

RECEIVED BY INCLINATION REPORT
EDDY COUNTY, NEW MEXICO

APR -4 1985

O. C. D.
ARTESIA OFFICE

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 Worth Federal	6. RRC District
3. OPERATOR Worth Petroleum	8. Well Number 4	7. RRC Lease Number. (Oil completions only)
4. ADDRESS	9. RRC Identification Number (Gas completions only)	10. County Eddy, New Mexico
5. LOCATION (Section, Block, and Survey)		

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)
254	2.54	3/4	1.3	3.30	3.30
440	1.86	1 1/2	2.6	4.83	8.13
1019	5.79	1 3/4	3.1	17.94	26.07
1294	2.75	1 1/4	2.2	6.05	32.12
1576	2.82	2	3.5	9.87	41.99
1920	3.44	2	3.5	12.04	54.03
2422	5.02	3/4	1.3	6.52	60.55
2768	3.46	2	3.5	12.11	72.66
3274	5.06	2 1/4	3.9	19.73	92.39
3615	3.41	1 3/4	3.1	10.57	102.96
4142	5.27	1 1/4	2.2	11.59	114.55
4641	4.99	1	1.7	8.48	123.03
5147	5.06	3/4	1.3	6.57	129.60

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

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 5147 feet = 129.60 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? _____
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., 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.

Martha F. Smith
Signature of Authorized Representative
Martha F. Smith - Agent
Name of Person and Title (type or print)
Century Drilling Company
Name of Company
Telephone: 915 563-2011
Area Code

OPERATOR CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., 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

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

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