

INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		API 30-025-31350
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME "C" Baker	8. Well Number 2
3. OPERATOR Michael S. Morris		10. County Lea
4. ADDRESS 816 Ladera Fort Worth, Tx 76108		
5. LOCATION (Section, Block, and Survey) 2310/N + 2310/E 26-22-37		

RECORD OF INCLINATION

*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)
496	496	3/4	1.31	6.50	6.50
982	486	3/4	1.31	6.37	12.87
1166	184	1	1.75	3.22	16.09
1653	487	3/4	1.31	6.38	22.47
2150	497	1	1.75	8.70	31.17
2643	493	2	3.50	17.26	48.43
3142	499	1	1.75	8.73	57.16
3642	500	3/4	1.31	6.55	63.71
3900	258	1/2	.88	2.27	65.98

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

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 3900 feet = 65.98 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ 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? no
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am 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 true, 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. <i>James L. Brazeal</i> Signature of Authorized Representative James L. Brazeal-President Name of Person and Title (type or print) Brazeal, Inc.-d/b/a CapStar Drilling Name of Company Telephone: <u>214</u> <u>727-8367</u> Area Code	OPERATOR CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all 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 knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form. <i>Michael S. Morris</i> Signature of Authorized Representative Owner Name of Person and Title (type or print) Michael S. Morris Operator Telephone: <u>817</u> <u>448-7304</u> Area Code
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Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.

NOTARY: *James L. Sealey*
EXP. DATE: 6-16-94
STATE OF TEXAS
County of TARRANT

100-100000

[illegible]

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

REMARKS:

- INSTRUCTIONS -

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. 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 11.

This 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 for the well. (except Plugging Report)

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