OFFICE: 505-327-0356

FAX: 505-327-9425



March 6, 2000

**DEVIATION AFFIDAVIT** 

**OPERATOR:** 

COLEMAN OIL & GAS, INC.

WELL NAME & NUMBER:

SHAREN #2

LOCATION:

1020' FNL & 1835' FWLSECTION 13, T26N, R12W, UNIT C

THE UNDERSIGNED HEREBY CERTIFIES THAT THE DEVIATION TESTS WERE CONDUCTED AND THE FOLLOWING RESULTS WERE OBTAINED.

DEPTH	DEGREES	DIRECTION
120'	1/4°	NA
500'	1°	NA
1110'	1°	NA

SIGNED AND ACKNOWLEDGED BY:

**ENGINEER** 

THE FOLLOWING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 30

OF MARCH 2000.

MY COMMISSION EXPIRES

