							×1	M-OIL CONS	ERVAT	ION:		
District I 1625 N. French Dr., Hobbs, NM 88240				State of New Mexico							Form C-102	
Phone: (575) 393-6161 Fax: (575) 393-0720			Energ	Energy, Minerals & Natural Resources Depaytament 1 201							ised August 1, 201	
District II 811 S. First St., Artesia, NM 88210				OII	omit one	copy to appropriat						
Phone: (575) 748-1283 Fax: (575) 748-9720 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410						District Offic						
Phone: (505) 334-6178 Fax: (505) 334-6170 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462				Santa Fe, NM 87505 74160 \square AMENDE								
		W	ELL LC)CAT	TION AND	ACR	EAGE DEDI	CATION PL	AT			
¹ API Number				² Pool Code			³ Pool Name					
30-015-25484				98	220		PURPLE SAGE WOLFCAMP GAS					
⁴ Property Code			⁵ Property Name								⁶ Well Number	
309915				DELTA FEE C							1	
⁷ OGRID No.			⁸ Operator Name							⁹ Elevation		
240974				LEGACY RESERVES OPERATING LP							3093'	
					» Surt	face I	Location					
UL or lot no.	Section	Township	Range	Lot I	dn Feet from	n the	North/South line	Feet from the	East/W	est line	County	
C	12	228	27E		990		NORTH	1980	WE	ST	EDDY	
			" Bo	ttom	Hole Locati	on If	Different Fro	m Surface	.			
UL or lot no.	Section	Township	Range	Lot I	dn Feet from	1 the	North/South line	Feet from the	East/W	est line	County	
¹² Dedicated Acres 320	¹³ Joint o	r Infill ¹⁴ C	onsolidation C	Code	¹⁵ Order No.			.				

X

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.

16			" 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 a				
			voluntary pooling agreement or a compulsory pooling order heretofore entered				
	DET	HE D	by the fivision. Jama Tra 02/28/17 Signature Date				
	1	1	LAURA PINA, COMPLIANCE COORDINATOR Printed Name				
Pools 74	Pools 74160 and 82540 will remain as						
currently are outsi	assigned. These p de the boundaries (ool boundaries	lpina@legacylp.com E-mail Address				
and canr	not, therefore, be at	*SURVEYOR CERTIFICATION					
	, 1		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:				
			· · · · ·				
, j J			ï				
			Certificate Number				