inapplicable phrases, and must file explanatory statement when applicable.)

Before me, the undersigned authority, on this day, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that he is the operator of the well identified in this instrument (that he is acting at the direction and on behalf of the operator of the well identified in this instrument), and that such well was not intentionally deviated from the vertical whatsoever (and that such well was deviated at random for the reason described in the attached statement).

Signature and Title of Affiant

Sworn and Subscribed to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public in and for \_\_\_\_\_  
County, Texas.

## Certification of personal knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

SIGNATURE

COMPANY

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Field Name \_\_\_\_\_ County \_\_\_\_\_

Operator \_\_\_\_\_ Address \_\_\_\_\_

Lease Name & No. \_\_\_\_\_ Well No. \_\_\_\_\_ Survey \_\_\_\_\_

**O. C. C.**  
**ANTHESIA, OFFICE**

[illegible]

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.