

INCLINATION REPORT

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

1. FIELD NAME Und. Wolfcamp		2. LEASE NAME San Simon 19 State	3. District 1
4. OPERATOR HNG OIL COMPANY		5. Lease Number (Oil completions only) 1	
6. ADDRESS P. O. Box 2267, Midland, Texas 79702.		7. Identification Number (Gas completions only) V-380	
8. LOCATION Unit Letter J, 1980' FSL & 1980' FEL, Sec. 19, T21S, R35E		9. Country 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)	15. Accumulative Displacement (feet)
457	457	1/4	.44	2.01	2.01
657	200	3/4	1.31	2.62	4.63
1100	443	3/4	1.31	5.80	10.43
1401	301	1/2	.87	2.62	13.05
1781	380	1/4	.44	1.67	14.72
2056	275	3/4	1.31	3.60	18.32
2415	359	1-1/4	2.18	7.83	26.15
2773	358	3/4	1.31	4.69	30.84
3071	298	3/4	1.31	3.90	34.74
3377	306	1	1.75	5.36	40.10
3666	289	1-3/4	3.05	8.81	48.91
3963	297	1-3/4	3.05	9.06	57.97
4262	299	2	3.49	10.44	68.41
4540	278	2	3.49	9.70	78.11
4840	300	2	3.49	10.47	88.58
5248	408	2-1/4	3.93	16.03	104.61

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 12,800 feet = 354.60 feet.

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

Distance from surface location of well to the nearest lease line _____ 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
 Name of Person and Title (type or print)
 Brice L. Smith
 Parker Drilling Company
 Name of Company
 Telephone: _____
 Area Code _____

Betty Gildon
 Signature of Authorized Representative
 Name of Person and Title (type or print)
 Betty Gildon
 HNG OIL COMPANY
 Operator
 Telephone: 915 683-4871
 Area Code _____

CHERYL A. MINCES Notary Public

In and for the State of Texas

My Commission Expires 9-4-85

Subscribed and Sworn to before me on this 28 day of July 1982

Cheryl A. Mince

RECORD OF INCLINATION (Continued from reverse side)

11. Measured Depth (feet)	12. Course Length (Miles or Feet)	13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Rate of Angle 2100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
6206	958	2	3.49	33.43	138.04
6350	144	1-3/4	3.05	4.39	142.43
6629	279	1-1/2	2.62	7.31	149.74
7029	400	1	1.75	7.00	156.74
7874	845	1-3/4	3.05	25.77	182.51
8698	824	2-1/2	4.36	35.93	218.44
9062	364	2	3.49	12.70	231.14
9564	502	2-1/4	3.93	19.73	250.87
9864	300	2	3.49	10.47	261.34
10165	301	2	3.49	10.50	271.84
10687	522	2	3.49	18.22	290.06
11390	703	1-1/4	2.18	15.33	305.39
12106	716	2	3.49	24.99	330.38
12800	694	2	3.49	24.22	354.60

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 AUG 2 - 1982
 O.C.D.
 HOBBS OFFICE

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

- 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, resulting from the surveys.