

RECEIVED

INCLINATION REPORT

JAN 23 1997

1. FIELD NAME	2. LEASE NAME
	Pattom 17 Fed. #1
3. OPERATOR	
Pogo Producing Company	MIDLAND
4. ADDRESS	
P.O. Box 10340, Midland, tx. 79702	
5. LOCATION (Section, Block, and Survey)	
Sec. 17, T-24-S, R-31-E, Eddy N.M.	

CONFIDENTIAL

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 x 100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
312	3.12	0.50	0.87	2.71	2.71
655	3.43	0.50	0.87	2.98	5.69
1021	3.66	0.75	1.31	4.79	10.48
1293	2.72	0.75	1.31	3.56	14.04
1541	2.48	0.75	1.31	3.24	17.28
1791	2.50	0.75	1.31	3.27	20.55
1975	1.84	0.75	1.31	2.41	22.96
2224	2.49	1.00	1.75	4.35	27.31
2470	2.46	1.00	1.75	4.30	31.61
2719	2.49	0.75	1.31	3.26	34.87
3212	4.93	1.50	2.62	12.91	47.78
3460	2.48	1.50	2.62	6.49	54.27
3646	3.16	2.50	4.36	13.77	68.04
3776	1.30	3.75	6.54	8.50	76.54
3831	0.55	4.00	6.98	3.83	80.37
3890	0.59	3.75	6.54	3.85	84.22
3955	0.65	4.00	6.98	4.53	88.75
3991	0.36	5.50	9.58	3.44	92.19
4023	0.32	6.00	10.45	3.34	95.53
4136	1.13	5.50	9.58	10.82	106.35
4148	0.12	5.00	8.72	1.04	107.39
4179	0.31	4.75	8.28	2.56	109.95
4230	0.51	4.75	8.28	4.22	114.17
4291	0.61	4.25	7.41	4.52	118.69
4344	0.53	3.50	6.10	3.23	121.92
4407	0.63	3.00	5.23	3.29	125.21
4500	0.93	2.75	4.80	4.46	129.67
4717	2.17	2.00	3.49	7.57	137.24
5216	4.99	1.25	2.18	10.87	148.11
5678	4.62	1.00	1.75	8.08	156.19
6167	4.89	0.75	1.31	6.40	162.59
6673	5.06	1.00	1.75	8.85	171.44
6900	2.27	1.50	2.62	5.94	177.38
7401	5.01	1.00	1.75	8.76	186.14
7901	5.00	1.25	2.18	10.90	197.04
8280	3.79	1.75	3.05	11.57	208.61

Accumulative total displacement of well bore at total depth of

8,280'

feet =

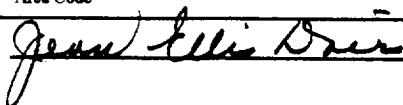
208.61 feet.

Inclination measurements were made in :

☐ Tubing☐ Casing☐ Open Hole☒ Drill Pipe

 Signature of Authorized Representative L.V. Bohannon, Drilling Superintendent Name of Person and Title (type or print) Lakota Drilling Company Name of Company Telephone 915-670-5560 Area Code	Signature of Authorized Representative Name of Person and Title (type or print) Name of Company Telephone Area Code
---	---

Certified By



Date