INCLINATION REPORT

1. FIELD NAME

2. LEASE NAME: North Hobbs Unit 30-112

7. RRC Lease Number. (Oil completions only)

8. Well Number: 30-112

3. OPERATOR: Shell Western E & P, Att: Eddie Curtis

4. ADDRESS: P. O. Box 991, Houston, Texas 77001

5. LOCATION (Section, Block, and Survey)

10. County: Lea County New Mexico

RECORD OF INCLINATION

*11. Measured 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)
404	404	½	.873	3.52	3.52
881	477	3/4	1.309	6.24	9.76
1315	434	1	1.745	7.57	17.33
1520	205	1	1.745	3.57	20.90
1965	445	1	1.745	7.76	28.66
2395	430	2½	4.362	18.75	47.41
2489	94	2-3/4	4.798	4.51	51.92
2582	93	2-3/4	4.798	4.46	56.38
2643	61	3	5.234	3.19	59.57
2736	93	2-3/4	4.798	4.46	64.03
2831	95	2	3.490	3.31	67.34
2954	123	2¼	3.926	4.82	72.16
3047	93	2	3.490	3.24	75.40
3173	126	1	1.745	2.19	77.59
3607	434	1/4	.436	1.89	79.48
4052	445	3/4	1.309	5.82	85.30

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? [X] yes [ ] no

18. Accumulative total displacement of well bore at total depth of 4370 feet = 86.68 feet.

*19. Inclination measurements were made in – [ ] Tubing [ ] Casing [ ] Open hole [X] Drill Pipe

20. Distance from surface location of well to the nearest lease line _____ feet.

21. Minimum distance to lease line as prescribed by field rules _____ feet.

22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____

(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

SWORN TO and SUBSCRIBED TO before me, this the 11th, day of April, A.D. 1985.

Pam J. Locklar

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

Ban Green

Signature of Authorized Representative

Ban Green, General Manager

Name of Person and Title (type or print)

Grace Drilling Company

Name of Company

Telephone: 915 337-1323
Area Code

OPERATOR CERTIFICATION

A. J. Fore

Signature of Authorized Representative

A. J. FORE, SUPERVISOR REG. & PERMITTING

Name of Person and Title (type or print)

SHELL WESTERN E&P INC.

Operator

Telephone: (713) 870-3797
Area Code

Approved By: _____ Title: _____ Date: _____

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

RECORD OF INCLINATION (Continued from reverse side)

*11. Measured 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)
43 0	318	1/4	.436	1.38	86.68

If additional space is needed, attach separate sheet and check here. ☐

REMARKS:

– INSTRUCTIONS –

An inc ination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commi sion for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is change d. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclin ation surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provis ons of Statewide Rule 11.

This re port shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy t each appropriate completion for the well. (except Plugging Report)

The C mmission may require the submitta the original charts, graphs, or discs, resul from the surveys.