## F LROAD COMMISSION OF TEXAS OIL AND GAS DIVISION INCLINATION REPORT

Form I=1 11-2-62

t dam e El tudo ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT C 1 County Lea, New Mexico RRC Dist. No. Drinkard Field Name Overator Burleson and Huff Address 605 Wilkinson-Foster City Midland, Texas Building Survey Sect. 17-22-38 Sunshine Royalty Well No. 1 lease Name & No. RECORD OF INCLINATION Angle of Accumulative Displacement (feet) Inclination (degrees) Displacement (feet) Depth (rect) 183 3/4 2.40 2.40 3/4 1,85 4.25 324 5.72 493 1/2 1.47 650 2.75 8.47 3/4 12.53 960 4.06 1217 1/4 13.66 1.13 1480 1/2229 15,95 1780 3/4 3.93 19.88 2001 3/4 2.90 22.78 27,02 2243 4.24 1 2-1/2 2450 9.03 36.05 2510 2 2.09 38.14 2 - 1/22639 5.62 43,76 2690 45.54 2 1.78 2785 2 3.32 48.86 1 - 1/26.94 3050 55.80 3446 1/23.45 59.25 3909 1/24.03 63.28 3/4 4131 2,91 66.19 4385 3/4 3.33 69.52 4641 1-1/4 5.58 75.10 Total Displacement Casing feet Was survey run in Tubing Open Hole Distance to nearest lease line Distance to lease lines as prescribed by field rules feet Certification of personal knowledge Inclination Data: I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete. Licci, Signature LEATHERMOOD DRILLING COMPANY Company -----\_ \_ \_ \_ Operator Affidavit: (Note: Party making affidavit must strike out inapplicable phrases, and must file explanatory statement when applicable.)

Before me, the undersigned authority, on this day, personally appeared \_\_\_\_\_ Everett L. Smith known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that the subscribed hereto, who, after being duly sworn, on oath states that the subscribe subscribe subscribes of the well states that the subscribe subscribes of the well states that the subscribe subscribes of the well subscribes of the subscribes of the well subscribes of the sub identified in this instrument), and that such well was not intentionally deviated from the vertical whatsoever. Signature and Title of Affiant Agent Sworn and Subscribed to before me, this the \_\_\_\_\_22nd \_\_\_\_ day of \_\_\_\_\_January\_\_\_\_ 1.9<u>64</u>• Alge Halles L 14 Sue Henderson Notary Public in and for Midland County, Texas. -----RC Use Only: Approved By:\_\_\_\_\_ Title:\_\_ Date:

## II. INCLINATION SURVEYS

## A. Requirement of

1. An inclination survey made by persons or concerns approved by the Commission shall be filed 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.

a. The first shot point of such inclination survey shall be made at a depth not greater than 500 feet below the surface of the ground and succeeding shot points shall be made either at 500 foot intervals or at the nearest drill bit change thereto; but not to exceed 1000 feet apart.

2. Inclination surveys conforming to these requirements may be made either during the normal course of drilling or after the well has reached total depth. Acceptable directional surveys may be filed in lieu of inclination surveys.

3. Copies of all directional or inclination surveys, regardless of the reason for which they are run, shall be filed as a part of or in addition to the inclination surveys otherwise required by this rule.

B. Reports

1. The report form prescribed by the Commission shall require that it be signed and certified by a party having personal knowledge of the facts therein contained.

a. The report shall include a tabulation of the maximum drifts which could occur between the surface and the first shot point and each two successive shot points, assuming that all of the unsurveyed hole between any two shot points has the same inclination as that measured at the lowest shot point, and the total possible accumulative drift, assuming that all measured angles of inclination are in the same direction.

2. In addition, the report shall be accompanied by a sworn statement of the operator, or of someone acting at his direction on his behalf either, (1) that the well was not intentionally deviated from vertical whatsoever or, (2) that the well was deviated at random, with an explanation of the circumstances.

