

SEP 23 1985

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O. C. D.

ARTESIA, OFFICE

# INCLINATION REPORT

7. RRC Lease Number  
(Oil completions only)

1. FIELD NAME

2. LEASE NAME

BD 26-1 Federal

8. Well Number

BD 26-1

3. OPERATOR

Texaco, Inc.

4. ADDRESS

P. O. Box 1270, Midland, Texas 79702

10. County

Lea

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)
500	500	1	1.745	8.72	8.72
700	700	1/2	.873	1.74	10.46
1020	320	3/4	1.309	4.18	14.64
1495	475	-0-	-0-	-0-	14.64
1906	411	1 1/2	2.182	8.96	23.60
2200	294	1-3/4	3.054	8.97	32.57
2560	360	1 1/2	2.618	9.42	41.99
3020	460	1	1.745	8.02	50.01
3441	421	1/2	.873	3.67	53.68
3963	522	1	1.745	9.10	62.78
4460	497	1	1.745	8.67	71.45
4826	366	1	1.745	6.38	77.83
5290	464	1	1.745	8.09	85.92
5590	300	1	1.745	5.23	91.15

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 5590 feet = 91.15 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

SUBSCRIBED and SWORN to before me this the 6th day of September, 1985 A.D.

*Dean Jones*

Dean Jones, Notary Public in and for Ector County, Texas.

Signature of Authorized Representative

Ban Green, General Manager

Name of Person and Title (type or print)

Grace Drilling Company

Name of Company

Telephone: 915 - 337-1323

Area Code

### OPERATOR CERTIFICATION

Signature of Authorized Representative

Name of Person and Title (type or print)

Operator

Telephone:

Area Code

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\* Designated by RRC as operator that conducted the inclination surveys.