

**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 RD., 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, New Mexico 87505

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

AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-025-47049</b>	Pool Code <b>14865</b>	Pool Name <b>CRUZ;BONE SPRING</b>
Property Code <b>327369</b>	Property Name <b>DANGER NOODLE 29-20 FED COM</b>	
	Well Number <b>3H</b>	
OGRID No. <b>6137</b>	Operator Name <b>DEVON ENERGY PRODUCTION COMPANY, L.P.</b>	
	Elevation <b>3682.7'</b>	

**Surface Location**

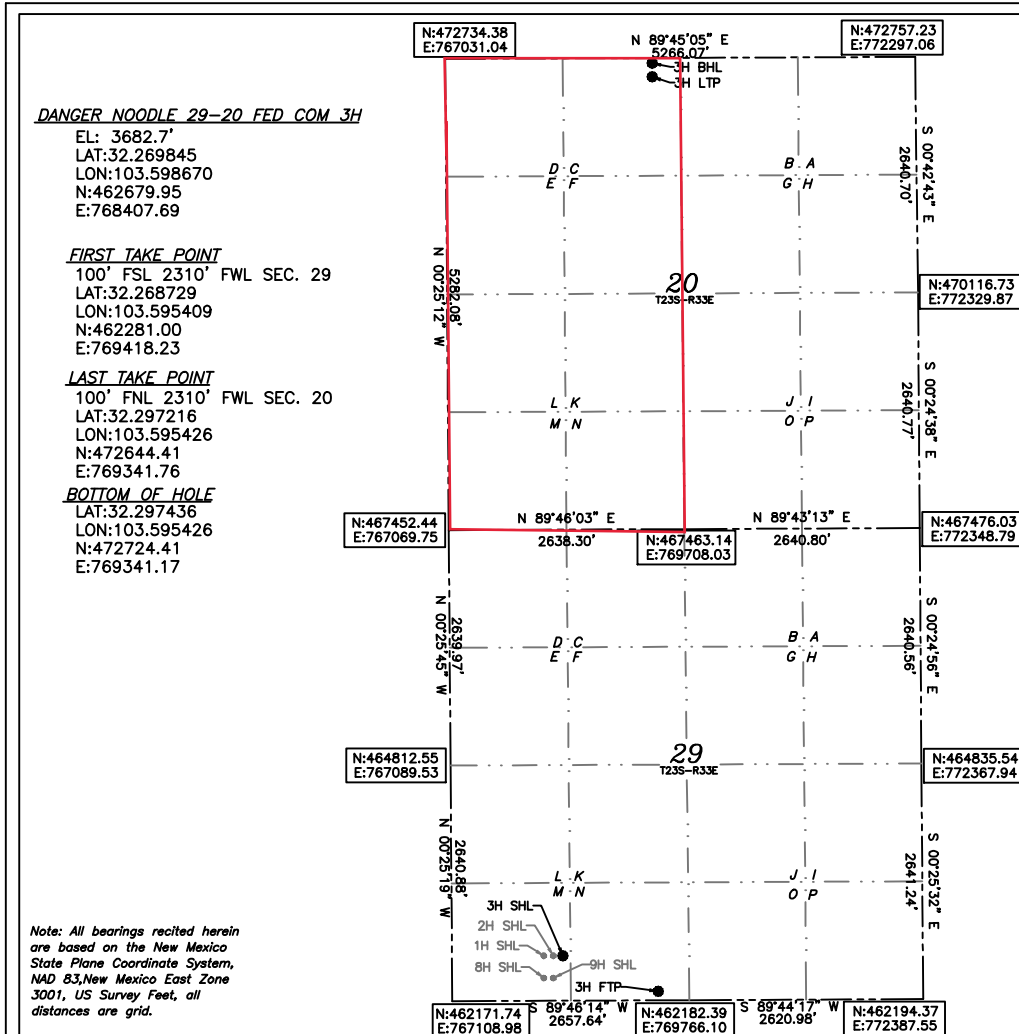
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	29	23-S	33-E		503	SOUTH	1302	WEST	LEA

**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
C	20	23-S	33-E		20	NORTH	2310	WEST	LEA

Dedicated Acres <b>320</b>	Joint or Infill	Consolidation Code	Order No.	<b>TWO PLATS ATTACHED PER THE NMOCD</b>
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**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**



**OPERATOR CERTIFICATION**

*I hereby certify that the information 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.*

Signature: Rebecca Deal Date: 10/9/2019

Printed Name: Rebecca Deal, Regulatory Analyst

E-mail Address: rebecca.deal@dvn.com

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**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.*

Date of Survey: 09/15/2019

Signature & Seal of Professional Surveyor

09/24/19

Certificate No. 22404 B.L. LAMAN  
 DRAWN BY: CM

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AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-025-47049</b>	Pool Code <b>59900</b>	Pool Name <b>TRIPLE X;BONE SPRING</b>
Property Code <b>327369</b>	Property Name <b>DANGER NOODLE 29-20 FED COM</b>	Well Number <b>3H</b>
OGRID No. <b>6137</b>	Operator Name <b>DEVON ENERGY PRODUCTION COMPANY, L.P.</b>	Elevation <b>3682.7'</b>

