	S. OF CHES RECEIVED	_						
	DISTRIBUTION SANTA FE		CONSERVATION COMMISSIC	Form C-104				
	FILE		AND	Supersedes Old C+104 and C+11 Effective 1+1-65				
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL O	JAS				
	LAND OFFICE	-						
	TRANSPORTER GAS	-						
	OPERATOR							
I.	PRORATION OFFICE							
		Pennzoil Company	/					
	Address	P O Drawer 182	28 - Midland, Texas 79701	· · · · · · · · · · · · · · · · · · ·				
	Reason(s) for filing (Check proper box	x)	Other (Please explain)					
	New Well Recompletion	Change in Transporter of: Oil Dry C						
	Change in Ownership		ensate Change of operat	ing name				
	If change of ownership give name							
	and address of previous owner	Pennzoil United, Inc.	- P. O. Drawer 1828 - Mic	lland, Texas 79701				
11.	DESCRIPTION OF WELL AND							
	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No State "16" 1 Lovington Penn Northeast State, Federal or Fee State K-6806							
	Location							
	Unit Letter M; 66	50Feet From TheSouthL	ine and <u>660</u> Feet From T	he West				
	Line of Section 16 To	wnship 16-S Range	<u> 37-Е , ммрм, L</u>	.ea County				
III.	DESIGNATION OF TRANSPOR							
	Name of Authorized Transporter of Oll		Address (Give address to which approv					
Texas-New Mexico Pipe Line Co. P. O. Box 1510 - Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas X of Dry Gas Address (Give address to which approved copy of this form is to be				nd, lexas /9/Ul ed copy of this form is to be sent)				
	Phillips Petrol		Phillips Bldg., Bartle	sville, Oklahoma 74004				
	If well produces oil or liquids, give location of tanks.	Ur.it Sec. Twp. Pge.	Is gas actually connected? When Yes	10-13-69				
		th that from any other lease or pool,	······································					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio	on (X)						
	Date Spudded	Dete Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
		D CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V.	TEST DATA AND REQUEST FO		after recovery of total volume of load oil an epth or be for full 24 hours)	id must be equal to or exceed top allow-				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF				
	Actual Front Daring 1990							
	C (C 1977 -							
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
ļ	Testing Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Choke Size				
	resting Method (pitol, back proj	Tubing Plessure (Shut-In)	Casing Pressure (Budd-In)	CHOKE SIZE				
VI.	CERTIFICATE OF COMPLIANC	RTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED UL_19 UTL, 19						
		BY	Drig. Signed by					
			Joe D. Kamew					
		TITLE Dist. I, Super						
	Say J. Johnson		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
(Signalure) Office Manager (Title)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sectiona I. II. III, and VI for changes of owner,						
				-	July 14, 1972	:e)	well name or number, or transporter	, or other such change of condition.
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Separate Forms C-104 must	be filed for each pool in multiply
			COMDINER METTER					

	DISTRIBUTION DANTA SE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL		IL CONSERVATION COMMISSER 4 SY FOR ALLOWABLE AND TRANSPORT OIL AND NATURA	Form C-104 Superredes Old C-104 and C-11 Effective 1-1-35 L GAS
	CPERATOR I. PRORATION OFFICE Operator			
		United, Inc.		
	Address			
	Reason(s) for filing (Check proper New Well Recompletion Change in Ownership	Change in Transporter of: Oti Dry	as 79701 Other (Please explain) Gas idensate	
	If change of ownership give nam and address of previous owner	e		
1	II. DESCRIPTION OF WELL AN	D LEASE		
	State "16"			Lease No.
	Location Unit Letter M 6			K-6806
	16	Iterriom theI	_ine and660 Feet Fro.	m The West
	Line of Section 16	Township 16-S Range	37-Е , МАРМ,	Lea County
II	I. DESIGNATION OF TRANSPO Name of Authorized Transporter of t	RTER OF OIL AND NATURAL C		
	Texas-New Mexico Pip	e Line Company		roved copy of this form is to be sent)
	Name of Authorized Transporter of C Phillips Petroleum C	Casinghead Gas X or Dry Gas		roved copy of this form is to be sent)
	If well produces oil or liquids,	Unit , Sec. Twp. P.ge.	Phillips Bldg Bart Is gas actually connected?	lesville, Okla. 74004
	give location of tanks.	<u>M</u> 16 16-S 37-1	E Yes	10-13-69
IV	If this production is commingled v COMPLETION DATA	with that from any other lease or pool	, give commingling order number:	•
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
	Perforations			Tubing Depth
				Depth Casing Shoe
			D CEMENTING RECORD	
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil	and must be equal to or exceed top allow-
	OIL WELL able for this d. Date First New Oil Run To Tanks Date of Test		lepth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)	
	Length of Test	Tubing Pressure		
		rushig rababite	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bble.	Water - Bbis.	Gas - MCF
			I	
ļ	GAS WELL Actual Prod. Test-MCF/D	Length of Test		
	······································		Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION
			-	1071
(I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
_				
			well, this form must be accompan tests taken on the well in accord	ied by a tabulation of the deviation
-	(Title)			t be filled out completely for allow-
	October 1		Fill out only Sections I. II.	III. and VI for changes of owner.
	{Dat	<,	well name or number, or transporter, or other such change of condition. Separate Forma C-104 must be filed for each pool in multiply	

