October 3[illegible], 1975
Yates Petroleum Corporation
Federal B. W. #7 Well
Eddy County, New Mexico

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)
283	2.83	1/2	.87	2.46	2.46
765	4.82	3/4	1.31	6.31	8.77
1160	3.95	3 3/4	6.54	25.83	34.60
1500	3.40	3 1/2	6.11	20.77	55.37

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ARTESIA, NEW MEXICO

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 1500 feet = 55.37 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

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 on this form.

J. D. Chandler
Signature of Authorized Representative

J. D. Chandler--Secretary-Treasurer
Name of Person and Title (type or print)

Eyrd Drilling Company
Name of Company

Telephone: 915 337-2356 Ext. 41
Area Code

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 all 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 except inclination data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

Name of Person and Title (type or print)

Operator

Telephone: _____ _____
Area Code