

INCLINATION REPORT

(One Copy Must Be Filled With Each Completion Report.)

1. FIELD NAME

San Simon Wolfcamp

2. LEASE NAME

San Simon 5 State

3. District
1

4. Lease Number
(Oil completions only)
LG-4136

5. Well Number
1

6. OPERATOR

HNG OIL COMPANY

7. ADDRESS

P. O. Box 2267, Midland, Texas 79702

8. Identification Number
(Gas completions only)

8. LOCATION

Unit letter E, 1980' FNL & 660' FWL, Sec. 5, T22S, R35E

9. County

Lea, NM

RECORD OF INCLINATION

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)
212	212	1/4	.44	.93	.93
389	177	3/4	1.31	2.32	3.25
946	557	1	1.75	9.45	12.70
1100	154	1	1.75	2.70	15.40
1211	111	1-1/2	2.62	2.91	18.31
1465	254	1-3/4	3.05	7.75	26.06
1618	153	1-1/2	2.62	4.01	30.07
1836	245	1	1.75	4.29	34.36
2089	253	2	3.49	8.83	43.19
2278	189	2	3.49	6.60	49.79
2660	382	1	1.75	6.69	56.48
2974	314	1-3/4	3.05	9.58	66.06
3448	474	2	3.49	16.54	82.60
3702	254	2-3/4	4.80	12.19	94.70
3843	141	2	3.49	4.92	99.62
3998	155	2-3/4	4.80	7.44	107.06

If additional space is needed, use the reverse side of this form.

Is any information shown on the reverse side of this form?

☒ yes

☐ no

Accumulative total displacement of well bore at total depth of 13,250 feet = 317.17 feet.

Inclination measurements were made in ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe

Distance from surface location of well to the nearest lease line 660 feet.

Minimum distance to lease line as prescribed by field rules _____ feet.

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

Brice L. Smith
Signature of Authorized Representative

Brice L. Smith
Name of Person and Title (type or print)
Parker Drilling Company
Name of Company

Telephone: _____
Area Code _____

Betty Gildon
Signature of Authorized Representative

Betty Gildon Regulatory Analyst
Name of Person and Title (type or print)
HNG OIL COMPANY
Operator

Telephone: 915 683-4871
Area Code

CHEERYL A. Subscribed and Sworn to before me on this 12 day of January 1982

My Commission Expires 9-4-85

Cheryl A. Minch

RECORD OF INCLINATION (Continued from reverse side)

16. Accumulative Displacement (feet)	15. Course Displacement (feet)	14. Displacement per Hundred Feet (Rate of Angle X100)	13. Angle of Inclination (Degrees)	12. Course Length (Hundreds of feet)	Measured Depth (feet)
120.81	13.75	3.49	2	394	4392
154.28	33.47	3.49	2	959	5351
162.22	7.94	2.62	1-1/2	303	5654
167.07	4.85	3.05	1-3/4	159	5813
183.24	16.17	3.05	1-3/4	530	6343
201.63	18.39	3.49	2	527	6870
205.95	4.32	.87	1/2	496	7366
211.77	5.82	1.31	3/4	444	7810
228.92	17.15	1.75	1	980	8790
247.23	18.31	2.18	1-1/4	840	9630
260.20	12.97	2.62	1-1/2	495	10125
275.51	15.31	1.75	1	875	11000
286.01	10.50	1.75	1	600	11600
297.54	11.53	2.18	1-1/4	529	12129
314.67	17.13	2.18	1-1/4	786	12915
315.62	.95	.44	1/4	217	13,132
317.17	1.55	1.31	3/4	118	13,250

If additional space is needed, attach separate sheet and check here. ☐

REMARKS:

INSTRUCTIONS -

Inclination survey made by persons or concerns approved by the Commission shall be filled on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. Inclination surveys are required on re-entry of abandoned wells. Inclination surveys must be made in accordance with the provisions of Statewide Rule

A report shall be filled in the District Office of the Commission for the district in which the well is drilled, by attaching one to each appropriate completion for the well. (except Plugging Report)

Commission may require the submittal of the original charts, graphs, or discs, reflecting from the surveys.