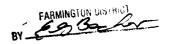
UNITED STATES

DEPARTMENT OF TH	E INTERIOR	SF-07	8904	인 중하다 <u>- 현송동</u>		
GEOLOGICAL SI	1	6. IF INDIAN,	ALLOTTEE OR			
		7 1017 100	A REAL MARKET	্য শুলু নি 		
SUNDRY NOTICES AND RE	PORTS ON WELLS		EEMENT NAME Canyon Ui			
Do not use this form for proposals to drill or to eservoir. Use Form 9–331–C for such proposals.)	deepen or plug back to a different	8. FARM OR I		11 8 8 5 5		
				일 기원 경기 기원 기원 경기		
1. oil gas K other		9. WELL NO.	4491	हिं कुं देख		
2. NAME OF OPERATOR Amoco Production Company		10. FIELD OR	243E WILDCAT NAME	<u> 6 년 월 월 년</u> 라		
3. ADDRESS OF OPERATOR		Basin I)akota	- 35		
501 Airport Dr., Farming				AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCA	TION CLEARLY. See space 17	AREA NE/4, SE/4, Section 24				
below.) AT SURFACE: 1810' FSL x 11	15' FEL	12. COUNTY C		STATE		
AT TOTAL DEPTH: Same		14. API NO.	5	New Mexico		
6. CHECK APPROPRIATE BOX TO INC	DICATE NATURE OF NOTICE,		30-045-2	4866		
REPORT, OR OTHER DATA		15. ELEVATIO		, KDB, AND WD)		
	HEARONENE DECORT OF		708 GL			
	UBSEQUENT REPORT OF:	Mary Statement and Statement and Assessment	-3.	# # # # # # # # # # # # # # # # # # #		
TEST WATER SHUT-OFF LITERACTURE TREAT				the state of		
SHOOT OR ACIDIZE		and I have not	1			
REPAIR WELL		্ (NOTE: Report	results of multipl	e completion or zone		
PULL OR ALTER CASING	H I		on Form 9-330.)			
MULTIPLE COMPLETE		idioal Surv žy		그 오염증이 되		
ABANDON* □		TON, N. M. :				
other) Completion Operation	S					
 DESCRIBE PROPOSED OR COMPLE including estimated date of starting measured and true vertical depths for 	any proposed work. If well is one all markers and zones pertined	directionally drillent to this work.)*	ed, give subsur	race locations and		
Completion operations co	is 6257'. Perforated	d intervals	from 6163	'-6183',		
6183'-6192', and 6222'-6 the formation with 51,00						
sand. Not able to get a						
formation with 67,000 ga						
Landed 2-3/8" tubing at						
			e e e			
				The second		
				A DIK		
Subsurface Safety Valve: Manu. and Type)		Set @			
			***	ST.S.		
18. I hereby certify that the foregoing is Original Signed by	Dia+ Namia	Sunur	MAR 26 1	982		
SIGNED E E SYONOMA	TITLE Dist. Admin	· Supvoate		***************************************		
	(This space for Federal or State o	ffice use)				
APPROVED BY	TITLE	DATE	· · · · · · · · · · · · · · · · · · ·	<u>*. </u>		
CONDITIONS OF APPROVAL, IF ANY:				COD BECORD		
		•	ACCEPIEL	FOR RECORD		

*See Instructions on Reverse Side

MAR 3 0 1982





TABULATION OF DEVIATION TESTS Gallegos Canyon Unit No. 243E AMOCO PRODUCTION COMPANY

DEPTH		DEVIATION
·		· .
592 '		$1 ^{\circ}$
1092		1°
1618'		3/4°
2112'		3/4°
2602 '		3/4°
3102'		3/4°
'3682 '		3/4°
4102		3/4°
4410°		1/4°
4917 '		1/4°
5408 '		1/2°
5900 '		1/4°
6100¹		1/2°
	•	•



$\underline{A} \ \underline{F} \ \underline{F} \ \underline{I} \ \underline{D} \ \underline{A} \ \underline{V} \ \underline{I} \ \underline{T}$

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S Gallegos Canyon Unit No. 243E, Section 24, T28N, R12W, San Juan County, New Mexico.

Signed Jawer Title Dist. Admin. Supvr.

	MEXICO)	NEW	OF	ATE	STA	THE
SS.)					
	AN)	JU	SAN	OF	YTV	COU

BEFORE ME, the undersigned authority, on this day personally appeared <u>D. D. Lawson</u> known to me to be <u>Dist. Admin. Supvr.</u> for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 21 day of April , 19 82

Eleana & Beswer