	NO. OF COPIES RECEIVED			-	
	DISTRIBUTION SANTA FE		CONSERVATION COMMISS	ON	Form C-104
	FILE	- REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA		URAL GAS	
	LAND OFFICE	-	· .	177 - 19 17 - 19	
	IRANSPORTER GAS	-		×.	
	OPERATOR	_			
1.	PRORATION OFFICE				
		United, Inc.			
	Address				
		wer 1828 - Midland, Texas			
	Reason(s) for filing (Check proper box New We!!	c) Change in Transporter of:	Other (Please exp	lain)	
	Recompletion	Oil Dry Go	as		
	Change in Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name				
	and address of previous owner				
П.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including F		nd of Lease	Lease No.
	State "16"	1 Northwast Lov	vington Penn Sto	te, Federal or Fee	State K-6806
	- M 64	60 Feet From The South Lin	660		West
	Unit Letter <u>Pi</u> ; OC	60 Feet From The South Lir	ne andF	eet From The	
	Line of Section 16 To:	wnship 16-S Range	37-Е , ММРМ,	Lea	County
III.	DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA	Address (Give address to wi	tich approved copy	of this form is to be sent)
			P. O. Box 1510	- Midland.	Texas 79701
	Texas-New Mexico Pipe Name of Authorized Transporter of Car	singhead Gas 🕱 or Dry Gas 🗍	P. O. Box 1510 Address (Give address to w	ich approved copy	of this form is to be sent)
	Skelly Oil - Natural	Gasoling Plants Division	P. O. Box 1650 Is gas actually connected?	- Tulsa, Ol	kahoma 74102
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Yes	1	-13-69
	If this production is commingled wi	th that from any other lease or pool,		·	
IV.	COMPLETION DATA	- · · ·	-		
	Designate Type of Completio	on (X)	New Well Workover I	Deepen Plug E	Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubine	g Depth
	Perforations			Depth	Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
	·				
V.	TEST DATA AND REQUEST F		fter recovery of total volume c opth or be for full 24 hours)	f load oil and must	be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size
			Water - Bbls.	Gas-M	(CE
	Actual Prod. During Test	Oil-Bbls.	wdter- DDIE.	Gara	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	y of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke	Size
					-
VI.	CERTIFICATE OF COMPLIAN	се Се	OLL CON	ISERVATION	COMMISSION
				1	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPRÓVED, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY THE RECEIPT		And
			TITLE		0
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1		filed in complian	nce with RULE 1104.
	And A.D. round		If this is a request	for allowable for	r a newly drilled or deepened
	(Signdware)		well, this form must be tests taken on the well	accompanied by	a tabulation of the deviation
		Manager of Production (Title)		form must be fil	ied out completely for allow-
	October 28, 1969		able on new and recomp Fill out only Sect		nd VI for changes of owner,
				An a second s	has such observe of condition

(Date)

