

ANNUAL REPORT OF THE
OIL AND GAS DIVISION

Form I-1
11-2-62

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT

Field Name Indian Basin (Up. Penn) County Eddy Co., New Mexico RRC Dist. No. _____
Operator Southwestern Natural Gas Co. Address 900 Bank of Southwest City Midland
Lease Name & No. Merchon Gas Com. Well No. #1 ~~xxxxxx~~ Sec. 21-
T-22S, R-23E

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
82	1/2		
210	3/4		
590	1/4		
1003	1/2		
1522	1/4		
2144	3/4		
3050	3/4		
3168	3/4		
4230	1/2		
5008	3		
5130	2-3/4		
5328	2-3/4		
5508	2-3/4		
5819	2-3/4		
6101	3		
6689	2-3/4		
7337	1-1/4		
7631	1-3/4		

Total Displacement _____

Was survey run in Tubing _____ Casing _____ Open Hole X
Distance to nearest lease line _____ feet
Distance to lease lines as prescribed by field rules _____ feet

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 the such information given above is true and complete.

JUN 16 1970

O. C. C.
ARTESIA, OFFICE

Signature

TOM BROWN DRILLING COMPANY, INC.
Company

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 Joe G. Roper, 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 12th day of June, 19 70.

Notary Public in and for Midland County, Texas.

RRC Use Only:

Approved By: _____
Title: _____
Date: _____