rorm W-12 (1-1-71) - PAILROAD COMMISSION OF TEXAS 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) 2. LEASE NAME 8. Well Number Unocal 23 FarmalED 9. RRC Identification Number Number (Gas completions only) <u>2 0 1993</u>

10. County

Eddy NM

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)
200	200	3/4	1.31	2.62	2.62
500	300	2	3.50	10.50	12.12
751	251	2	3.50	8.78	21.90
1173	422	2 1/2	4.38	18.48	40.38
1298	125	2 1/2	4.38	5.47	45.85
1700	402	1 2	3.50	14.07	59.92
1995	295	ī	1.75	5.16	65.08
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* 1					
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If additional space is needed, use the reverse side of this form.	
17. Is any information shown on the reverse side of this form? 18. Accumulative total displacement of well bore at total depth of	yes
(If the answer to the above question is "yes", attach written en	planation of the circumstances.)
INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I shave 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 James L. Brazeal - Practident Name of Person and Title (typs or print) Brazeal Inc. Od/b/a CapStar Drilling Name of Company 214 727- 8367 Telephone: Area Code	OPERATOR CERTIFICATION 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

_ Title:

Approved By: ____ Designates items certified by company that conducted the inclination surveys.

> STATE OF TEXAS COUNTY OF COLLIN }

3. OPERATOR

4. ADDRESS

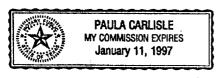
Spence Energy

5. LOCATION (Section, Block, and Survey)

4849 Greenville Ave, Dallas, TX 75206

The attached instrument was acknowledged before me on the , $19 \widetilde{\cancel{\!\mathcal{M}\!\!\!/}}$ by James L. Brazeal as _ day of _

President of BRAZEAL, INC. d/b/a CapStar Drilling.



Paula Carlisle - Notary Public

Date: