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State of New Mexico
 Energy, Minerals and Natural Resources Department

Form O-100
 Revised 4-1-83

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

REGISTRATION NO.
 P.O. Box 1360, Hobbs, NM 87410

REGISTRATION NO.
 P.O. Drawer 140, Artesa, NM 87410

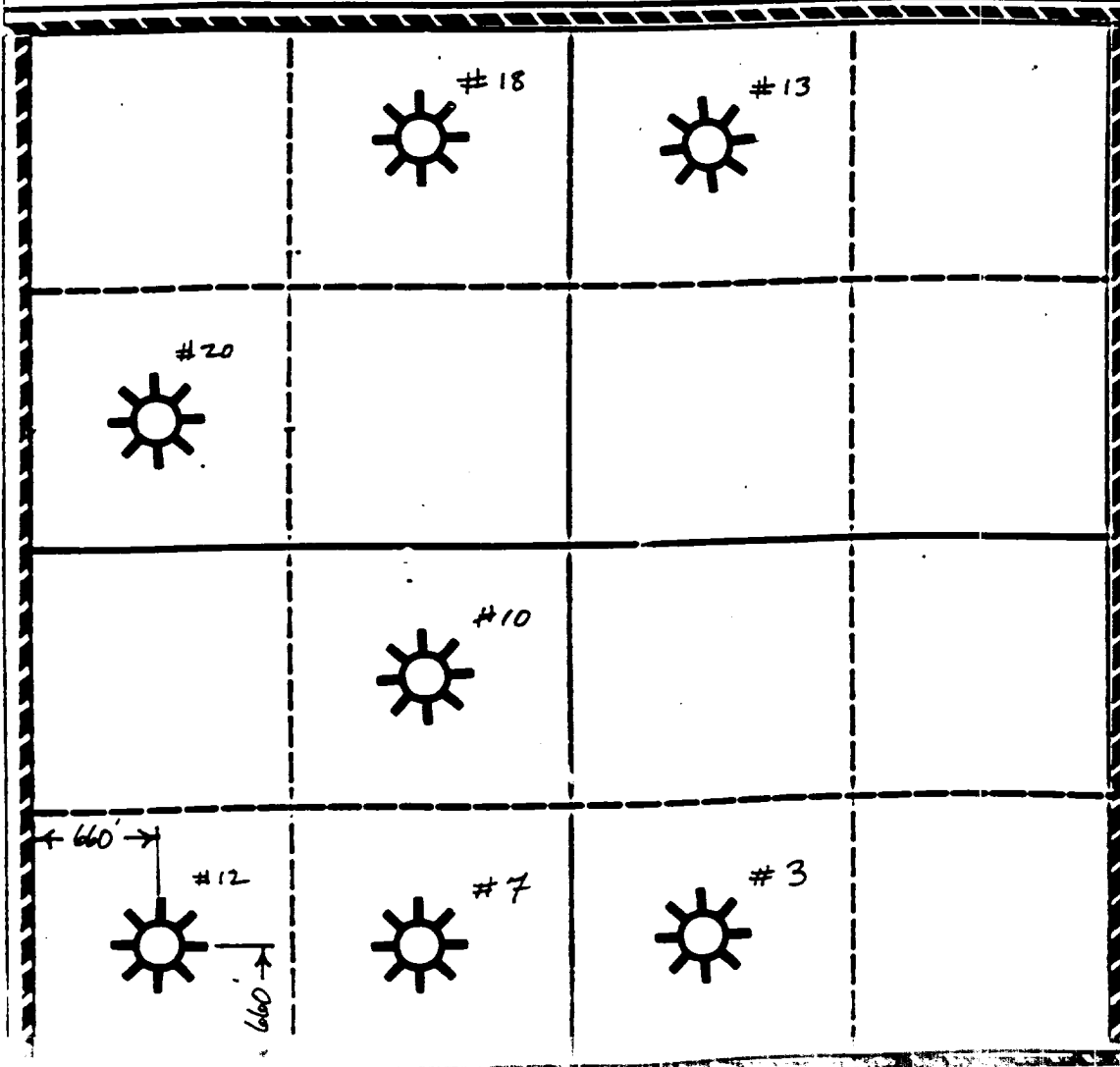
REGISTRATION NO.
 100 Rio Grande Rd., Artesa, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT
 All Distances must be from the outer boundaries of the section

30-025-04913

OPERATOR CHEVRON U.S.A. Inc.			LEASE W.A. RAMSAY (NCT-A)		WELL NO. 12
Well Letter M	Section 35	Township 21S	Range 36E	County LEA	
Actual Forfeiture Location of Well: 660 feet from the SOUTH line and 660 feet from the WEST line					
Section 3580'	FROTHING FORMATION YATES / FRURS		FOOT EUMONT	DEEDS ACRES 640 Acres	

1. Outline the acreage dedicated to the subject well by correct points or distance marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communication, assignment, lease-pooling, etc?
 Yes No If answer is "yes" type of consolidation _____
 If answer is "no" list the owners and their descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)
 No allowance will be assigned to the well until all interests have been consolidated (by communication, assignment, lease-pooling, or otherwise) or until a non-assignment suit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION
 I hereby certify that the information herein is true and correct to the best of my knowledge and belief.

Signature: Richard E. Black
 Printed Name: RICHARD E. BLACK
 Position: PETROLEUM ENGINEER
 Company: CHEVRON U.S.A., Inc
 Date: 7/6/93

SURVEYOR CERTIFICATION
 I hereby certify that the well location on this plat was plotted from field or actual survey made by me or was supervised, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: _____
 Signature as State or Professional Surveyor: _____
 Certificate No. _____