

|                                                          |                                                                                                     |                                     |                                                    |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------|
| C-102<br><br>Submit Electronically<br>Via OCD Permitting | State of New Mexico<br>Energy, Minerals & Natural Resources Department<br>OIL CONSERVATION DIVISION | Revised July 9, 2024                |                                                    |
|                                                          |                                                                                                     | Submittal<br>Type:                  | <input type="checkbox"/> Initial Submittal         |
|                                                          |                                                                                                     |                                     | <input checked="" type="checkbox"/> Amended Report |
|                                                          |                                                                                                     | <input type="checkbox"/> As Drilled |                                                    |

## WELL LOCATION INFORMATION

|                                                                                                                                                        |                                                 |                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| API Number<br><b>30-015- 54934</b>                                                                                                                     | Pool Code<br><b>97860</b>                       | Pool Name<br><b>JENNINGS; BONE SPRING, WEST</b>                                                                                                        |
| Property Code<br><b>336103</b>                                                                                                                         | Property Name<br><b>BEBOP 36/25 FEDERAL COM</b> | Well Number<br><b>523H</b>                                                                                                                             |
| OGRID No.<br><b>14744</b>                                                                                                                              | Operator Name<br><b>MEWBOURNE OIL COMPANY</b>   | Ground Level Elevation<br><b>3277'</b>                                                                                                                 |
| Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal |                                                 | Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal |

## Surface Location

|                |                     |                        |                     |     |                                |                                 |                                 |                                   |                       |
|----------------|---------------------|------------------------|---------------------|-----|--------------------------------|---------------------------------|---------------------------------|-----------------------------------|-----------------------|
| UL<br><b>D</b> | Section<br><b>1</b> | Township<br><b>26S</b> | Range<br><b>31E</b> | Lot | Ft. from N/S<br><b>260 FNL</b> | Ft. from E/W<br><b>1120 FWL</b> | Latitude<br><b>32.0787980 N</b> | Longitude<br><b>103.7365093 W</b> | County<br><b>EDDY</b> |
|----------------|---------------------|------------------------|---------------------|-----|--------------------------------|---------------------------------|---------------------------------|-----------------------------------|-----------------------|

|                |                      |                        |                     |     |                                 |                                 |                                  |                                    |                       |
|----------------|----------------------|------------------------|---------------------|-----|---------------------------------|---------------------------------|----------------------------------|------------------------------------|-----------------------|
| UL<br><b>K</b> | Section<br><b>25</b> | Township<br><b>25S</b> | Range<br><b>31E</b> | Lot | Ft. from N/S<br><b>2549 FSL</b> | Ft. from E/W<br><b>2000 FWL</b> | Latitude<br><b>32.1010069 °N</b> | Longitude<br><b>103.7337382 'W</b> | County<br><b>EDDY</b> |
|----------------|----------------------|------------------------|---------------------|-----|---------------------------------|---------------------------------|----------------------------------|------------------------------------|-----------------------|

|                               |                                   |                                          |                                                                                                    |                    |
|-------------------------------|-----------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------|
| Dedicated Acres<br><b>480</b> | Infill or Defining Well<br>Infill | Defining Well API<br><b>30-015-54932</b> | Overlapping Spacing Unit (Y/N)                                                                     | Consolidation Code |
| Order Numbers.                |                                   |                                          | Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |

## Kick Off Point (KOP)

|                |                     |                        |                     |     |                                |                                |                                   |                                    |                       |
|----------------|---------------------|------------------------|---------------------|-----|--------------------------------|--------------------------------|-----------------------------------|------------------------------------|-----------------------|
| UL<br><b>C</b> | Section<br><b>1</b> | Township<br><b>26S</b> | Range<br><b>31E</b> | Lot | Ft. from N/S<br><b>473 FNL</b> | Ft. from E/W<br><b>2000FWL</b> | Latitude<br><b>32.07822003 'N</b> | Longitude<br><b>-103.7337993 W</b> | County<br><b>EDDY</b> |
|----------------|---------------------|------------------------|---------------------|-----|--------------------------------|--------------------------------|-----------------------------------|------------------------------------|-----------------------|

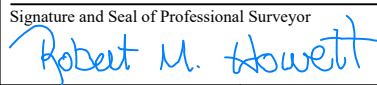
## First Take Point (FTP)

|                |                      |                        |                     |     |                                |                                 |                                  |                                   |                       |
|----------------|----------------------|------------------------|---------------------|-----|--------------------------------|---------------------------------|----------------------------------|-----------------------------------|-----------------------|
| UL<br><b>N</b> | Section<br><b>36</b> | Township<br><b>26S</b> | Range<br><b>31E</b> | Lot | Ft. from N/S<br><b>100 FSL</b> | Ft. from E/W<br><b>2000 FWL</b> | Latitude<br><b>32.0797950 'N</b> | Longitude<br><b>103.7337953 W</b> | County<br><b>EDDY</b> |
|----------------|----------------------|------------------------|---------------------|-----|--------------------------------|---------------------------------|----------------------------------|-----------------------------------|-----------------------|

## Last Take Point (LTP)

|                |                      |                        |                     |     |                                 |                                 |                                 |                                   |                       |
|----------------|----------------------|------------------------|---------------------|-----|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|-----------------------|
| UL<br><b>K</b> | Section<br><b>25</b> | Township<br><b>25S</b> | Range<br><b>31E</b> | Lot | Ft. from N/S<br><b>2549 FSL</b> | Ft. from E/W<br><b>2000 FWL</b> | Latitude<br><b>32.1010069 N</b> | Longitude<br><b>103.7337382 W</b> | County<br><b>EDDY</b> |
|----------------|----------------------|------------------------|---------------------|-----|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|-----------------------|

|                                           |                                                                                                    |                         |
|-------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------|
| Unitized Area or Area of Uniform Interest | Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | Ground Floor Elevation: |
|-------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                      |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>OPERATOR CERTIFICATIONS</b><br><br><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i><br><br><i>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</i><br><br> <b>10/31/2024</b> |      | <b>SURVEYOR CERTIFICATIONS</b><br><br><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me under my supervision, and that the same is true and correct to the best of my belief.</i><br><br> |                   |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date | Signature and Seal of Professional Surveyor                                                                                                                                                                                                                                                                                                          |                   |
| Jackie Lathan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                                                                                                  |                   |
| Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | Certificate Number                                                                                                                                                                                                                                                                                                                                   | Date of Survey    |
| jathan@mewbourne.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | <b>19680</b>                                                                                                                                                                                                                                                                                                                                         | <b>05/04/2024</b> |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                                                                                                                                                                                      |                   |

Note: 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.

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☒ AMENDED REPORT

Corrected Acreage

WELL LOCATION AND ACREAGE DEDICATION PLAT

|                                                |                                                            |                                                             |
|------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|
| <sup>1</sup> API Number<br><b>30-015-54934</b> | <sup>2</sup> Pool Code<br><b>97860</b>                     | <sup>3</sup> Pool Name<br><b>JENNIINGS BONE SPRING WEST</b> |
| <sup>4</sup> Property Code                     | <sup>5</sup> Property Name<br><b>BEBOP 36/25 FED COM</b>   | <sup>6</sup> Well Number<br><b>523H</b>                     |
| <sup>7</sup> OGRID NO.<br><b>14744</b>         | <sup>8</sup> Operator Name<br><b>MEWBOURNE OIL COMPANY</b> | <sup>9</sup> Elevation<br><b>3277'</b>                      |

