TABULATION OF DEVIATION TEST AMOCO PRODUCTION COMPANY

My Commission Expires:

				/,	
	DEPTH	DEVIATION	DEPTH	DEVIATION	
	146'	0.50			
	644'	1.00			
	1205'	2.00			
	1667'	1.25			
	-				
	-				
		AFFIDAVIT			
		•	_	the above tabulation details th	he
deviation test to		OCO PRODUCTION		5 <i>:</i>	
	Gallegos Co	anyon Unit No. 574	1/C-		
	820' FNL	å 1500' FWL Sec	19 T28N R.	11W	
	SAN JUAI	N COUNTY, NEW A	MEXICO	A COLUMN TO THE	
				O CONTRACTOR OF THE PARTY OF TH	
		Signed:	ary 1	sley & som	
		Title: SR. R	Regulatory And		100
			ν		26
THE STATE OF	TEXAS)	<i>33.</i>		Company of the Compan	
COUNTY OF HA	ARRIS)			16 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	,				
BEFORE ME, th	ne undersign	ed authority, on th	is day person	ally MARY CORLEY	
known to me	to be a S	5R. Regulatory Anal	yst for Amoc	o Production company and to	
be the person w	vhose name	is subscribed to the	e above state	ment, who being by me dully	
sworn on oath,	states that	she has knowledge	of the facts	stated herein and that said	
statement is ti	rue and corr	ect.			
CURCOTREN A	IND SWODA	l to before me a l	Notame Public	in and for said County and S	tate
this	day of N			and for said boding and o	/ •
11113 4		1 0			
June		Jel)		JUANDA TATE	
Notary Pu	ıblic			Notary Public, State of Texas My Commission Expires	
My Commission	Evninge:	7 (1)		July 14, 2004	

PO Box 1980, Hobbs, NM 88241-1980 District 11 811 South First, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

District III

State of New Mexico Energy, Minerals & Natural Resources Department

OII CONSERVATION DIVISION 2040 South Pacheco Santa Fe NM 87505

Form C-10
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Offic
5 Copie

AMENDED REPORT

2040 South Pacheco, Sai	nta Fe, NM 87505		•	
I.	REQUEST FOR	ALLOWABLE AND	AUTHORIZATION TO	O TRANSPORT

¹ Operator r	² OGRID Number		
Amoco Pro	000778		
P.O. Houston	3 Reason for Filing Code New Well		
⁴ API Number	⁵ Pool Name	* Pool Code	
30 - 045-30312	Kutz West Pictured Cliffs	79680	
' Property Code	* Property Name	' Well Number	
570	Gallegos Canyon Unit	574	

Ul or k	ot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
	c	19	28N	11W		820'	North	1500'	West	San Juan

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	e Feet from the	East/West line	County
12 Lse Code	13 Producin	g Method Code F	¹⁴ Gas	Connection Date	¹⁵ C-129 Permi	t Number	¹⁶ C-129 Effective D	ate 17 C-	129 Expiration Date

III. Oil and Gas Transporters

19 Transporter Name and Address		²⁶ POD	21 O/G	²² POD ULSTR Location and Description
El Paso Field Services P.O. Box 4990	2	827599	G	•
Giant Refining Co.		827500	0	
P.O. Box 12999 Scottsdale, AZ 85267		021330		151617
				2000
				NOV 2000
				Of Cartie
	and Address El Paso Field Services P.O. Box 4990 Farmington, NM 87499-4990 Giant Refining Co. P.O. Box 12999	and Address El Paso Field Services P.O. Box 4990 Farmington, NM 87499-4990 Giant Refining Co. P.O. Box 12999	and Address El Paso Field Services P.O. Box 4990 Farmington, NM 87499-4990 Giant Refining Co. P.O. Box 12999 2827598	and Address El Paso Field Services P.O. Box 4990 Farmington, NM 87499-4990 Giant Refining Co. P.O. Box 12999 2827598 O 2827598

IV. Produced Water

¹³ POD	²⁴ POD ULSTR Location and Description
2827500	

V. Well Completion Data

25 Spud Date 8/30/2000	²⁴ Ready Date 10/31/2000	" TD 1677	²⁸ PBTD 1620'	²⁹ Perforations 1496' - 1522	³⁶ DHC, DC,MC
31 Hole Size	32 Casing	& Tubing Size	33 Depth Set		34 Sacks Cement
8 3/4 "	7"	20##	136'		100 5X5 CLS B
6 1/4"	4 1/2	2" 10.5#	1663'		160 SXS CLS B
Tubing		2 3/8"	1527		

VI. Well Test Data

35 Date New Oil	³⁶ Gas Delivery Date	³⁷ Test Date 11/8/2000	³⁸ Test Length 12 Hrs.	" Tbg. Pressure	⁴⁰ Csg. Pressure 75#
" Choke Size	⁴² Oil Trace	43 Water 40	" Gas 295 MCF	45 AOF	" Test Method F
I hereby certify that the rule with and that the information nowledge and belief.	es of the Oil Conservation Division given above is true and complete	on have been complied to the best of my	OIL CO	ONSERVATION DI	VISION
Signature:	y forles		Approved by:	37.8	
rinted name: Mary Co	fley /		Title:	SUPERVISOR DIS	TRICT #3
itle: Sr. Regula	tory Analyst		Approval Date:	1.0.	
Date: 11/09/2000	Phone: 281-	366-4491		JAN 1 5 201	01
If this is a change of opera	ator fill in the OGRID number a	and name of the previous o	pperator		
Previous (Operator Signature		Printed Name	Title	Date