

INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report)		6. District 7. Lease Number. (Oil completions only)
1. FIELD NAME	2. LEASE NAME <div style="text-align: center;">SAPHIRE</div>	8. Well Number <div style="text-align: center;">3</div>
3. OPERATOR TRILOGY		9. Identification Number (Gas completions only)
4. ADDRESS P.O. BOX 7606 MIDLAND, TEXAS 79708		10. County <div style="text-align: center;">LEA</div>
5. LOCATION (Section, Block, and Survey) SEC. 24, T-19-3, R-38-E		<div style="text-align: center;"> 30-025-36142 Unit H, 2310/W & 990/E </div>

RECORD OF INCLINATION

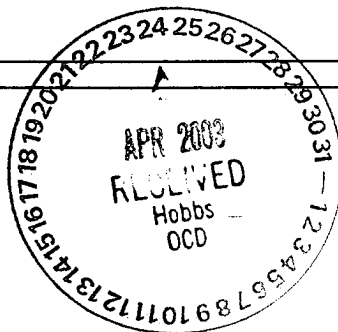
*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle x 100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
287	287	1.00	1.75	5.01	5.01
560	273	1.00	1.75	4.76	9.77
842	282	0.50	0.87	2.46	12.23
1146	304	0.75	1.31	3.98	16.21
1459	313	1.50	2.62	8.19	24.41
1967	508	1.50	2.62	13.30	37.71
2245	278	0.75	1.31	3.64	41.35
3123	878	1.00	1.75	15.32	56.67
3437	314	2.00	3.49	10.96	67.63
3565	128	1.50	2.62	3.35	70.98
3844	279	1.00	1.75	4.87	75.85
4343	499	1.00	1.75	8.71	84.56
4846	503	1.25	2.18	10.97	95.53
5223	377	1.00	1.75	6.58	102.11
5720	497	1.00	1.75	8.67	110.79

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 7735 feet = 143.57 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 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. <div style="text-align: center;"> _____ Signature of Authorized Representative Lisa Wilkes-Richardson, Asst. Secretary Name of Person and Title (type or print) Star Drilling Corporation Name of Company Telephone: (915) 684-5337 Area Code </div>	OPERATOR CERTIFICATION I declare 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. <div style="text-align: center;"> _____ Signature of Authorized Representative _____ Name of Person and Title (type or print) _____ Operator Telephone: _____ Area Code </div>
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RECORD OF INCLINATION (Continued from reverse side)

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If additional space is needed, attach separate sheet and check here. ☐

REMARKS:

