## FORM1 W 12

INCLINATION REPORT	7. RRC Lease Number. (Oll completions only)
1. FIELD NAME North Hobbs Unit 2. LEASE NAME NHIL #30-233	8. Well Number
3. OPERATOR	<u>NHU 30-233</u> 30-18-38
Shell Western E & P, Att: Eddie Curtis	
P. O. Box 991, Houston, Texas 77001	10. County
5. LOCATION (Section, Block, and Survey)	Lea

11. Mensured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
474	474	- 1	.436	2.06	2.06
1010	536		1.745	9.35	11 41
1405	395	1	1.745	6.89	18.30
1507	102		.873	8,90	19.19
1950	443	3/4	1.309	5.79	24,98
2385	435	2	3.490	15,18	40.16
2785	400	21	4.362	17.44	57.60
3251	466	2	3.490	16.26	73.86
3714	463	1	1.745	8.07	81,93
4150	436	3/4	1.309	5.70	87.63
4385	235	<u>1</u>	.436	1.02	88.65
17, 18 any informati 18. Accumulative to	on shown on the revers otal displacement of we	ell bore at total depth of	yesn 4385	feet =88.65	
	surements were made is		Casing	门 Open hole	🛛 Drill Pipe
20. Distance from s	urface location of well	to the nearest lease lin	e		fee
21. Minimum distan	ce to lease line as pre-	scribed by field rules			fee
22. Was the subject (If the answer to	well at any time inten the above question is	tionally deviated from the "yes", attach written (	ne vertical in any mann explanation of the circ	umstances.)	
	SUBSCRIBED to be	efere me, this th J. Locklar 1 C. Locklar-NOTA		of April A.D.	1985.

## **RECORD OF INCLINATION**

 SWORN TO and SUBSCRIBED to before me, this the
 If the day of April A.D. 1985.

 nmission expires 2/11/87 Pam 8. Locklar-NOTARY PUBLIC
 State of Texas-County of Ector.

 Signature of Authorized Representative
 If the day of Authorized Representative

 Bignature of Authorized Representative
 If the day of Authorized Representative

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 Bignature of Authorized Representative
 If the day of Authorized Representative

 Bignature of Person and Title (type or print)
 If the day of Authorized Representative

 Bignature of Company
 If the day of Authorized Representative

 Name of Company
 If the day of Authorized Representative

 Name of Company
 If the day of Authorized Representative

 Name of Company
 If the day of Authorized Representative

 Area Code
 If the day of Authorized Representative

 Approved By : \_\_\_\_\_\_
 Date : \_\_\_\_\_\_

\* Designates items certified by company that conducted the inclination surveys.

RECEIVED APR 18 1985

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