

INCLINATION REPORT

(One Copy Must Be Filed With Each Completion Report)

1. FIELD NAME	2. LEASE NAME DIAMOND	3. Well Number 2
4. OPERATOR TRILOGY		7. County LEA
5. ADDRESS P.O. BOX 7606 MIDLAND, TEXAS 79708		
6. LOCATION (Section, Block, and Survey) SECTION 24, T19S, R38E		
N - 990N & 2310W		

RECORD OF INCLINATION

8. Measured Depth (feet)	9. Course Length (Hundreds of feet)	*10 Angle of Inclination (Degrees)	11. Displacement per Hundred Feet (Sine of Angle x 100)	12. Course Displacement (feet)	13. Accumulative Displacement (feet)
293	293	0.50	0.87	2.56	2.56
910	617	1.50	2.62	16.15	18.71
1364	454	1.50	2.62	11.89	30.60
1725	361	1.75	3.05	11.03	41.62
1892	167	1.50	2.62	4.37	45.99
2180	288	0.75	1.31	3.77	49.76
2476	296	1.25	2.18	6.46	56.22
2753	277	1.25	2.18	6.04	62.26
3035	282	1.25	2.18	6.15	68.42
3323	288	1.00	1.75	5.03	73.44
3821	498	1.50	2.62	13.04	86.48
4304	483	0.75	1.31	6.32	92.80
4793	489	1.00	1.75	8.53	101.34
5259	466	0.75	1.31	6.10	107.44
5724	465	1.00	1.75	8.12	115.55

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 7750 feet = 161.27 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. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Lisa Wilkes-Richardson

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

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.

Michael G. Mooney

Signature of Authorized Representative
Michael G. Mooney
 Name of Person and Title (type or print)

Trilogy Operating, Inc
 Operator

Telephone: **915-686-2027**
 Area Code

KE

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Singer
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REMARKS: _____