<u>District I</u>
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
<u>District II</u>
811 S. First St., Artesia, NM 88210

Phone:(575) 748-1283 Fax:(575) 748-9720 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 <u>District IV</u>

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3470 Fax: (505) 476-3462 State of New Mexico

Form C-102 August 1, 2011

Energy, Minerals and Natural ResourcesHOBBS OCH 166824

Oil Conservation Division 1220 S. St Francis Dr.

MAY 1 5 2013

Santa Fe, NM 87505

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30.025. 32414	2. Pool Code 61850	3. Pool Name VACUUM;BLINEBRY		
4. Property Code 31146	•		Vell No. 134	
7. OGRID No. 217817	•	•	levation	

10. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
_ D	5	· 18S	35E		430	N	430	W	LEA

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Id	n Feet From	N/S I	ine	Feet From	E/W Line	County
	cated Acres	13	Joint or Infill		14. Consolidation	Code			15. 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

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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(s) 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 by the division.

E-Sig	ned Ry: DAG	rolls.	De	eis
Title:	Staffx	ean	(A)	7
Date:		1	- Con our	zuec
	5/9//2	-	_	-

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.

Surveyed By:

Date of Survey: Certificate Number: