State of New Mexico
Ene. Minerals & Natural Resources Department

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1006 Rio Brazos Rd., Aztec, NM 87410

PO Box 2088, Santa Fe, NM 87504-2088

1 API Number

District IV

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

Form C-102 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

<sup>3</sup> Pool Name

Certificate Number

AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>2</sup> Pool Code

30-025-33014						51689 West Red Tank Delaware										
<sup>4</sup> Property Code						5 Property Name								<sup>6</sup> Well Number		
16462 Mule Deer					r '36' State								# 2			
7 OGRID No.				8 Operator Name								9 Elevation				
26485 Meridian 0					Oil Inc						3742'					
204			, mone		<u> </u>		10	Surface L	ocatio	on						
UL or lot no.	Township						Feet from the North/South Line			East/W	West line County					
OL OF IOC IIO.	I		225		32E				80' North		2310'	East		Lea		
								<u> </u>		L	2010					
					" Botto	m Hol	le Loc	ation If Di	ttere	nt From Surface						
UL or lot no.	L or lot no. Section		Township		Range	Lot. Idn		Feet from the		North/South Line	Feet from the	East/V	est line	County		
	1	ļ														
12 Dedicated Acre	es 1	<sup>3</sup> Joint o	or Infill	14Co	nsolidation	Code	15 Ord	ler No.		· · · · · · · · · · · · · · · · · · ·						
40																
	WAD:	I E W	HI DE	A CC	SIGNED '	то ті	116 0	OMDI ETI	ION!	IINTII AII IN'	TERESTS HAV	E REF	N CON	ISOLIDATED		
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NONSTANDARD UNIT HAS BEEN APPROVED BY THE DIVISION																
									<sup>17</sup> OPERATOR CERTIFICATION							
									1		I hereby certify true and comple	that the information contained herein is e to the best of my knowledge and belief .				
					-											
				l			1									
				1												
												1.0	(a) (b)			
											Signature					
						1					Donna Williams Printed Name					
						<b>\$</b>										
											Regulatory Assistant Tide					
											8/11/96					
											Date					
									1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18 SURVE	YOR C	ERTIF	CATION		
											I hereby certify that the well location shown on this plat					
											was plotted from	field no	stes of a	ctual surveys made by that the same is true		
					,						and correct to the be					
					1				1							
										Date of Gramm	Date of Supress					
						<del> </del>				Date of Survey						
										Signature and Scal of	re and Seal of Professional Surveyer:					
									1							
					•				1							