DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Pax: (575) 393-0720 Phone: (375) 393-6161 Pax: (375) 393-0720
DISTRICT II
SII S. First St., Artesia, NM 88210
Phone: (375) 748-1283 Fax. (375) 748-9720
DISTRICT III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (305) 334-6178 Fax: (305) 334-6170
DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (305) 476-3460 Fax: (305) 476-3462

## State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, New Mexico 87505

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

□ AMENDED REPORT

|                     |                    | W                 | /ELI           | L LOCA                       | TIO            | NΑ     | ND ACREA           | GE DEDICA           |                        |   | <u></u>           |
|---------------------|--------------------|-------------------|----------------|------------------------------|----------------|--------|--------------------|---------------------|------------------------|---|-------------------|
| API Number          |                    |                   |                | Pool Code                    |                |        |                    |                     |                        | veco.   |                   |
| 30-015-             |                    | )<br><sub>T</sub> |                |                              | 9786           | 6      |                    | AR LOCO;            | LORILIA                |   | ell Number        |
| Property C          | code               |                   |                |                              |                | DES    | Property Name      |                     |                        | W.  | -7                |
| 302477<br>OGRID No. |                    |                   |                | DEXTER FEDERAL Operator Name |                |        |                    |                     |                        | /<br>Elevation  |                   |
| 229137              | COG OPERATING, LLC |                   |                |                              |                |        |                    |                     | 3652                   |   |                   |
| 229131              |                    | L                 |                |                              |                |        | Surface Locati     |                     |                        |   | <u> </u>          |
| UL or lot No.       | Section            | Town              | Township Range |                              | Lot Idn        |        | Feet from the      | North/South line    | Feet from the          | East/West line  | County            |
| J                   | 22                 | 175               |                | 30E                          |                |        | 1980               | South               | 1650                   | East  | EDDY              |
|                     |                    |                   |                |                              | 1              |        |                    | rent From Surface   |                        |   | L                 |
| UL or lot No.       | Section            | Town              | ship           | Range                        | Lot Idn        |        | Feet from the      | North/South line    | Feet from the          | East/West line  | County            |
|                     |                    |                   |                |                              |                | P      | enetration Point L | ocation             |                        |   |                   |
| UL or lot No.       | Section            | Township          |                | Range                        | Lot Idn        |        | Feet from the      | North/South line    | Feet from the          | East/West line  | County            |
| Dedicated Acres     | Joint or           | r Infill          | Co             | onsolidation (               | Code           | Ord    | er No.             |                     |                        |   | <u> </u>          |
| 40                  |                    |                   |                |                              |                |        |                    |                     |                        |   |                   |
| O ALLOWABLE W       | ILL BE ASSIG       | NED TO T          | HIS CO         | MPLETION U                   | NTIL AL        | L INTE | RESTS HAVE BEEN O  | CONSOLIDATED OR A I | ON-STANDARD UNI        | T HAS BEEN APPROV   | ED BY THE DIVISI  |
|                     |                    |                   |                |                              | T              |        |                    |                     | OPER                   | ATOR CERTIF   | ICATION           |
|                     | 1                  |                   |                |                              | 1              |        | 1                  |                     | 11                     | rtify that the information                                |                   |
|                     | ]                  |                   |                |                              |                |        |                    |                     |                        | the best of my knowledgenization either owns a v          |                   |
|                     | 1                  |                   |                |                              | ı              |        | 1                  |                     | unleased m             | ineral interest in the land                               | mchuding the      |
|                     | j                  |                   |                |                              |                |        | }                  |                     |                        | ottom bole location or ha<br>location pursuant to a co    |                   |
|                     |                    |                   |                |                              | '              |        |                    |                     | of such mit            | neral or working interest,                                | or to a voluntary |
|                     |                    |                   |                |                              |                |        | 1                  |                     |                        | reement or a compulsory ,<br>entered by the division.     | pooling order     |
| <del></del>         | '                  |                   |                |                              | <del>_</del> - |        |                    | <del></del>         |                        |   |                   |
|                     | -                  |                   |                |                              |                |        | 1                  |                     | Kani                   | ic Connally   | 3-13-12           |
|                     | ,                  |                   |                |                              |                |        | '                  |                     | Signature              | e winning   | Date              |
|                     |                    |                   |                |                              |                |        |                    |                     | Kaci                   | ie Connal   | ) <sub>v</sub>    |
|                     |                    |                   |                |                              |                |        |                    |                     | Printed N              |   |                   |
|                     |                    |                   |                |                              | 1              |        | }                  |                     | Kcor                   | nnally@cor  | acho.com          |
|                     | <br>               |                   |                |                              | 1              |        | 1                  |                     | E-mail A               |   |                   |
|                     |                    |                   |                | <del></del>                  | +              |        |                    | 4                   | SUR                    | VEYOR CERTIF  | FICATION          |
|                     | -                  |                   |                |                              |                |        |                    |                     |                        | rtify that the well location                              |                   |
|                     | ı                  |                   |                |                              | ı              |        | I                  |                     |                        | i from field notes of actua<br>or my supervision, and the |                   |
|                     | ļ                  | l                 |                |                              |                |        | 1                  | 1650                |                        | t to the best of my belief.                               |                   |
|                     | !                  | !<br>!            |                |                              | 1              |        |                    |                     |                        |   |                   |
|                     |                    |                   |                |                              |                |        |                    |                     | Date of S<br>Signature | urvey<br>& Seal of Profession                             | al Surveyor:      |
|                     | <del></del> 1      | <del></del>       | *              |                              |                |        |                    | <del></del>         |                        |   |                   |
|                     | ,                  |                   |                |                              | 1              |        |                    |                     |                        |   |                   |
|                     |                    |                   |                |                              | 1              |        | 8                  |                     |                        |   |                   |
|                     |                    | l                 |                |                              | 1              |        | -                  |                     |                        |   |                   |
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| 1                   |                    | 1                 |                |                              |                |        |                    |                     | 11                     |   |                   |