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

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NO. OF COPIES RECEIVED					
DISTRIBUTION	NEW MEXICO OIL C	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11		
SANTA FE			Chiendles 1 1 65		
FILE		ANSPORT OILIAND MAGURAL G	٨٢		
U.S.G.S.		ANSFORT OIL-AND MAYORAL G	A3		
OIL					
TRANSPORTER	<u> </u>	VISED			
OPERATOR	1				
PRORATION OFFICE					
Operator					
	Pennzoil United, Inc.				
Address	2. 0. Drawer 1828 - H	idland Texas 79701			
Reason(s) for filing (Check proper bo		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry G	as			
Change in Ownership	Casinghead Gas Conde	ensate			
If change of ownership give name and address of previous owner					
and address of previous owner					
I. DESCRIPTION OF WELL ANI	DLEASE	Formation Kind of Lease	Lease No.		
Lease Name	Well No. Pool Name, including r				
State "16"	1 East Lovingt				
Location	co South	660	west		
Unit Letter;6	60Feet From The <b>South</b> Li	ne and <u>660</u> Feet From T	he		
Line of Section 16 T	Township 10-5 Range	37-Е , ммрм,	Lea County		
Line of Section 16 T	ownship io o Hange				
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS			
Name of Authorized Transporter of C	Dil X or Condensate	Address (Give dadress to which approv			
The Permian Corporati	0N Casinghead Gas 🗙 or Dry Gas 🗔	P. O. Box 3119 - Midlar	nd, Texas 79701		
Name of Authorized Transporter of C	Casinghead Gas 🗙 or Dry Gas 🗔	Address (Give address to which approv			
Skelly Oil - Hatural	Gasoline Plants Division	P. O. Box 1650 - Tulsa Is gas actually connected? Whe	, UKIdnomd 74102		
If well produces oil or liquids,	Unit Sec. Twp. Hge.		Soon as possible		
give location of tanks.	<u>f1 16 16-S 37-E</u>		-		
If this production is commingled	with that from any other lease or pool	, give commingling order number:			
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Designate Type of Comple	tion (X) X	Χ			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
4-2-69	5-22-69	11,680'	11,648'		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
3821 RKB	Strawn	11,446'	11,478' Depth Casing Shoe		
Perforations		ACO ACO ACA ACO A711	11.680'		
One hole 3 followin	g depths: 11,452,456,458	,460,462,464,469,471			
		DEPTH SET	SACKS CEMENT		
HOLESIZE	CASING & TUBING SIZE	348	350		
17 1/2"	<u> </u>	4,355	500		
	5 1/2"	11,630	400		
7 7/8"	<u>5 1/ E</u>				
	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allo		
OIL WELL	able for this depth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Teat	Producing Method (Flow, pump, gas li	<i>jt, etc.)</i>		
5-22-59	5-23-69	Flowing	Choke Size		
Length of Test	Tubing Pressure	Casing Pressure Packer	17/64.4		
16 hours	1100#	Water-Bbls.	Gas-MCF		
Actual Prod. During Test	408	lione	329		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure ( shut-in )	Casing Pressure (Shut-in)	Choke Size		
VI. CERTIFICATE OF COMPLIA	CERTIFICATE OF COMPLIANCE		ATION COMMISSION		
	CENTRICATE OF COMPEnsion		10		
I hereby certify that the rules a	nd regulations of the Oil Conservatio	APPROVED	,		
			fore for the second sec		
above is true and complete to the test of my knowledge and belief.			1		
1/1 1		TITLE			
2111 M	1 1	This form is to be filed in	compliance with RULE 1104.		
J. Jon	ur h		wable for a newly drilled or deepend anied by a tabulation of the deviation		
	lignature)	tests taken on the well in acco	ordance with RULE 111.		

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply moleted wells.

Drilling Superintendent (Title)

June 3, 1969

(Date)

	<b>^</b> -		
NO. OF COPIES RECEIVED	1		
DISTRIBUTION		NISERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE C. C.	Supersedes Old C-104 and C-110
	REQUEST	AND C. C.	
FILE		AND AND NATURAL C	24
U.S.G.S.	AUTHORIZATION TO TRA	AND WSPORT2011 AND NATURAL G	A3
LAND OFFICE	-		
TRANSPORTER GAS	- 		
OPERATOR			
PRORATION OFFICE			
Operator			
Address	zoil United, Inc.	······································	
P. 0.	Drawer 1828 - Midland,	Texas 79701	
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:	_	
Recompletion	Oil Dry Ga	s 🔄	
Change in Ownership	Casinghead Gas 🗌 Conder	isate	
If change of ownership give name and address of previous owner			/
	C L II	a let 1º	1 A BERTHERE
DESCRIPTION OF WELL AND	Veli No. Pool Name, Including F	ormation Kind of Lease	Lease No.
Lease Name		h-3802 State, Federal	or Fee State K 6806
		n- Pennsy Juanian	
Location	East Louingto	660 Feet From 1	west
Unit Letter i i	60 Feet From The South Lir	e and 600 Feet From 7	The
Line of Section 16 To	wnship 16-S Range	37-Е , ММРМ,	Lea County
T TRANSPOR	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Ol	I X or Condensate	Address (Give address to which approv	yed copy of this form is to be sent)
		P. O. Box 1510 - Midlar Address (Give address to which approv	nd, Texas 79701
Texas-New Mexico Pipe Name of Authorized Transporter of Ca	nsinghead Gas X or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)
		P. O. Box 1650 - Tulsa	0klahoma 74102
	Gasoline Plants Division	Is gas actually connected? Whe	en
If well produces oil or liquids, give location of tanks.	M 16 16-S 37-E	No Sc	oon as possible
			_
	ith that from any other lease or pool,	Bive commissing the second	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Complet	$ion - (X) \qquad \chi$	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	5-22-69	11,680'	11.648'
4-2-69 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Strawn	11.446'	11.478'
3821 RKB			Depth Casing Shoe
	ng depths: 11,452, 456,4	58,460,462,464,469,471	11,680'
Une noie @ TOILOW1	TUBING. CASING. AN	D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	13 3/8"	348	350
17 1/2"	8 5/8"	4,355	500
<u> </u>	5 1/2"	11.680	400
7 7/8"	<u> </u>		
	FOR ALLOWARLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow
TEST DATA AND REQUEST	able for this d	epth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jt, etc.)
5-22-69	5-23-69	Flowing	
D-22-09 Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	1,100#	Packer	17/64"
16 hours	Oil-Bbls.	Water - Bbls.	Gas - MCF
	408	None	329
·			
GAS WELL		Bbis, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
and the state of the second se	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)			

