r	Orm	M-,	1 2
	(1-	1-71)

	6. RRC District					
	7. RRC Lease Number.					
	(Oil completions only)					
1. FIELD NAME (es p	8. Well Number					
3. OPERATOR	9. RRC Identification					
	Number (Gas completions only					
4. ADDRESS						
5. LOCATION (Section	- Dist				10. County	
J. BOCKTION (BECHO	n, Block, and Survey)				Eddy County, New Mexico	
		RECORD	OF INCLINATI	0 N		
*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement pe Hundred Feet (Sine of Angle X100	Displacement (form)	16. Accumulative Displacement (feet)	
431	4.31	1/2	9	3.87	3.87	
900	4.69	2	3.5	16.41	20.28	
1107	2.07	3 1/2	6.1	12,62	32.90	
1293	1.86	2 1/2	4.4	8.18	41.08	
1514	2.21	3	5.2	11.49	52.57	
1865	3.51	1 1/4	2.2	7.72	60.29	
2047	1.82	2	3.5	6.37	66.66	
2477	4.30	1		7.31	73.97	
3182	7.05	2 1/2	4.4	31.02	104.99	
3308	1.26	1 1/4	3.9	4.91	109.90	
3423	1.15	2	3.5	4.02	113.92	
3528	1 05	2 1/2	4.4	4.62	118.54	
3820	2.92	2	3.5	10.22	128.76	
4593 5180	7.73	1 1/2	2.6	20.09	148.85	
3100	5.87	1 1/2	2.6	15.26	164.11	
If additional spa	ce is needed, use the	reverse side of t	his form			
	on shown on the revers			no		
	tal displacement of we			feet =164.	11feet.	
	urements were made in			Open hole	X Drill Pipe	
	rface location of well		and the		·	
			ules			
22. Was the subject	well at any time inten	tionally deviated	from the vertical in any ma	nner whatsoever?		
(If the answer to	the above question is	"yes", attach w	ritten explanation of the ci	rcumstances.)		
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 of this form. 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 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 numbers of this form.						
Significant of Authorized Representative Martha F. Smith - Agent Name of Person and Title (type or print) Century Drilling Company				Signature of Authorized Representative Name of Person and Title (type or print)		
Name of Company	Iling Company			,		
Number of Company	563-2011		Operator Telephone:Area			
Railroad Commission (Use Only:					
Approved By			and to a			

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