Submit 3 Copies to Ar'ropriste District Office	State of New Mi Energy,inerals and Natural Ri		Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM \$8240	40 OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206		WELL API NO. 30-025-33593		
DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lesse		
DISTRICT III 1000 Rio Brazos R.L., Aziec, NM \$7410			STATE X FEE		
SUNDRY NOT (DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C	003355 7. Lease Name or Unit Agreement Name				
1. Type of Well: OIL CAS WELL	OTHER		SEMGSAU		
2. Name of Operator CROSS TIMBERS OPERATIN	ig company		8. Well No. 908		
3. Address of Operator		20205	9. Pool zame or Wildcat		
3000 N. Garfield, Suit 4. Well Location	e 1/5 Midland, Texas	s 79705	Maljamar Grayburg San Andres		
Unit Letter <u>A</u> : <u>330</u>	Feet From The North	Line and330	East Line		
Image 11 10 10 11 10					
I hereby certify that the information above is the second store is the second store in the second store is	ith	ط رو Drilling Engi	<u>пеет</u> <u>рате 10-28-96</u> <u>телеяноме но (915) 682-8873</u> Сстар Сод		
		£	LUT a U TOOL		

RAILROAD COMMISSION OF TEXAS OCT 2 5 1996

Form W-12

		OILAND	GAS DIVISION		(1-1-71)
					6. RRC District
<u> </u>		NOLINA TION DI			7. RRC Laws Number
INCLINATION REPORT				(Od erespintens esty)	
(One Copy Must Be Filed With Each Completion Report)					
I. FIELD NAME (as per R	RC Records or Wildcat)		ASE NAME		5. Well Headow
			MGSAU #908		REC identification Number
OPERATOR CROSS TIMBERS					(Gas armynthese only)
ADDRESS		· · · · · · · · · · · · · · · · · · ·			
3000 NORTH GARFIELD, SUITE175, MIDLAND, TX. 79705					10 County
LOCATION (Section, B					
		RECORDO	F INCLINATIO)N	<u></u>
11. Measured Depth	12. Course Longth	*13. Angle of	14. Displacement per	15. Course	16. Accumulative
foet)	(Essecreds of feet)	Inclination (Degrees)	Elundred Feet (Sine of Angle 1 100)	Displacement (feet)	Displacement (feet)
180	1.80	0.50	0.87	1.57	1.57
416	2.36	0.25	0.44	1.03	2.60
948	5.32	0.75	1.31	6.96	9.56
1443	4.95	0.25	0.44	2.16	11.72
1943	5.00	0.25	0.44	2.18	13.91
2484	5.41	0.75	1.31	7.08	20.99
2982	4.98	2.50	4.36	21.72	42.71
3554	5.72	2.00	3.49	19.96	62.67
4065	5.11	1.75	3.05	15.61	78.28
4450	3.85	1.50	2.62	10.08	00.30
lf	additional space is needed, use	the reverse side of this forms.		<u>_</u>	
	a shown on the reverse side of t			XI No	
18. Accumulative tot	al displacement of well bore at	total depth of	4450	foct =	<u> </u>
*19. Inclination meas	surements were made in :	Tubing	Casing X	Open Hole Dri	ll Pipe
20. Distance from su	rface location of well to the nea	rest lesse line			foc
21. Minimum distan	nce to lease line as prescribed by	field naies			for
22. Was the subject	well at any time intentionally d	eviated from the vertical in any m	anner whatsoever?		
(If the answer to	o the above question is "yes", at	tach written explanation of the cir	cumstances.)		
INCLINATION DA	TA CERTIFICATION		OPERATOR CERT	FIGATION	
	enalties prescribed in Sec. 9	1.143, Texas Natural	I declare under pe	nalties prescribed in Sec. 9	1.143, Texas Natural
Resources Code, the	at I am authorized to make (his certification, that I have	Resources Code, tha	t I am authorized to make t	this certification, that I have
personal knowledge of the inclination data and facts placed on both sides of personal knowledge of all information present				•	•
		correct, and complete to the			rrect, and complete to the best
best of my knowledge. This certification covers all data as indicated by of my knowledge. This certification covers all have a indicated by the formation of th					
asterisks (*) by the item numbers on this form. herein except inclination data as indicated by aste					wernes (.) ok me nem namperz

1000	\wedge
Alter	Kun

Signature of Authorized Representative LV. Bohannon, Drilling Superintendent Name of Person and Title (type or print) Lakota Drilling Company Name of Company 915-570-5560 Telephone Area Code .

herein except inclination data as indicated by asterisks (*) by the item numbers on this form. 1~1

Ballar	Smith
Signature of Authorized	Representative
Bobby L.	Snith
Name of Person and Tit	le (type or print)
Cross Time	pers Operating Company
Name of Company	
Telephone	(915) 682-8873
	Area Code

Railroad Commission Use Only:

Approved By:

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

Title:

Date:

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