3. The report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion form for the well.

4. The Commission may require the submittal of the original charts, graphs, or discs resulting from the surveys.

| NUMBER OF COPIES             | RIBUTION                                |                   |                     |               |                 |                |                        |                                 |                  |             | ł                        |  |  |  |
|------------------------------|---|-------------------|---------------------|---------------|-----------------|----------------|------------------------|---------------------------------|------------------|-------------|--------------------------|--|--|--|
| SANTA FF<br>FILE<br>U.S.G.S. |   |                   | м<br>1              |               |                 |                |                        | ATION C                         |                  |             | FORM C-103<br>(Rev 3-55) |  |  |  |
| LAND OF FICE                 | AND OFFICE FOLL ANEOUS REPORTS ON WELLS |                   |                     |               |                 |                |                        |                                 |                  |             | . C.                     |  |  |  |
| PRORATION OFFIC              | L                                       |                   | (Subm               | it to approp  | riate Di        | strict         | Office                 | as per CDEG                     | izzion (         | 081100      | '63                      |  |  |  |
| Name of Compa                | <sup>ny</sup> Burl                      | eson a            | Huff                |               | A               | .ddress        | Box                    | 953, Midl                       | and,             |             |                          |  |  |  |
| Lease                        | Suns                                    | hine I            | Royalty             | Well No.<br>1 | Unit Le<br>E    | etter          | Section<br>17          | Township<br>22S                 |                  | Range<br>3  | 8E                       |  |  |  |
| Date Work Perfe              | ormed 12/1                              | 7/63 <sup>P</sup> | Drinka              | ard           |                 |                |                        | County<br>Le                    | ea               |             |                          |  |  |  |
|                              |   | k                 |                     | S A REPORT    |                 |                |                        |                                 | . 1              | Sand F      | 720                      |  |  |  |
| Beginning                    | Drilling Op                             | erations          |                     | asing Test an | it Job          | Į              | $\mathbf{X}$ Other (Ex | :p[a1n):                        |                  | Iac         |                          |  |  |  |
| Plugging                     |   |                   |                     | emedial Work  |                 |                | lto obto               | ined                            |                  |             |                          |  |  |  |
| Detailed accounce Casing     | nt of work do<br>perforat               | bed wi            | re and quantity     | t per foc     | ot bet          | ween           | follo                  | wing inte                       | ervals           | : 7008-     | 26;-                     |  |  |  |
| ~                            |   |                   | 82-90; 709          |               |                 |                |                        |                                 |                  |             |                          |  |  |  |
|                              | -                                       |                   | and. Brea           |               |                 |                |                        |                                 |                  |             |                          |  |  |  |
| -                            |   |                   |                     |               |                 |                |                        |                                 |                  | 1           |                          |  |  |  |
| 50007.                       | To wru                                  | ite sn            | ut in 4600          | 8.            |                 |                |                        |                                 |                  |             |                          |  |  |  |
|                              |   |                   |                     |               |                 |                |                        |                                 |                  |             |                          |  |  |  |
|                              |   |                   |                     |               |                 |                |                        |                                 |                  |             |                          |  |  |  |
|                              |   |                   |                     |               |                 |                |                        |                                 |                  |             |                          |  |  |  |