# VI. CERTIFICATE OF COMPLIANCE

ď

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Date)

Manager of Drilling & Production

May 27, 1969

OIL CONSERVATION COMMISSION 60 1 19 APPROVED Ŧ BY EXCI N 12 TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections I, II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

OIL AI INCLII	ND GARDBUSSER ND GARDBUSSER NATION REPORT	Form I-1 11-2-62
ÔNE COPY MUST BE FIL	MAY 29 12 ED WITH EACH USMPHEIGON REPO	DRT
Field Name	County Lea Co., New Mexico	RRC Dist. No
Operator Pennzoil United Inc.	Address	CityMidland
Lease Name & No <u>State 16</u>	Well No1	Sur <b>v</b> ey
$\begin{array}{c c c c c c c c c c c c c c c c c c c $		Accumulative <u>Displacement (feet)</u> <u>1-1/4</u> <u>3/4</u> <u>1</u> <u>2-3/4</u> <u>2</u> <u></u>
Was survey run in Tubing Casing Distance to nearest lease line Distance to lease lines as prescribed by f Certification of personal knowledge Inclin I hereby certify that I have person form, and that such information given above	feet field rules feet nation Data: nal knowledge of the data an	
	Signature TOM BROWN DRILLIN	
	Company	
Operator Affidavit: (Note: Party making affidavit must strike out inapplicable	phrases, and must file explanatory state	ement when applicable.)
Before me, the undersigned authority, on this day, perso known to me to be the person whose name is subscribed he <b>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</b>	ereto, who, after being duly sworn, on oa acting at the direction and on behalf of tentionally deviated from the vertical wh	ath states that we is the the operator of the well atsoever. (and that such XXXXXXXXXXX A Araum
Sworn and Subscribed to before me, the second secon	nis the 27th day of Notary Public in a County, Texas.	May,
RRC Use Only:		
Approved By: Title: Date:		

## INFORMATION AND INSTRUCTIONS AS PER STATEWIDE RULE 54

## II. INCLINATION SURVEYS

### A. Requirement of

J. An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when as a result of any operation the course of the well is changed.

a. The first shot point of such inclination survey shall be made at a depth not greater than 500 feet below the surface of the ground and succeeding shot points shall be made either at 500 foot intervals or at the nearest drill bit change thereto; but not to exceed 1000 feet apart.

2. Inclination surveys conforming to these requirements may be made either during the normal course of drilling or after the well has reached total depth. Acceptable directional surveys may be filed in lieu of inclination surveys.

3. Copies of all directional or inclination surveys, regardless of the reason for which they are run, shall be filed as a part of or in addition to the inclination surveys otherwise required by this rule.

### B. Reports

1. The report form prescribed by the Commission shall require that it be signed and certified by a party having personal knowledge of the facts therein contained.

a. The report shall include a tabulation of the maximum drifts which could occur between the surface and the first shot point and each two successive shot points, assuming that all of the unsurveyed hole between any two shot points has the same inclination as that measured at the lowest shot point, and the total possible accumulative drift, assuming that all measured angles of inclination are in the same direction.

2. In addition, the report shall be accompanied by a sworn statement of the operator, or of someone acting at his direction on his bemalf either, (1) that the well was not intentionally deviated from vertical whatsoever or, (2) that the well was deviated at random, with an explanation of the circumstances.

3. The report shall be filed in the District Office of the copy to each appropriate completion form for the well.

4. The Commission may require the submittal of the original charts, graphs, or disc resulting from the surveys.