

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
(As Drilled)

JAN 26 2015

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-42000	² Pool Code 96674	³ Pool Name Triple X; Bone Spring, West
⁴ Property Code 39457	⁵ Property Name Cabo Blanco State	⁶ Well Number 3H
⁷ OGRID No. 217955	⁸ Operator Name COG Production LLC	⁹ Elevation 3668' GR

¹⁰ Surface Location									
UL or lot no. A	Section 5	Township 24S	Range 33E	Lot Idn 1	Feet from the 490	North/South line North	Feet from the 1265	East/West line East	County Lea

¹¹ Bottom Hole Location If Different From Surface									
UL or lot no. P	Section 5	Township 24S	Range 33E	Lot Idn 1	Feet from the 330	North/South line South	Feet from the 1315	East/West line East	County Lea
¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No. NSL-7135						

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 	¹⁷ 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.	
	Signature: <i>Stormi Davis</i> Date: 1/22/15 Printed Name: Stormi Davis E-mail Address: sdavis@concho.com	
	¹⁸ 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: _____ Signature and Seal of Professional Surveyor: _____ REFER TO ORIGINAL PLAT Certificate Number: _____		

FEB 03 2015