| WELL | NAE | AND | NUMBER |
|------|-----|-----|--------|
|      |     |     |        |

## LOCATION (Give Unit, Section, Township and Range)

OPERATOR \_\_\_\_\_

DRILLING CONTRACTOR

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

| Degrees @ Depth   | Degrees @ Depth                       | Degrees @ Depth  |
|-------------------|---------------------------------------|--|
| <u>5 1/2 5741</u> | · · · · · · · · · · · · · · · · · · · |  |
| 6 5788            |                                       |  |
| 5 3/4 5801        |                                       |  |
| 6 5901            |                                       |  |
| 6 5997            |                                       |  |
| 5 6097            |                                       |  |
| 4 1/2 6159        |                                       |  |
| 5 6243            |                                       |  |
| 5 6343            |                                       |  |
| 5 6443            |                                       | and the second |
| 5 1/2 6543        |                                       |  |
| 5 1/2 6643        | ·                                     |  |
| 5 3/4 6743        | TD                                    |  |
|                   | •                                     |  |
|                   |                                       | <u></u>  |
|                   |                                       | an the first of the second   |

|                                   | Drilling Con     | tractor | M-G-F Dr       | illing Comp | any, Inc.      |
|-----------------------------------|------------------|---------|----------------|-------------|----------------|
|                                   |                  | By:     | and the second | <u> </u>    | and the        |
| Subscribed and sworn to before me | e this <u>15</u> | day of  | Decembe        | r A         | , 19 <u>77</u> |
|                                   |                  | 1       | licky          | L.Du        | ll             |
|                                   |                  |         | Nøta           | ary Public  | -              |
| My Commission Expires: August 31  | , 1978           | Mic     | dland          | County      | Texas          |

OIL CULAR AND N. M.