

INCLINATION REPORT		7. RRC Lease Number. (Oil completions only)
1. FIELD NAME	2. LEASE NAME NORTH HOBBS UNIT SECTION 24	8. Well Number 212
3. OPERATOR Shell Western E & P, Att: Eddie Curtis		10. County LEA, NM
4. ADDRESS P. O. Box 991, Houston, Texas 77001		
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)
271	271	3/4	1.309	3.54	3.54
760	489	1/4	.436	2.13	5.67
970	210	1/4	.436	.91	6.58
1500	530	1	1.745	9.24	15.82
1961	461	3/4	1.309	6.03	21.85
2390	429	1	1.745	7.48	29.33
2809	419	1	1.745	7.31	36.64
3269	460	1/2	.873	4.01	40.65
3672	403	1	1.745	7.03	47.68
3904	232	1	1.745	4.04	51.72
4370	466	1/2	.873	4.06	55.78

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 4370 feet = 55.78 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	OPERATOR CERTIFICATION
SWORN TO and SUBSCRIBED to, before me, this the <u>11th</u> day of <u>April</u> , A.D. 1985 <i>Pam J. Locklar</i> Commission expires 2/11/87 Pam J. Locklar - NOTARY PUBLIC State of Texas - County of Ector	<i>A. J. Fore</i> Signature of Authorized Representative A. J. FORE, SUPERVISOR REG. & PERMITTING Name of Person and Title (type or print) SHELL WESTERN E&P INC. Operator Telephone: <u>(713) 870-3797</u> Area Code
<i>Ban Green</i> Signature of Authorized Representative Ban Green General Manager Name of Person and Title (type or print) Grace TRG Drilling Company Name of Company Telephone: <u>915 - 337-1323</u> Area Code	

Approved By: _____ Title: _____ Date: _____

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