|                              |   |                   |                     |               |                 |                |                        |                                 |                  |             |                          |  |  |  |
|                              |   |                   |                     |               |                 |                |                        |                                 | •                |             |                          |  |  |  |
| Witnessed by<br>Ray En       | aland                                   | . <u></u>         | <u></u>             | Position      | Supt            |                |                        | Company                         | av Smi           | th Drill    | Ling Co.                 |  |  |  |
|                              | grain                                   |                   | FILL IN BE          | LOW FOR       |                 |                | ORK R                  | EPORTS ON                       |                  |             |                          |  |  |  |
|                              |   |                   |                     |               | GINAL W         |                |                        |                                 |                  |             |                          |  |  |  |
| D F Elev.                    |   | TD                |                     | PBT           | D               |                |                        | Producing                       | Interval         | Co          | ompletion Date           |  |  |  |
| Tubing Diamet                | Tubing Diameter Tubing Depth            |                   |                     |               | Oil String Diam |                |                        | oil String Depth                |                  |             |                          |  |  |  |
| Perforated Int               | erval(s)                                |                   | <u></u>             |               |                 |                |                        |                                 |                  | <u> </u>    |                          |  |  |  |
|                              |   |                   |                     |               | lr              | Reading        | na For                 | nation(s)                       |                  |             |                          |  |  |  |
| Open Hole Inte               | erval                                   |                   |                     |               |                 |                | _                      |                                 |                  |             |                          |  |  |  |
|                              |   |                   | 0110                |               | LTS OF          |                | T                      | Production                      |                  | GOR         | Gas Well Potential       |  |  |  |
| Test                         | Date o<br>Test                          |                   | Oil Producti<br>BPD |               | MCFPD           |                |                        | BPD                             |                  | feet/Bbl    | MCFPD                    |  |  |  |
| Before<br>Workover           |   |                   |                     |               |                 |                |                        |                                 |                  |             | -+                       |  |  |  |
| After<br>Workover            |   |                   |                     |               |                 |                | <u> </u>               |                                 | <u> </u>         |             |                          |  |  |  |
|                              |   | ISERVAT           | ION COMMISS         | ION           |                 | I her<br>to th | eby cert<br>e best o   | ify that the in<br>f my knowled | nformatio<br>ge. | n given abo | ve is true and complet   |  |  |  |
| Approved by                  | Approved by                             |                   |                     |               |                 |                |                        | Name A furial                   |                  |             |                          |  |  |  |
| Pitle                        | 4                                       |                   |                     |               |                 | Posit          | ion                    | E. sall                         |                  | <u>MMM</u>  |                          |  |  |  |
|                              | . <u> </u>                              |                   |                     |               |                 | Comp           |                        | zent .                          |                  |             |                          |  |  |  |
| Date                         | •                                       |                   |                     |               |                 |                | Ba                     | rleson &                        | Huff             |             |                          |  |  |  |

