30025-31652

in the second			MMISSION OF TEX GAS DIVISION	4S	Form W-12 (1-7-71) 6. RRC District
	7. RRC Lease Number. (Olicompletions only)				
1. FIELD NAME (as p					
	8. Well Number				
3. OPERATOR Robert	31)	9. RRC Identification Number			
4. ADDRESS					(Gas completions only
P.O. Bo	ox 2431, Santa	Fe. NM 87501			10. County
E LOCATION (Section	- D11 - 10				
23/0/N'+		Lea , NM			
		RECORD O	F INCLINATION	N	
*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)
418	418	1	1.75	7.32	7.32
918 1412	500	1 1/2	2.63	13.15	20.47
1884	494	1 1/2	2.63	12.99	33.46
2319	472	1 1/2	2.63	12.41	45.87
2810	435	2 3/4	4.81	20.92	66.79
	491	2 3/4	4.81	23.62	90.41
	221	2 1/2	4.38	9,63	100.09
3743	209	1 3/4	3.06	6.40	106.49
4230	503	2	3.50	17.61	124.10
	487	2	3.50	17.05	141_15
4552	322	2	3.50	11.27	152.42
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- <u></u>					
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•••				·····	
If additional sp	ace is needed, use the				
17. Is any informati	on shown on the rever	se side of this form?	yes 🕅 n	0	

21. Minimum distance to lease line as prescribed by field rules	<b>-</b> -	

\_\_\_\_\_ feet. 22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? NO\_\_\_\_\_

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

INCLINATION DATA CERTIFICATION	OPERATOR CERTIFICATION	
I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and com- plete to the best of my knowledge. This certification covers all data as indicated by asterisks (%) by the item numbers on this form.	I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.	
Signature of Authorized Representative	Signature of Authorized Representative	
Robert A. Hobson III - lirt Manager		
Name of Person and Title (type or print) Brazeal Inc d/b/a CapStar Drilling	Name of Person and Title (type or print)	
Name of Company	Operator	
Telephone: 214 /27-8367	Telephone	
Name of Company Telephone: 214 727-8367	Telephone: Area Code	

Railroad Commission Use Only:

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