TRACL COMSSAVATIONS

AUTHORITICATION

<u>District I</u>
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<u>District II</u>
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Phone: (505) 334-6178 Fax: (505) 334-6170
District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

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

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

**X** AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number		<sup>2</sup> Pool Code	<sup>3</sup> Pool Name	
30015-36601		98220	Purple Sage-Wolfcamp Gas	
<sup>4</sup> Property Code	<sup>5</sup> Property Name		Name 6 Well Number	
37376	Haydı	uke "34" Federal	1	
7 OGRID No.		<sup>8</sup> Operator Name <sup>9</sup> Elevation		
162683	Cimai	Cimarex Energy Co. of Colorado 3		

<sup>10</sup> Surface Location UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line County 34 26E 800 North 660 East Eddy Α **25S** "Bottom Hole Location If Different From Surface UL or lot no. D Section Range Lot Idn North/South line East/West line County Eddy Township Feet from the Feet from the 671 34 **25S** 26E 780 North East 12 Dedicated Acres <sup>13</sup> Joint or Infill Consolidation Code 15 Order No. 320

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.

division.		
780,	800,	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 whereal interest in the land including
671'	660′	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 norking interest, or to a voluntary pooling agreement or a compulsory pooling onder heretofore entered by the division.
		Non Unaus 2-28-2017 Signature Date
		Hope Knauls Printed Name
		hknauls@cimarex.com  B-mail Address
		<sup>19</sup> SURVEYOR 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.
		Date of Survey Signature and Seal of Professional Surveyor:
		Certificate Number