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			Title	Sr. Staf	f Assist	ant
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COUNTY OF DE	NVER)				
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SUBSCRIBED AN	ID SWORN to	before me	, a Notary F	Public in and	d for	
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said County and	4 4	·		\ <u>\</u>		
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TABULATION OF DEVIATION TESTS

DEVIATION

* * AMOCO PRODUCTION COMPANY

DEVIATION

DEPTH

My Commission Expires: August 30 1000