<sup>10</sup> Surface Location

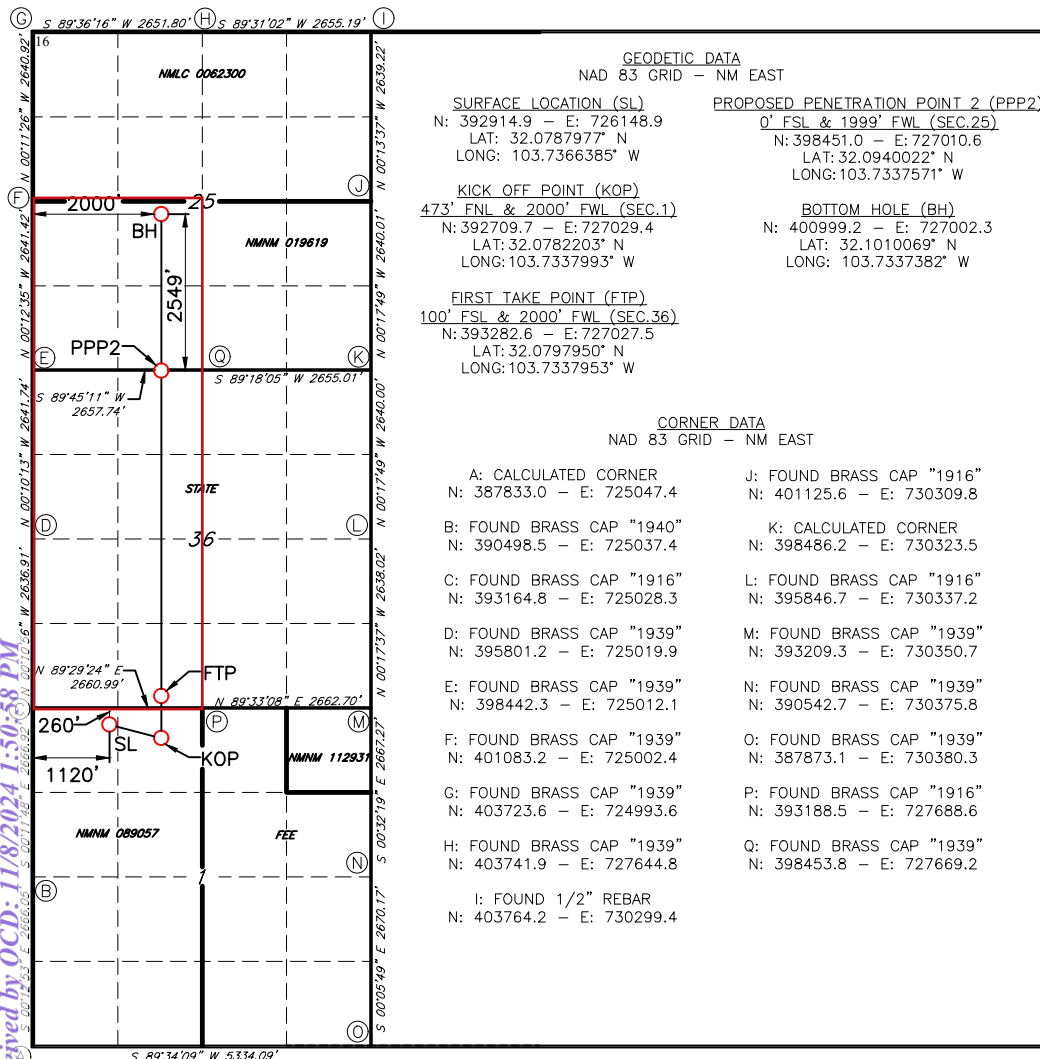
| UL or lot no. | Section  | Township   | Range      | Lot Idn | Feet from the | North/South line | Feet From the | East/West line | County      |
|---------------|----------|------------|------------|---------|---------------|------------------|---------------|----------------|-------------|
| <b>D</b>      | <b>1</b> | <b>26S</b> | <b>31E</b> |         | <b>260</b>    | <b>NORTH</b>     | <b>1120</b>   | <b>WEST</b>    | <b>EDDY</b> |

<sup>11</sup> 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 | East/West line | County      |
|---------------|-----------|------------|------------|---------|---------------|------------------|---------------|----------------|-------------|
| <b>K</b>      | <b>25</b> | <b>25S</b> | <b>31E</b> |         | <b>2549</b>   | <b>SOUTH</b>     | <b>2000</b>   | <b>WEST</b>    | <b>EDDY</b> |

|                                             |                               |                                  |                         |
|---------------------------------------------|-------------------------------|----------------------------------|-------------------------|
| <sup>12</sup> Dedicated Acres<br><b>480</b> | <sup>13</sup> Joint or Infill | <sup>14</sup> Consolidation Code | <sup>15</sup> Order No. |
|---------------------------------------------|-------------------------------|----------------------------------|-------------------------|

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.



<sup>17</sup> 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 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.

*Carter Crook* 4/12/2024  
Signature Date

Carter Crook  
Printed Name

ccrook@mewbourne.com  
E-mail Address

<sup>18</sup> 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.

05/20/2022

Date of Survey

Signature and Seal of Professional Surveyor

19680

Certificate Number

REV: ADD LEASE/PPP 4/8/2024

Job No.: LS22050608D

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State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS

Action 400864

CONDITIONS

|                                                                   |                                                              |
|-------------------------------------------------------------------|--------------------------------------------------------------|
| Operator:<br>MEWBOURNE OIL CO<br>P.O. Box 5270<br>Hobbs, NM 88241 | OGRID:<br>14744                                              |
|                                                                   | Action Number:<br>400864                                     |
|                                                                   | Action Type:<br>[C-102] Well Location & Acreage Plat (C-102) |

CONDITIONS

|               |           |                |
|---------------|-----------|----------------|
| Created By    | Condition | Condition Date |
| matthew.gomez | None      | 11/8/2024      |