

DISTRICT I
1625 N. 1st St. Dr., Santa Fe, NM 87505
Phone: (505) 991-1101 Fax: (505) 991-0720

DISTRICT II
811 S. 1st St., Santa Fe, NM 87505
Phone: (505) 748-1281 Fax: (505) 748-0720

DISTRICT III
1000 E. University Ave., Santa Fe, NM 87505
Phone: (505) 734-1778 Fax: (505) 734-0720

DISTRICT IV
1720 S. 1st St., Santa Fe, NM 87505
Phone: (505) 476-1660 Fax: (505) 476-1662

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

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-42969	Pool Code 52805	Pool Name RUSSELL BONE SPRING
Property Code 314239	Property Name DERRINGER 18 B3DA FEDERAL	Well Number 2H
OGRID No. 14744	Operator Name MEWBOURNE OIL COMPANY	Elevation 3261'

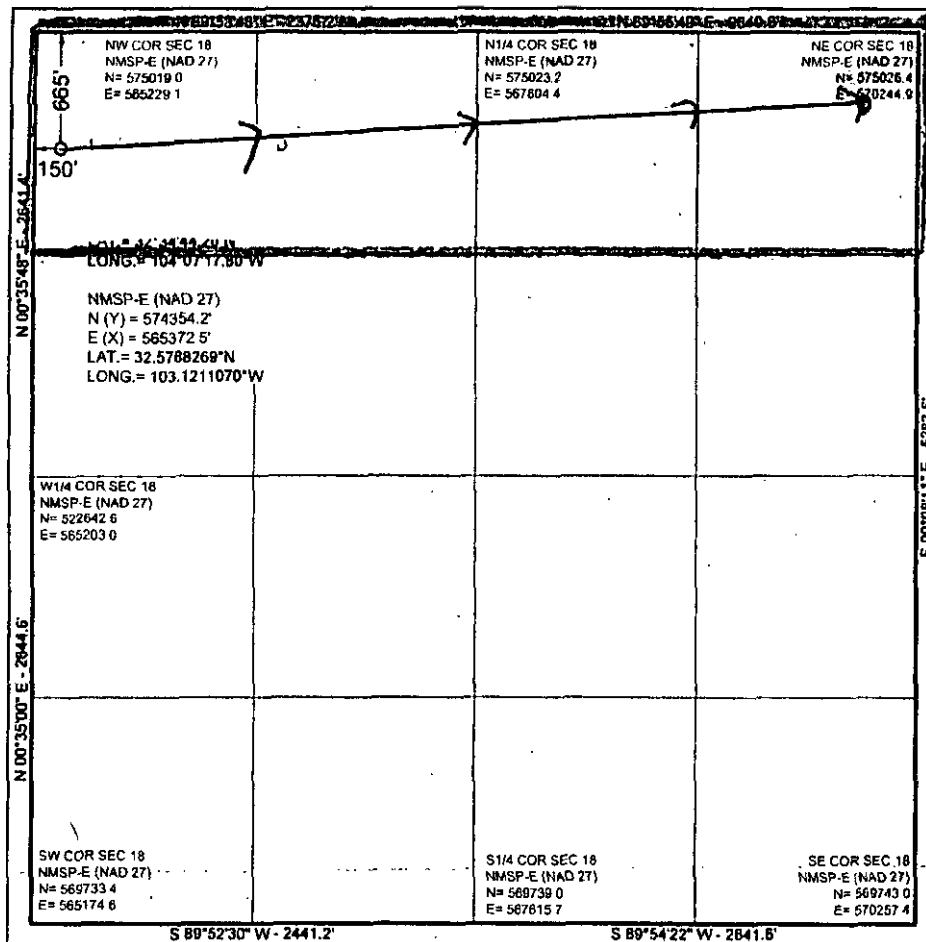
Surface Location

UL, or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	20 S	29 E		665	NORTH	150	WEST	EDDY

Bottom Hole Location If Different From Surface

UL, or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	18	20 S	29 E		340'	North	333'	East	Eddy
Dedicated Acres 152.21	Joint or Infill	Consolidated Code	Order No.						

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: *Jackie Lathan* Date: *9/10/15*

Print Name: *Jackie Lathan*

E-mail Address:

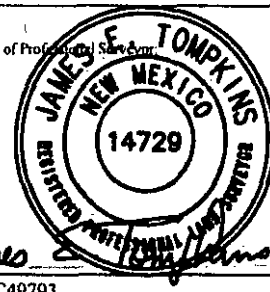
SURVEYORS CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

MARCH 21, 2014

Date of Survey

Signature and Seal of Professional Surveyor



Job No.: WTC49793

JAMES E TOMPKINS 14729

Certificate Number