

INCLINATION REPORT

OPERATOR LBO New Mexico, Inc. ADDRESS _____
LEASE NAME Tiffany WELL NO. 1 FIELD Nadine
LOCATION _____

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
5956	1 1/2°	2.75	106.62
6387	1 °	7.54	114.16
6860	1 °	8.28	122.44
7043	1 °	3.20	125.64
7488	1 °	7.79	133.43
7700	1 °	3.71	137.14

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

TITLE _____

AFFIDAVIT:

Before me, the undersigned authority, appeared _____
known to me to be the person whose name is subscribed herebelow, who, on making
deposition, under oath states that he is acting for and in behalf of the operator
of the well identified above, and that to the best of his knowledge and belief such
well was not intentionally deviated from the true vertical whatsoever.

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the _____ day of _____, 19____

Notary Public in and for the County
of Lea, State of New Mexico

SEAL