					6. RRC District
INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report)					7. RRC Lease Number. (Oil completions only)
FIELD NAME (as per RRC Records or Wildcat) LEASE NAME					8. Well Number
3. OPERATOR 3. OPERATOR					9. RRC Identification
ARENA RESOURCES 30. 025-37817 4. ADDRESS					Number (Gas completions only)
4920 SOUTH LEWIS, SUITE 107 TULSA, OK 74105 5. LOCATION (Section, Block, and Survey) 7-30-18-39e 990/5 9 2475/E					10. County
					LEA, NM
<i>U = 3 - 1</i>			INCLINATI	ON	
*11 Measured Denth 12 Course Length *13. Angle of 14. Displacement per					16. Accumulative
(feet)	(Hundreds of feet)	Inclination (Degrees)	Hundred Feet (Sine of Angle x100)	Displacement (feet)	Displacement (feet)
127	1.27	0.25	0.44	0.55	0.55
617	4.90	0.25	0.44	2.15	2.70
1099	4.82	0.50	0.87	4.19	6.89
1575	4.76	1.00	1.75	8.33	15.22
2070	4.95	1.25	2.18	10.79	26.01
2559	4.89	2.00	3.49	17.06	43.07
2868 3362	3.09	1.50	2.62	8.09	51.16
3862	5.00	1.00	1.75	8.64	59.80
4360	4.98	1.00 0.50	1.75 0.87	8.75 4.33	68.55
4610	2.50	0.50	0.87	2.17	72.88 75.05
		0.00	0.07	2.17	73.03
				345	6789
 17. Is any information 18. Accumulative total *19. Inclination measure 20. Distance from surfa 21. Minimum distance 22. Was the subject we 	ace location of well to the not to lease line as prescribed b	f this form? yes at total depth of Tubing Casing carest lease line y field rules	ny manner whatsoever?	75.05 Dribbripe Rec	eived feet of feet och feet
(If the answer to the	e above question is "yes," at	tach written explanation of th	e circumstances.)	\$5.5>	7076
NCLINATION DATA (CERTIFICATION		OPERATOR CERTIFIC	ATION	2217.0
m authorized to make this or mod facts placed on both side complete to the best of my sterisks (*) by the item numb	rtification, that I have personal s of this form and that such de knowledge. This certification ers on this form. Representative	cas Natural Resources Code, that knowledge of the inclination data and facts are true, correct, and covers all data as indicated by	a authorized to make this certific	presented on both sides of this this certification covers all datated by asterisks (*) by the item	wledge of all information prese form are true, correct, and com a and information presented b
Name of Person and Tit	k, Office Manager	08/10/06	brende de	fr+1 fatrick	
Lantern Drillin			Name of Person and I	riue (type or print)	
Name of Company			Operator	xinther "H".	
Telephone: (432) 3 Area Cod			Telephone: 9/2 Area Cod	8-747-6060	
	Only:				