## TABULATION OF DEVIATION TEST

W. C. IMBT

**DEPTH** 

DEVIATION

8371

10

## AFFIDAVIT

THIS IS TO CERTIFY THAT to the best of my knowledge the above tabulation details the deviation test taken on W. C. IMBT's Navajo 18 Well No. 11, located 2145' FWL & 2145' FSL Section 18, Township 29 North, Range 16 West, N.M.P.M., San Juan County, New Mexico.

Operator Operator

Notary Public

THE STATE OF NEW MEXICO)

SS
COUNTY OF SAN JUAN

BEFORE ME, the undersigned authority, on this day personally appeared W. C. IMBT, known to me to be Operator 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 20 day of May, 1970.

My Commission Expires:

MAY 12 1970

OIL CON. COM. DIST. 3

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	*****	Ι	
DISTRIBUTION			
SANTA PE			
FILE		П	
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR .			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE		A	R ALLOWABLE		The state of the s	
I.	AUTHOR	IZATION TO TRANS	PORT OIL AND	NATURAL GAS		
J.M. Richardson			•	OCT 03 1385		
Address 324 White Oaks N.E	. Albuque	rque N.MEX. 87	122	OIL CON. DI	V	
Reeson(s) for filing (Check proper box)				(Please explain) DIST. 3	<b>V</b> • · · · · · · · · · · · · · · · · · ·	
New Well	Change in Transporter of:			Change in Opertor		
Recompletion	<u> </u>	=	y Gas			
Change in Ownership	Casin	ghead Gas 🔲 C	Condensate			
If change of apparating give name 01 and address of previous bushes W	d Operato .C. Imbt	r 210 West 38th	street Farm	ington	****	
II. DESCRIPTION OF WELL AND	LEASE	Pool Name, Including F	Formation	Kind of Lease	Legae No.	
Lease Name	11	Hogback-Dako		State, Federal or Fee Navajo	1-89-IND	
Navajo 18		Hogback Dako		Julia v sala di v sala vajo	1-09-1KD	
Unit Letter 11 K : 2145	Feet From	n The S Li	ne and <u>2145</u>	Feet From The W		
Line of Section 18 Town	ship 29	N Range 1	.6W .	ммрм. San Juan	County	
Name of Authorized Transporter of Oil  Permian Corp.  Name of Authorized Transporter of Cast	Permiss (El	indensate (1/87)	Box 1183	idress to which approved copy of this form Houston Texas 77001 Idress to which approved copy of this form		
If well produces oil or liquids, give location of tanks.	Unit   Sec.	Twp. Rge.	is gas actually connected? When			
If this production is commingled with	that from an	y other lease or pool,	give comminglin	g order number:		
NOTE: Complete Parts IV and V	on reverse si	de if necessary.	-			
VI. CERTIFICATE OF COMPLIAN	ICE			OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulation been complied with and that the information my knowledge and belief.	ns of the Oil Co	nservation Division have d complete to the best of	APPROVED	30CI-03 1985 Srank . Janes		
7 /	7		TITLE	SUPERVISOR DISTRICT # 3		
IM VI			This form	a is to be filed in compliance with Re	· -	
(Signature)			well, this for	a request for silowable for a newly d m must be accompanied by a tabulation n the well in accordance with RULE	n of the deviation	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		ons of this form must be filled out con and recompleted wells.	npietely for allow-	
-(\presser 10/4/85 (Date)				only Sections I, II, III, and VI for conumber, or transporter, or other such ch		

Separate Forms C-104 must be filed for each pool in multiply completed wells.