12	75 '	75	
194	47'1	50	
234	46 ' 3	00	
	85 ' 3	25	
339	90' 2	00	
40	10'	75	
453	39' 1	25	
528	80' 1	00	that the same of t
THIS IS TO CER	TIFY that t	AFFIDAVIT the best of my knowled	dge, the above tabulation
		ken on AMOCO PRODU	
Florance D LS #4A			
	Section	0 Township 27N Rai	nge 8W
1310' FSL 2190' FEL, San Juan Co., New Mexico			
THE STATE OF (City and COUNTY OF DE		Signe Title) SS.)	d Patricia J. Haufele Staff Assistant
appeared Patric Staff Assistant person whose no by me dully swo	ia J. Haefe for ame is subs orn on oath,	d authority, on this day Leknown to m Amoco Production Comp cribed to the above state states that he has know said statement is true ar	e to be A 7 7 335 any and to be the ment, who, being ledge of the
	State this	to before me, a Notary F 4th day of August My Commission Expires	
My Commission	Expires:	AUGUST 20. 1997	

TABULATION OF DEVIATION TESTS * * AMOCO PRODUCTION COMPANY * *

DEVIATION

1.00

DEPTH

694**'**

DEPTH

DEVIATION