

RECEIVED

15B 05 1993

O. C. D.

RECORD OF INCLINATION

If additional space is needed, use the reverse side of this form.

- ### INCLINATION DATA CERTIFICATION

OPERATOR CERTIFICATION

Signature of Authorized Representative _____

Name of Person and Title (type or print) _____

Operator _____

Telephone: _____

Area Code _____

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

RECORD OF INCLINATION

(Continued from reverse side)

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☐ If additional space is needed, attach separate sheet and check here.

REMARKS:

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule 11.

This report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion for the well. (except Plugging Report)

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.