

consists of:

FAX OPERATOR'S NAME

303-DSU-4457

Notes: C-102 / C-104 ON MARTINEZ GAS COM H #1, PER YOUR REQUEST.

District Office
State Lease - 4 copies
Fee Lease - 3 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

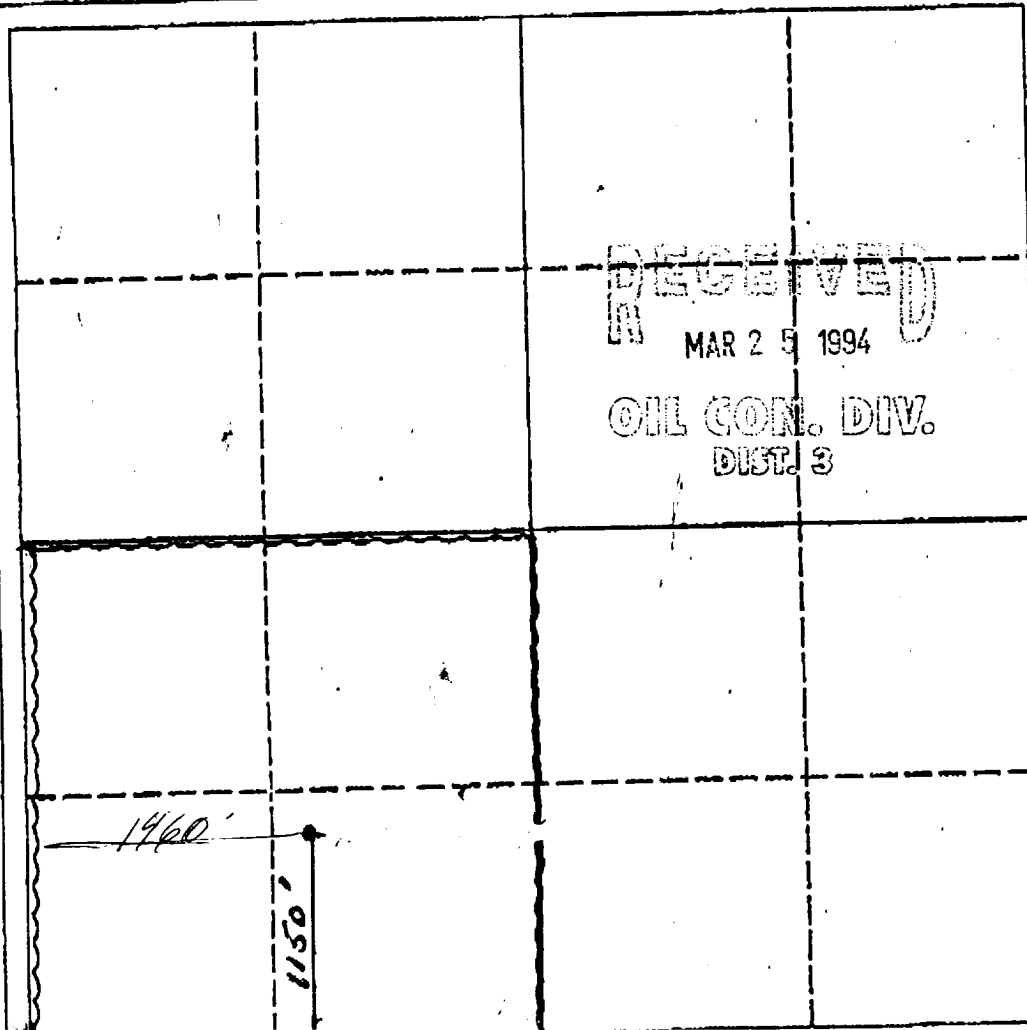
Form C-102
Revised 1-1-89

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| | | | | | |
|--|---|------------------------|---------------------------------------|--------------------------------|---|
| Operator Amoco Production Company | | | Lease Martinez Gas Com "H" | | Well No. 1 |
| Unit Letter N | Section 32 | Township 32N | Range 10W | County NMPM San Juan | |
| Actual Footage Location of Well: 1150 feet from the South line and 1460 feet from the West line | | | | | |
| Ground level Elev. 6079' | Producing Formation Pictured Cliffs | | Pool Blanco Pictured Cliffs | | Dedicated Acreage: 161.40 Acres |

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
 If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)
 No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, 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.

Signature
Dallas Kalahar
Printed Name
Dallas Kalahar
Position
Staff Business Analyst
Company
Amoco Prod. Co.
Date

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 knowledge and belief.

Date Surveyed
"on file"

Signature & Seal of
Professional Surveyor

Certificate No.