

Form W-12
(1-1-71)

INCLINATION REPORT

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

1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME Yates Federal	8. Well Number 1
3. OPERATOR Woodbine Petroleum	O. C. D. ARTESIA, OFFICE	9. RRC Identification Number (Gas completions only)
4. ADDRESS 3600 Allied Bank Tower Dallas, Tx 75202		10. County Eddy
5. LOCATION (Section, Block, and Survey)		

[illegible]

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 2744 feet = 75.68 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.)

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.

~~James L. Brazeal-President~~

Name of Person and Title (type or print)

Brazeal, Inc.-d/b/a CapStar Drilling

Name of Company

Telephone: 214 727-8367
Area Code

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 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 _____

Approved By: _____ Title: _____ Date: _____

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