Surface Location

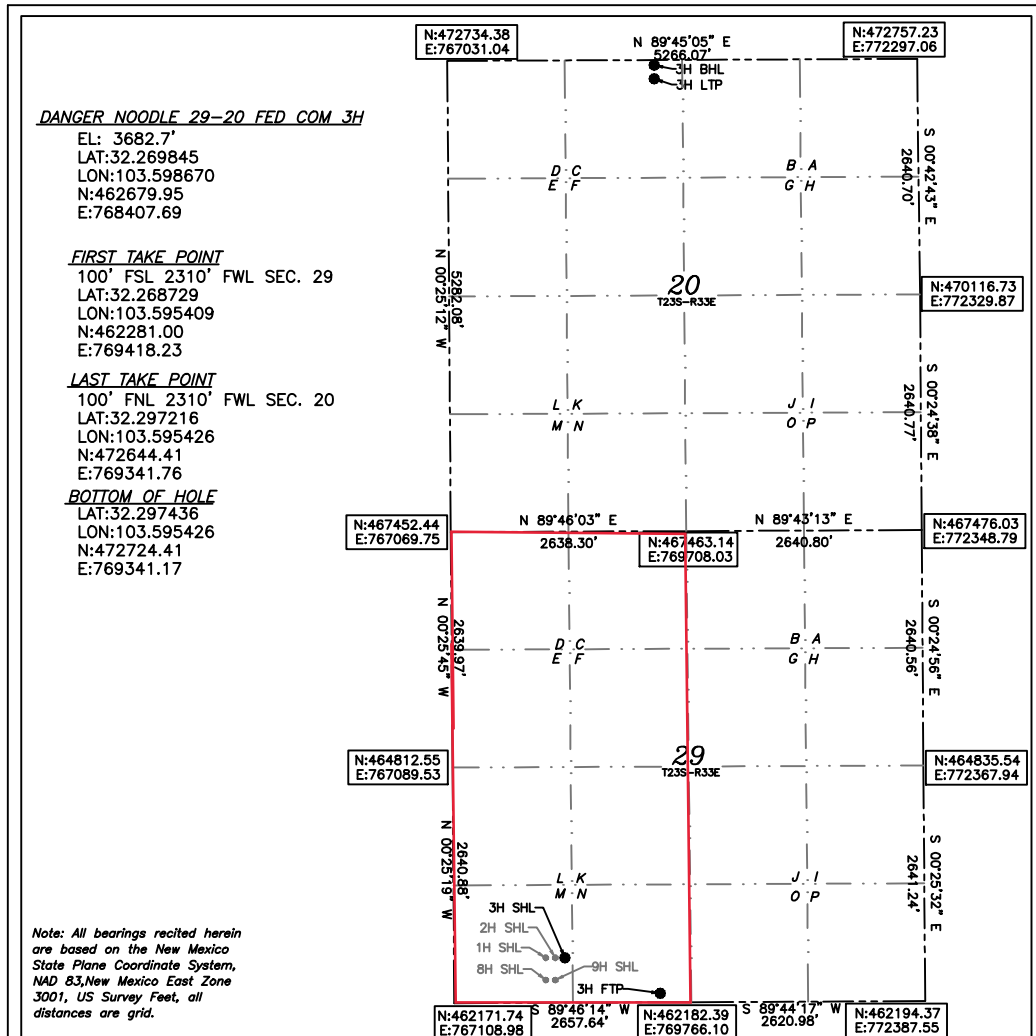
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	29	23-S	33-E		503	SOUTH	1302	WEST	LEA

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
C	20	23-S	33-E		20	NORTH	2310	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
<b>320</b>			

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**OPERATOR CERTIFICATION**

I hereby certify that the information 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: Rebecca Deal Date: 10/9/2019  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: Rebecca Deal, Regulatory Analyst  
 E-mail Address: rebecca.deal@dvn.com

**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.

Date of Survey: 09/15/2019  
 Date of Survey: \_\_\_\_\_  
 Signature & Seal of Professional Surveyor: [Signature]

**B. L. LAMAN**  
 NEW MEXICO  
 22404  
 PROFESSIONAL SURVEYOR

09/24/19

Certificate No. 22404 B.L. LAMAN  
 DRAWN BY: CM

Intent  As Drilled

API # **30-025-47049**

Operator Name:	Property Name:	Well Number
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Kick Off Point (KOP)

UL	Section 29	Township 23S	Range 33E	Lot	Feet 300	From N/S FSL	Feet 2310	From E/W FWL	County LEA
Latitude 32.269268					Longitude -103.595413				NAD 83

First Take Point (FTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
Latitude					Longitude				NAD

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
Latitude					Longitude				NAD

Is this well the defining well for the Horizontal Spacing Unit?

Is this well an infill well?

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #

Operator Name:	Property Name:	Well Number
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