	INCL	INATION ust Be Filed With Esc	REPORT b. Completion Report		
FIELD NAME	(One Copy a		LEASE NAME		8. Well Number
WILDCAT (DELAWARE) Poker Lake UNIT					68
3. OPERATOR					LEASE SERIAL N
ass Enterpr	ises Reduction	y Co.		······	LC-061705-
2.0. Box 2760) Midland, T		/		- 10. County
	245 R315	The Falls	2080 FEL EDAY	10. Non Maxico	Eddy
	<i>sts</i> 151-	100 11-		INT LETTER	- <i>B</i> .
		RECORD C	DE INCLINATIO	N	
1. 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)
655	655	3/4	1.31	8.58	8.58
1145	490	1 1/4	2.19	10.73	19.31
1635	490	1 1/2	2,63	12.89	32.20
2127	492		1.75	8.61	40.81
2614		1 3/4	3.06	14.90	55.71
3108	494	1 1/2	2.63	12.99	68.70 84.14
3695	587	1 1/2	2.63	15.44	97.62
4080	385	2	<u> </u>	9.58	107.20
4393	313	1 3/4		<u> </u>	10/020
					a second s
				an a	
	pace is needed, use the			no	
	tion shown on the rever total displacement of w			fect = 107.20	0 feet.
	asurements were made		an anna an a'	Open hole	X Drill Pipe
	surface location of wel		se line		fee
	nce to lease line as pre				fee fee
2. Was the subject	t well at any time inte	ntionally deviated fr	rom the vertical in any man		no
(If the answer	to the above question i	s "'yes'', attach wri	itten explanation of the circ	(unstances.)	
	COTICICATION		OPERATOR CERTI	FICATION	
	A CERTIFICATION penalties prescribed in		1 declare under	penalties prescribed in nat 1 am authorized to m	
		ke this certification,	that I have personal know	ledge of all information, ited on both sides of thi	presented in this report
ides of this form an	d that such data and facts my knowledge. This cert	s are true, correct, and	Com- complete to the best	t of my knowledge. This sented herein except incl	centification covers all
	ks (*) by the itemplumber			net numbers on this for	
At Dalla	E Dread	and the	KCAM	Adams	مستعدين والمستانية وسيوار
Signature of Authorized Representative Signature of Authorized Representative					
Tamos I Brazeal-President K.C. HoutchENS Skilled					Tion CLERIC
Name of Person and Brazeal . Inc	-d/b/a CapStar	Drilling		PLISES PRODUCT	TION Co.
Name of Company			Operator	/ 60 - 1	800
214	727-8367		Telephone:	608 3	

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

STATE OF TEXAS } COUNTY OF COLLIN }

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The attached instrument was acknowledged before me on the $\frac{1}{2}$ day of $\frac{2}{2}$, 1987 by James L. Brazeal as

President of BRAZEAL, INC. - d/b/a CAPSTAR DRILLING.

Notary Public

My commission expires:

1-11-88