| NUMBER OF COPIES                |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
|---------------------------------|-----------------------|-------------|--------------------|------------------|-----------------------|----------------|----------------------|----------------------------------|-----------------------|--------------|--------------|-----------------------------|--|
| DISTR<br>SANTA FE<br>FILE       |                       | <del></del> |                    | NEW MEXIC        | :0 0:                 |                | NSER                 | VATION C                         | OMM                   | ISSION       |              | FORM C-103                  |  |
| FILE<br>U.S.G.S.<br>LAND OFFICE |                       |             |                    |                  |                       |                |                      |                                  |                       |              | c. c.        | (0                          |  |
| TRANSPORTER                     |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
| PROBATION OFFICE                |                       | <u>+</u>    | (Subn              | mit to appropri  | ·iate D               | )istrict       | Office               | as per 866                       | m <b>ij</b> asio      | 3 ROB AN     | 16)6.        | 5                           |  |
| Name of Compan                  | <sup>1y</sup> Burle   | son         | 8 Huff             |                  | Addres                | s Box          | e 953, Mie           | dlano                            | d, Texas              |              |              |                             |  |
| Lease                           | Sunsh                 | ine         | Royalty            | Well No.<br>1    | Unit I<br>E           | Letter         | Section<br>17        | Township<br>22S                  |                       | Rai          | nge          | 38E                         |  |
| Date Work Perfo                 |                       |             | Pool               | inkard           | <u> </u>              |                |                      | County _                         | ea                    | k            |              |                             |  |
|                                 | 12/12                 | 103         |                    | IS A REPORT      | <b>OF</b> : (         | Check a        | ıppropria            |                                  |                       |              |              |                             |  |
| Beginning                       | Drilling Ope          | ration      |                    | Casing Test and  |                       |                | l                    | Other (E:                        | xplain                | ):           |              |                             |  |
| Plugging                        |                       |             |                    | Remedial Work    |                       | <b></b>        |                      |                                  |                       |              |              |                             |  |
| Detailed accoun                 | t of work do          | ne, na      | ature and quantity | y of materials u | used, 2               | and resu       | ılts obta            | ined.                            |                       |              | _            |                             |  |
|                                 | <b>0</b> 0# = =       |             |                    | 73.00 -          |                       | -              | <b>14-</b>           |                                  | <b>~</b> ''           | ke           | 1 <b>+</b> - |                             |  |
|                                 |                       |             | sing set at        |                  |                       |                |                      |                                  |                       |              |              |                             |  |
| Cement                          | allowed               | to s        | set 72 hours       | s before to      | esti                  | ng 10          | 00 <b>#</b> pi       | ressure f                        | for 3                 | 0 minute     | S            |                             |  |
| with no                         |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
| WL IIU IIC                      | . urohe               |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
|                                 |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
|                                 |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
|                                 |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
|                                 |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
|                                 |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
|                                 |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
| Witnessed by                    |                       |             |                    | Position         | <br>h ^               |                |                      | Company                          |                       |              |              | o Company                   |  |
|                                 | Ray Er                | nglar       | FILL IN B          | ELOW FOR R       | REMED                 | DIAL W         | ORK R                |                                  | -                     | <u></u>      | للبب         |                             |  |
|                                 |                       |             |                    | ORIGI            | INAL 1                | WELL C         |                      |                                  |                       |              |              | -last- D                    |  |
| D F Elev.                       | D F Elev. T D PBT     |             |                    |                  |                       | _              |                      | Producing Interv                 |                       | 'al          | Comj         | pletion Date                |  |
| Tubing Diamete                  | Tubing Diameter Tubin |             | Tubing Depth       | I                | Oil S                 |                |                      | eter                             | Oil String Dep        |              | epth         | th                          |  |
| _                               |                       |             | 1                  |                  |                       |                |                      |                                  |                       |              |              | <u></u>                     |  |
| Perforated Inter                | • V2L1(S)             | _           |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
| Open Hole Inter                 | rval                  |             |                    |                  | T                     | Produci        | ng Form              | nation(s)                        |                       |              |              |                             |  |
|                                 |                       |             |                    | RESUL            | TS OF                 | - WORI         | OVER                 |                                  |                       |              |              |                             |  |
| Test                            | Date of<br>Test       | Date of     |                    | tion Gas H       | s Production<br>MCFPD |                | Water                | Production<br>B P D              | GOR<br>Cubic feet/Bbl |              |              | Gas Well Potential<br>MCFPD |  |
| Before<br>Workover              |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
| After<br>Workover               |                       |             |                    |                  |                       |                |                      |                                  |                       |              |              |                             |  |
|                                 | OIL CON               | SERV        | ATION COMMISS      | ION              |                       | I her<br>to th | eby cert<br>e best o | ify that the in<br>f my knowled, | nforma<br>ge.         | tion given a | bove         | is true and comple          |  |
| Approved by                     |                       |             |                    |                  |                       |                | Name                 |                                  |                       |              |              |                             |  |
| At                              | <u> </u>              |             |                    |                  |                       |                |                      | ince                             | $\angle$              | Mar          | ĨZ.          |                             |  |
| Title                           |                       |             |                    |                  |                       | Posit          |                      | <del>ent</del>                   |                       |              | _            |                             |  |
| Date                            |                       |             |                    |                  |                       | Comp           | апу `                |                                  |                       |              |              | <u> </u>                    |  |
|                                 |                       |             |                    |                  |                       | <u> </u>       | Bu                   | irleson &                        | Huf                   | I            | _            |                             |  |

