Directional Survey Certification Form

	Op	perator	
Well Name			API Number
County, State	e		Location
Latitude	Longitude	Tool Type	Bit to Sensor (ft)
Rig	KB (ft)	GL (ft)	TVD Reference (ft)
First Survey (ft)	Last Survey (ft)		Survey Personnel
Survey Date	North Reference		Survey Calculation Method
calibration standards an authorized and qualified represents a true and con	d operational procedud to review the data, rrect Directional Surve	res set forth by _ calculations, and by of this well base	ed by me and conform to the I and this report, and that the reported on the original data corrected are calculated using minimum.
Signature		Date	