District I

1625 N. French Dr., Hobbs, NM 88240

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Form C-102

Revised June 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

| District IV         |                                       |                 |                 |                 |                | Santa Fe, l       | NM 87505 /             | •   |  |              |                                       |      |  |
|---------------------|---------------------------------------|-----------------|-----------------|-----------------|----------------|-------------------|------------------------|---|--|--------------|---------------------------------------|------|--|
| 1220 S. St. Francis | Dr., Santa F                          | e. NM 875       |                 |                 |                |                   |                        |   |  | LJ AM        | ENDED REPOR                           | Т    |  |
|                     |                                       |                 | WELL            |                 |                |                   | REAGE/DED              |   |  |              |                                       |      |  |
| 30-045-2008         | API Numbe<br>35                       | r               | 82              | 2329            | ool Cod        |                   | /<br>OTERA CHACRA      | ' Pool N  | ame  |              |                                       |      |  |
| Property Code       |                                       |                 |                 | Property Name   |                |                   |                        |   | " Well Number  |              |                                       |      |  |
| 31535 FEDERAL       |                                       |                 | RAL             | ' '             |                |                   |                        |   | 16   |              |                                       |      |  |
| OGRID No.           |                                       |                 |                 | * Operator Name |                |                   |                        |   |  | Elevation    |                                       |      |  |
| 217817              | CONOCOPHILLIPS CO.                    |                 |                 |                 |                |                   |                        |   | 6709   | JR           |                                       |      |  |
| 7.7. 1              |                                       | 1=              | <del></del>     | P               |                | Surface           | Location               | 1   | FOVY   |              |                                       |      |  |
| UL or lot no.       | Section<br>9                          | Township<br>27N | Rang<br>8W      | e Lot Idn       |                | Feet from the 330 | North/South line SOUTH | Feet from the   | East/West line<br>WEST   |              | Count                                 | (Y   |  |
| IVI                 | 9                                     | 2/14            |                 |                 |                |                   |                        | / <del></del>   | WEST   |              | SAN JUAN                              |      |  |
| UL or lot no.       | Section                               | Townshi         |                 |                 | M H<br>Lot Ida |                   | If Different Fr        | Om Surface Feet from the                                  | East/West line   |              | County                                |      |  |
| Oli di sot stoi     | · · · · · · · · · · · · · · · · · · · | 10,441,         | P               |                 | LA 1011        | l cet nom an      | l lord goddin and      | ) Test nom the  |  |              |                                       | y    |  |
| " Dedicated Acres   | " Joint or                            | lnfill          | " Consolidation | Code            | " O            | rder No.          | <u> </u>               |   | L.—  |              |                                       | 1    |  |
| 160                 | I                                     |                 | U               |                 |                |                   |                        |   |  |              |                                       |      |  |
|                     |                                       |                 |                 |                 |                |                   |                        |   |  |              |                                       | →    |  |
| NO ALLOWAL          | BLE WIL                               | L BE AS         |                 |                 |                |                   | TIL ALL INTEREST       |   | CONSOL   | IDATED       | OR A NON-                             |      |  |
| 16                  | <del></del> 1                         | . <del>/</del>  | STA             | <u>VDAR</u>     | D UN           | IT HAS BEEN A     | APPROVED BY TH         | # 17  |  | <del></del>  |                                       |      |  |
| 16                  | ļ                                     |                 |                 |                 |                |                   |                        |   |  |              | RTIFICATIO                            |      |  |
|                     |                                       |                 |                 |                 |                |                   |                        | ll l  | I hereby certify that the information contained herein                               |              |                                       |      |  |
|                     |                                       |                 |                 |                 |                |                   |                        | true and complete to the best of my knowledge and belief. |  |              |                                       |      |  |
|                     |                                       |                 |                 |                 |                |                   | 0/                     |   |  |              |                                       |      |  |
|                     |                                       |                 |                 |                 |                |                   |                        | X   | X boral / Valuers  |              |                                       |      |  |
|                     |                                       |                 |                 |                 |                |                   |                        | Signature   |  | ,            | Y                                     |      |  |
|                     |                                       |                 |                 |                 |                |                   |                        |   | RBERRY (   |              |                                       |      |  |
|                     |                                       |                 |                 |                 |                |                   |                        | REGUL   | Printed Name REGULATORY ANALYST  |              |                                       |      |  |
|                     |                                       |                 |                 |                 |                |                   |                        |   | .marberry@conocophillips.  |              | ophillips.com                         | .com |  |
|                     |                                       |                 |                 |                 |                |                   |                        | Title and E-m   |  |              |                                       |      |  |
|                     |                                       |                 |                 |                 |                |                   |                        | 08/04/2   | .004   |              |                                       |      |  |
|                     | 1                                     |                 |                 |                 |                |                   |                        | Date  |  |              |                                       | - 1  |  |
|                     |                                       |                 | ·               | 7               |                |                   |                        | 18 SLIR   | VEYOR  | CER          | TIFIC A TION                          | Ţ    |  |
|                     |                                       |                 |                 |                 |                |                   |                        | I hereby ce   | 18 SURVEYOR CERTIFICATION 1 hereby certify that the well location shown on this plat |              |                                       |      |  |
|                     | ĺ                                     |                 |                 |                 |                |                   |                        | - 11  |  |              | ial surveys made by                   | - 1  |  |
|                     |                                       |                 |                 | 1.              |                |                   |                        | li li   |  |              | I that the same is to                 | í    |  |
|                     | }                                     |                 |                 | -               |                |                   |                        | ll .  | ct to the bes  |              |                                       |      |  |
|                     |                                       |                 |                 | ı               |                |                   |                        |   |  |              |                                       |      |  |
|                     |                                       |                 |                 | +               |                |                   |                        | Date of Sur   | vey  |              | · · · · · · · · · · · · · · · · · · · | -    |  |
|                     |                                       |                 |                 | - 1             |                |                   |                        | Signature ar  | nd Seal of Pro   | fessional Su | rveyor:                               |      |  |
|                     |                                       |                 |                 | -               |                |                   |                        |   |  |              |                                       |      |  |
|                     |                                       |                 |                 | - 1             |                |                   |                        |   |  |              |                                       |      |  |
| 00:1                |                                       |                 |                 | 1               |                |                   |                        |   |  |              |                                       |      |  |
| 490'                | w                                     | ٠               |                 |                 |                |                   |                        |   |  |              |                                       | _    |  |
|                     | 8,                                    |                 |                 |                 |                |                   |                        | Certificate No  | mber   |              |                                       |      |  |