ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT

Field Name CHAVEROO (SAN ANDRES) County Roosevelt, New Mexico NMO Dist. No. _____

Operator Midwest Oil Corporation Address 1500 Wilco Bldg City Midland, Texas

Lease Name & No. Morgan Federal Tract 3 Well No. 4 Survey _____

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
368	1/2	3.09	3.09
780	3/4	5.90	8.99
1255	1	7.88	16.87
[illegible]	1	7.88	24.75
[illegible]	3/4	8.92	33.67
[illegible]	1 1/4	9.61	43.28
[illegible]	1 1/4	9.29	52.57
[illegible]	3/4	5.33	58.90
[illegible]	3/4	5.19	63.29
4310 TD	3/4	3.73	67.02

Total Displacement 67.02

Was survey run in Tubing _____ Drill Pipe ~~XXXXX~~ X Open Hole _____

Distance to nearest lease line _____ feet

Distance to lease lines as prescribed by field rules _____ feet

Certification of personal knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

L. A. Rogers
Signature

CACTUS DRILLING CORPORATION
Company

Operator Affidavit:

(Note: Party making affidavit must strike out inapplicable phrases, and must file explanatory statement when applicable.)

Before me, the undersigned authority, on this day, personally appeared CAROLYN TURNER, known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states ~~that he is the operator of the well identified in this instrument~~ (that he is acting at the direction and on behalf of the operator of the well identified in this instrument), and that such well was not intentionally deviated from the vertical whatsoever ~~(and that such well was deviated at random for the reason described in the attached statement)~~.

Carolyn Turner PRODUCTION CLERK
Signature and Title of Affiant

Sworn and Subscribed to before me, this the 13th day of October, 19 67.

Notary Public in and for Midland County, Texas.

NMOCC Use Only:

Approved By: _____
Title: _____
Date: _____