District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 South Pacheco, Santa Fe, NM 87505

District IV

## State of New Mexico Energy, Minerals & Natural Resources Department

## OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-102 Revised October 18, 1994 Instructions on back

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☐ AMENDED REPORT

|                                                                                             |                        | W                    | ELL LO                     | CATION                          | N AND ACE     | REAGE DEDI                | CATION PI       | _<br>∡AT                                                                                                            |                                | MOLD REPORT        |  |
|---------------------------------------------------------------------------------------------|------------------------|----------------------|----------------------------|---------------------------------|---------------|---------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|--|
| API Number                                                                                  |                        |                      |                            | <sup>2</sup> Pool Cod           |               | ³ Pool Name               |                 |                                                                                                                     |                                |                    |  |
| 30-025-10274                                                                                |                        |                      |                            | 06660                           |               | Blinebry Oil & Gas        |                 |                                                                                                                     |                                |                    |  |
| <sup>4</sup> Property Code                                                                  |                        |                      |                            | <sup>5</sup> Property Name      |               |                           |                 | * Well Number                                                                                                       |                                |                    |  |
| 19214                                                                                       |                        |                      | Walden, EW                 |                                 |               |                           |                 |                                                                                                                     |                                | 6                  |  |
| 'OGRID No.                                                                                  |                        |                      | <sup>8</sup> Operator Name |                                 |               |                           |                 | <sup>9</sup> Elevation                                                                                              |                                |                    |  |
| 004874                                                                                      |                        | Collins & Ware, Inc. |                            |                                 |               |                           |                 |                                                                                                                     | 3396' GR                       |                    |  |
| <sup>10</sup> Surface Location                                                              |                        |                      |                            |                                 |               |                           |                 |                                                                                                                     |                                |                    |  |
| UL or lot no.                                                                               | Section                | Township             | Range                      | Lot Idn                         | Feet from the | North/South line          | Feet from the   | East/West                                                                                                           | ast/West line County           |                    |  |
| М                                                                                           | 15                     | 228                  | 37E                        |                                 | 731           | South                     | 731             | West                                                                                                                |                                | Lea                |  |
| 11 Bottom Hole Location If Different From Surface                                           |                        |                      |                            |                                 |               |                           |                 |                                                                                                                     |                                |                    |  |
| UL or lot no. Section                                                                       |                        | Township             | Range                      | Lot Idn                         | Feet from the | North/South line          | Feet from the   |                                                                                                                     |                                | County             |  |
| 12 Dedicated Acr                                                                            | es <sup>13</sup> Joint | or Infill 14         | Consolidatio               | n Code 15 O                     | rder No.      |                           |                 |                                                                                                                     |                                |                    |  |
| 40                                                                                          |                        |                      |                            |                                 |               |                           |                 |                                                                                                                     |                                | 1                  |  |
| 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                                    |                        |                      |                            |                                 |               |                           |                 |                                                                                                                     |                                |                    |  |
| 16                                                                                          |                        |                      |                            | <sup>17</sup> OPERATOR CERTIFIC |               |                           |                 |                                                                                                                     |                                |                    |  |
|                                                                                             |                        | 1                    |                            |                                 | 1             | I hereby certify that the |                 |                                                                                                                     | nformation contained herein is |                    |  |
|                                                                                             |                        |                      |                            |                                 |               |                           | true and comp   | true and complete to the best of my knowledge and belief                                                            |                                |                    |  |
|                                                                                             |                        |                      |                            |                                 | Ī             |                           |                 |                                                                                                                     |                                |                    |  |
|                                                                                             |                        |                      |                            |                                 | ]             |                           |                 | $\overline{}$                                                                                                       |                                |                    |  |
|                                                                                             |                        |                      |                            | _                               |               |                           |                 | <u>/</u>                                                                                                            | <u> </u>                       | 20                 |  |
|                                                                                             |                        |                      |                            |                                 | Signature     | ame                       | $\prec$         | kind                                                                                                                |                                |                    |  |
|                                                                                             |                        |                      |                            |                                 |               |                           | 31              | Dianne Sumrall Printed Name                                                                                         |                                |                    |  |
|                                                                                             |                        |                      |                            |                                 |               |                           | 1               |                                                                                                                     |                                |                    |  |
|                                                                                             |                        |                      |                            | 1                               |               |                           |                 | Production Supervisor                                                                                               |                                |                    |  |
|                                                                                             |                        |                      |                            |                                 | 1             |                           | 1               | October 30, 1996                                                                                                    |                                |                    |  |
|                                                                                             |                        |                      |                            |                                 |               |                           | Date            |                                                                                                                     |                                |                    |  |
|                                                                                             |                        |                      |                            |                                 |               |                           | 18SURV          | EYOR (                                                                                                              | CERT                           | IFICATION          |  |
|                                                                                             |                        |                      |                            |                                 |               |                           | I hereby certif | y that the wel                                                                                                      | l location                     | shown on this plat |  |
|                                                                                             |                        |                      |                            |                                 |               |                           | or under my s   | was piotted from field notes of actual surveys made by me<br>or under my supervision, and that the same is true and |                                |                    |  |
|                                                                                             | 1                      |                      |                            |                                 | ļ ·           | •                         | correct to the  |                                                                                                                     |                                |                    |  |
|                                                                                             |                        |                      |                            |                                 |               |                           | 1               | <del></del>                                                                                                         |                                |                    |  |
|                                                                                             |                        | <del></del>          |                            |                                 |               |                           | Date of Surve   |                                                                                                                     |                                |                    |  |
|                                                                                             | j                      |                      |                            |                                 |               |                           | Signature and   | Scal of Profe                                                                                                       | ssional Su                     | ırveyer:           |  |
| <b>17</b> 0 ;                                                                               | \$-112-0 <u>8</u>      |                      |                            |                                 |               |                           |                 |                                                                                                                     |                                |                    |  |
| <del>( 731                                   </del>                                         |                        |                      |                            |                                 |               |                           | 1.              |                                                                                                                     |                                | 1                  |  |
| 73,                                                                                         |                        |                      |                            |                                 |               |                           | 1               |                                                                                                                     |                                |                    |  |
|                                                                                             |                        |                      |                            |                                 |               |                           | <b> </b>        |                                                                                                                     |                                |                    |  |
| <u> </u>                                                                                    |                        |                      |                            | 1                               |               |                           | Certificate Nu  | mber                                                                                                                |                                |                    |  |