

Form W-12
(1-8-71)

<h1 style="text-align: center;">INCLINATION REPORT</h1> <p style="text-align: center;">(One Copy Must Be Filed With Each Completion Report.)</p>		6. RRC District
1. FIELD NAME (as per RRC Records or Wildcat) MARY WILLS	2. LEASE NAME	7. RRC Lease Number. (Oil completions only)
3. OPERATOR SMITH AND MARRS		8. Well Number 15
4. ADDRESS BOX 863 KERMIT, TX 79745		9. RRC Identification Number (Gas completions only)
5. LOCATION (Section, Block, and Survey) SEC 35 TRACT 26		10. County LEA NM

RECORD OF INCLINATION

[illegible]

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 _____ feet = _____ feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drift 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 what. or? NO
- (If the answer to the above question is "yes", attach written explanation of the circumstance -)

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 identification 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 categories 1) to 10) on the form numbers on this form.

Signature of Agent/Authorized Representative

J.C. WELLS/PRESIDENT

Name of Person and Title (type or print)

~~J. C. WELLS DRILLING CO. LTD.~~

Name of Company

Telephone: 915 573-9656/9658
Area Code

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 incrimination data as indicated by asterisks (*) on the form numbers on this form.

Signature of Authorized Representative

Name of Person and Title (type or print)

December

Telephone: _____

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

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

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