HOBBS OCD

NOV 19 2014

RECEIVED

Lucas Fee #1
API# 30-005-29212
2310 FSL & 2310 FWL
Sec 24 8S 33E

INCLINATION REPORT

(One Copy Must Be Filed With Each Completion Report)

1. FIELD NAME	2. LEASE NAME	8. Well Number
	Lucas FEE	1
3. Operator: Energex		
4. Address		10. County: Chaves
5. Location		

RECORD OF INCLINATION

*11. Measured Depth Feet	12. Course of Length (Hundreds of Feet)	*13. Angle of Inclination
201	2.01	0.75
372	1.71	0.75
835	4.63	0.75
1313	4.78	1
1784	4.71	0.75
2249	4.65	1
2702	4.53	1
3195	4.93	1
3635	4.4	0.75
3894	2.59	1
4109	2.15	0.5
4424	3.15	0.9
4808	3.84	1.1
5119	3.11	0.7
5434	3.15	0.9

*11. Measured Depth Feet	12. Course of Length (Hundreds of Feet)	*13. Angle of Inclination
5749	3.15	0.7
6067	3.18	0.6
6320	2.53	1.3
6509	1.89	1.2
6761	2.52	1.3
7077	3.16	1.1
7454	3.77	0.9
7901	4.47	0.9
8342	4.41	1.2
8754	4.12	0.8
9161	4.07	2
9350	1.89	2.4

If additional space is needed, use 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 9350' FT
19. Inclination Measurements were made in Tubing Casing X 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.

Signature of Authorized Representitive	Signature of Authorized Representitive
Thomas Fox 9-23-14	
Name of Person and Title (type and print): Thomas Fox Operations Mgr.	Name of Person and Title (type and print)
Name of Company: Key Energy	Name of Company
Telephone: Area Code 903 520-0252	Telephone: Area Code

Approved by: Title: Date:

* Designates items certified by company that conducted the inclination surveys

NOV 24 2014