|                              | S SECEIVE  |   |                |                           |                |                   |                               |                                 |                        |             |   |  |  |  |
|------------------------------|--|---|----------------|---------------------------|----------------|-------------------|-------------------------------|---------------------------------|------------------------|-------------|---|--|--|--|
| SANTA FE<br>FILE<br>U.S.G.S. |  |   |                |                           | · · · · /      |                   |                               |                                 | COMMISSIC              |             | FORM C-103<br>(Rev 3-55)                      |  |  |  |
| LAND OFFICE                  | MISCELL ANEOUS REPORTOBS WELDES COFFICE 0. C. C. |   |                |                           |                |                   |                               |                                 |                        |             |   |  |  |  |
| PRORATION OFFI               | E  |   |                | (Submit                   | to approprie   | ate Dist          | rict Offic                    | · ·· PNDG 2                     | On is for both         | 1963        | 0 48 AM '63                                   |  |  |  |
| Name of Comp                 |  |   | -              | ( <b>1</b> ,.##           |                | Ado               | tress<br>Bos                  | c 953. Mic                      | iland, Tex             | as          |   |  |  |  |
| Lease                        |  | rlesc   |                | <i>W</i>                  | Vell No. U     | Unit Lett         | er Sectio                     | n Township                      |                        | Range<br>38 |   |  |  |  |
| Date Work Per                |  | mshin   |                | Pool                      | <b>_</b>       | <u> </u>          | 17                            |                                 |                        | 130         | <u>, , , , , , , , , , , , , , , , , , , </u> |  |  |  |
|                              |  | /15/6   | 3              | Drinkan                   |                | - (6)             |                               |                                 | ea                     | ·           |   |  |  |  |
| Beginnin                     | D-:11:   |   |                |                           | ing Test and   |                   |                               |                                 | Explain):              |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             |  |  |  |
|                              | g Driffi   | ng Oper                                       | ations         |                           | nedial Work    | otment            | ,                             |                                 |                        |             |   |  |  |  |
| Plugging                     | et of w  | ork don                                       | e nat          | ure and quantity o        |                | sed. and          | results ob                    | tained.                         |                        |             |   |  |  |  |
| Detailed accol               |  | OLK COD                                       | с, <u>п</u> ас | are and quantity 0        | - marchedio un | ,                 | 00                            |                                 |                        |             |   |  |  |  |
| -                            |  |   |                | 3. 9 5/8 incleant allowed | to set 24      | hour              | s before                      |                                 |                        |             |   |  |  |  |
| minutes                      | with   | n no c  | <b>iro</b> p   | . Cement ci               | irculated      | to su             | rface.                        |                                 |                        |             |   |  |  |  |
|                              |  |   |                |                           |                |                   | 1                             |                                 |                        |             |   |  |  |  |
|                              |  |   | 1              | /                         |                |                   | ,                             |                                 |                        |             |   |  |  |  |
|                              |  |   |                |                           |                |                   |                               |                                 |                        |             |   |  |  |  |
|                              |  |   |                |                           |                |                   |                               |                                 |                        |             |   |  |  |  |
|                              |  |   |                |                           |                |                   |                               |                                 |                        |             |   |  |  |  |
|                              |  |   |                |                           |                |                   |                               |                                 |                        |             |   |  |  |  |
|                              |  |   |                |                           |                |                   |                               |                                 |                        |             |   |  |  |  |
| Witnessed by                 | <b>T</b>   | mie L   | ~              |                           | Position       | l oush            | sher Leatherwood Drilling Co. |                                 |                        |             |   |  |  |  |
|                              | 10/1   |   | CWT2           | FILL IN BEL               |                |                   |                               |                                 |                        |             |   |  |  |  |
|                              |  |   |                |                           |                |                   | L DATA                        |                                 |                        |             |   |  |  |  |
| D F Elev.                    |  | ľ   | ΓD             |                           | PBTD           |                   |                               | Producin                        | g Interval             |             | ompletion Date                                |  |  |  |
| Tubing Diameter Tubing Dept  |  |   |                | Tubing Depth              |                | Oil               | String Dia                    | meter                           | Oil St                 | ing Dep     | th  |  |  |  |
| Perforated Int               | erval(c  | <u>,                                     </u> |                |                           | <u> </u>       |                   |                               |                                 |                        |             |   |  |  |  |
| r enorated int               | CIAST(2  | ,   |                |                           |                |                   |                               |                                 |                        |             |   |  |  |  |
| Open Hole Int                | erval  |   |                |                           |                | Pro               | Producing Formation(s)        |                                 |                        |             |   |  |  |  |
|                              |  |   |                |                           | RESULT         | S OF W            | ORKOVE                        | R                               |                        |             |   |  |  |  |
| Test                         | I  | Date of Oil Product<br>Test BPD               |                | Oil Production<br>BPD     |                | roduction<br>CFPD | n Wate                        | r Production<br>BPD             | GOI<br>Cubic fee       | R<br>t/Bbl  | Gas Well Potential<br>MCFPD                   |  |  |  |
| Before<br>Workover           |  |   |                |                           |                |                   |                               |                                 |                        |             |   |  |  |  |
| After<br>Workover            |  |   |                |                           |                |                   |                               |                                 |                        |             | <u> </u>                                      |  |  |  |
|                              | . OIL  | - CONSI                                       | ERVA           | TION COMMISSIO            | N              | 1<br>1            | hereby ce<br>to the best      | rtify that the<br>of my knowled | information gi<br>dge. | yen abor    | ve is true and comple                         |  |  |  |
| Approved by                  |  |   |                |                           |                |                   | Name                          |                                 |                        |             |   |  |  |  |
| Title                        |  | <u> </u>                                      |                |                           |                | P                 | Position<br>Burleson & Huff   |                                 |                        |             |   |  |  |  |
| Date                         |  |   |                | <u></u>                   |                | tc                | ompany                        | LEGUI 6                         |                        |             | <u> </u>                                      |  |  |  |
| l                            |  |   |                |                           |                | 1                 |                               |                                 |                        |             |   |  |  |  |