DUPLICATE

Dickinson "B" #2	Dexter (Wolfcamp)	Lea	New Mexico
Province	Lease—Tract—Well No.	Field—Pool—Producing Zone	County	State

DECLINATION TESTS

Depth	Deviation	Depth	Deviation	Depth	Deviation	Depth	Deviation	Depth	Deviation
6960	1½	7806	1-3/4	8740	2				
7120	1-3/4	7850	2½	8950	1-3/4				
7200	1½	7896	1-3/4	9011	2-3/4				
7270	1-3/4	7969	2-3/4	9177	2½				
7345	2½	8100	2½	9265	2½				
7400	1½	8200	2¼	9340	2½				
7475	1-3/4	8250	2	9400	2½				
7510	2	8337	2	9450	2				
7750	1-3/4	8608	2½	9560	2				

SAFETY JOINT

Make	R.-L. Thd. or Shear Pin	Weight To Reel	Depth Set

CORE REFERENCE DETAILS
"Daily Drilling or Remedial History (3B-459)"

Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.	Core No.	Page No.

BOTTOM HOLE PRESSURE: DATUM_____

Date	Pressure	Date	Pressure	Date	Pressure	Date	Pressure	Date	Pressure	Date	Pressure

ELECTRICAL OR OTHER LOGGING OR SPECIAL TESTING DATA (Including surveys)

Date	Kind	From	To	Date	Kind	From	To

EQUIPMENT: Supply "Pumping Record (3B-432-B)" or "Gas Lift Installation (3B-587)" Where Applicable

Date	Item	Test Pres.	Make	Dwg. No.	Serial No.	Date Removed	Reason
	"Pickup Joint: Size and Thread"						
	Tubing Head						
	Braden Head						
	Casing Head						
	Flow Line Size & Length		Wells in Same Line (Nos.)				
	Separator (Make)		Wells in Same Separator (Nos.)				
	Battery No.	Number and Size:	Wood	Capacity;	Steel	Capacity; Total	Capacity on Lease
	Wells in this Battery (By the Numbers)						

IMPORTANT: Compile in every applicable detail and forward IMMEDIATELY on completion of new well attached to the final "Daily Drilling or Remedial History" (3B-459). OLD WELLS: Where "Inhole" work is done, compile form in every applicable detail from time of original completion, including present work. All cumulative data MUST be included as space permits. Indicate pertinent information which cannot be covered in the body of the form in space below, including removals from proration schedule—"Date, Supplement, Length of Time Off (in das.), Barrels of Production Lost, Date Returned to Production." Give condition "BEFORE" and "AFTER" on remedial operations. (The Accurate Compilation of the Record is Invaluable).

Dates _____

Above Correct—Signature(s)_____

For Drilling Section _____

For Petroleum Engineering _____

Superintendent _____