

INCLINATION REPORT

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LEASE NAME Clayton Anderson #1
COUNTY, STATE Lea Co., NM
OPERATOR Mosbacher Production Co.
ADDRESS 1300 Main, Ste 2100, Houston, Tx. 77002

Measured Depth (feet)	Course of Length (Hundreds of feet)	Angle of Inclination (Degree)	Displacement per Hundred feet (Sine of Angle x 100)	Course Displacement (feet)	Accumulative Displacement (feet)
360	3.60	1/2	.873	3.14	3.14
700	3.40	1/4	.436	1.48	4.62
1012	3.12	1/4	.436	1.36	5.98
1515	5.03	1/2	.873	4.39	10.37
2026	5.11	1/2	.873	4.46	14.83
2365	3.39	1/2	.873	2.96	17.79
3046	6.81	1/2	.873	5.95	23.74
3395	3.49	1/2	.873	3.05	26.79
4245	8.50	3/4	1.309	11.13	37.92
4254	.09	3/4	1.309	.12	38.04
4632	3.78	3/4	1.309	3.93	41.97
5005	3.73	3/4	1.309	4.88	46.85
5339	3.34	1	1.745	5.83	52.68
5684	3.45	1/2	.875	3.01	55.69
6138	4.54	1-3/4	3.05	13.85	69.54
6420	2.82	3/4	1.31	3.69	73.23
6707	2.87	1/2	.873	2.51	75.74
7067	3.60	1/4	.436	1.57	77.31
7366	2.99	3/4	1.309	3.91	81.22
7471	1.05	1/2	.873	.92	82.14
7895	4.24	1/4	.436	1.85	83.99
8235	3.40	3/4	1.309	4.45	88.44
8548	3.13	1	1.745	5.46	93.90
8677	1.29	1	1.745	2.25	96.13
9028	3.51	1-1/4	2.181	7.66	103.81
9083	.55	1	1.745	.96	104.77
9424	3.41	1	1.745	5.95	110.72
9801	3.77	3/4	1.309	5.93	115.65
10140	3.39	1-1/4	2.181	7.39	123.04
10470	3.30	1	1.745	5.76	128.80
10693	2.23	3	5.234	11.67	140.47
10816	1.23	5	8.716	10.72	151.19
10885	.69	2-1/4	6.976	4.81	156.00
10969	.84	4	6.976	5.86	161.86
11138	1.69	2-1/4	3.926	6.63	168.49
11320	1.82	2-3/4	4.798	8.73	177.22
11617	2.97	1-1/2	2.618	7.78	185.00
12083	4.66	3/4	1.309	6.10	191.10
12251	1.68	1	1.745	2.93	194.03

Continued

EXECUTED THIS _____ DAY OF _____ 19____.

(Company or Operator)

STATE OF _____ ()

COUNTY OF _____ ()

()

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(Signature)

(Title)

Before me the undersigned authority on this day personally appeared _____
known to me to be the person whose name is subscribed to the above instrument, who being by me
duly sworn on oath states that he is authorized to make this report and has knowledge of the
facts stated herein and that said report is true and correct.

Subscribed and sworn to before me this the _____ day of _____ 19____.

My Commission expires _____ Notary Public in and for _____