RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION

Form W-12 (1-1-74)

		6 RRC District
INCLINATIO (One Copy Must Be Filed With	7. RRC Lesse Number, (Oil conpletions only)	
1. FIELD NAME (as jet RRC Records or Wildcat)	2. LEASE NAME Langley Greer 21-22-36	8. Well Number
3. OPERATOR ARCO OIL and Gas Company Division of Atlantic Richfield Company		9. RKC Identification Number (Gas completions only)
Box 1710, Hobbs, New Mexico	88240	10. County
5. LOCATION (Section, Block, and Survey)		Lea

*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)	
165	165	3/4	1,31	2.16	2:16	
681	516	3/4	1.31	6.75	8.91	
1184	503	3/4	1.31	6.58	15.49	
1407	223	1-1/4	2.18	4,86	20,35	
1495	83	1-1/4	2.18	1,91	22,26	
1995	500	1	1.75	8.75	31,01	
2600	605	1/4	0.44	2.66	33.67	
3020	420	1	1.75	7,35	41.02	
3586	566	1/4	0.44	2.49	43.51	
4140	554	1/2	0.87	4.81	48.32	
4645	505	3/4	1.31	6.61	54.93	
5200	555	1/2	0.87	4.82	59.75	
5740	540	1-1/4	2.18	11.77	71.52	
6224	484	1	1.75	8.47	79.09	
6325	101	1	1,75	1,76	81.75	
6900	575	3/4	1.31	7.53	89.28	
If additional space	e is needed, use the re	verse side of this form.			•	
17. Is any information shown on the reverse side of this form? [X] yes in a second sec						
18. Accumulative total-displacement of well bore at total depth of feet = feet.						
*19. Inclination measu	rements were made in	- 🗌 lubing	Cesing] Open hole	Drill Pipe	
20. Distance from surface location of well to the nearest lease line feet.					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.)						
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RECORD OF INCLINATION

Signature of Authorized Representative Signature of Authorized Representative John L. Fox, Off. Mor. Signature of Authorized Representative Name of Person and Title (type or print) Name of Person and Title (type or print) A. W. Thompson, Inc. Operator Name of Company Operator Telephone: 915 Area Code Area Code	INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Article 6036c, R.C.S., that I wm 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 the, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form	OPERATOR CERTIFICATION I declare under penaltics prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of at 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 know- ledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.
John L. Fox, Off. Mar. Name of Person and Title (type or print) A. W. Thompson, Inc. Name of Company Olf. 267 Algol		Signature of Authorized Representative
A. W. Thompson, Inc. Name of Conpuny Operator	John L. Fox, Off. Mar.	• • • •
Name of Conpuny O15 067 0101		Name of Person and Title (type or print)
	Name of Conpany 015 067 ALOI	Operator