

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87506

AS-DRILLED PLAT
State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
NOVEMBER 16, 2017

Submit one copy to Appropriate
District Office

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-43722	Pool Code 98098	Pool Name WC-025 G-09 S243532M, WOLFBONE
Property Code 317499	Property Name ANGUS STATE 24-35 16	Well Number 454H
GRID No. 162928	Operator Name ENERGEN RESOURCES CORPORATION	Elevation 3387'

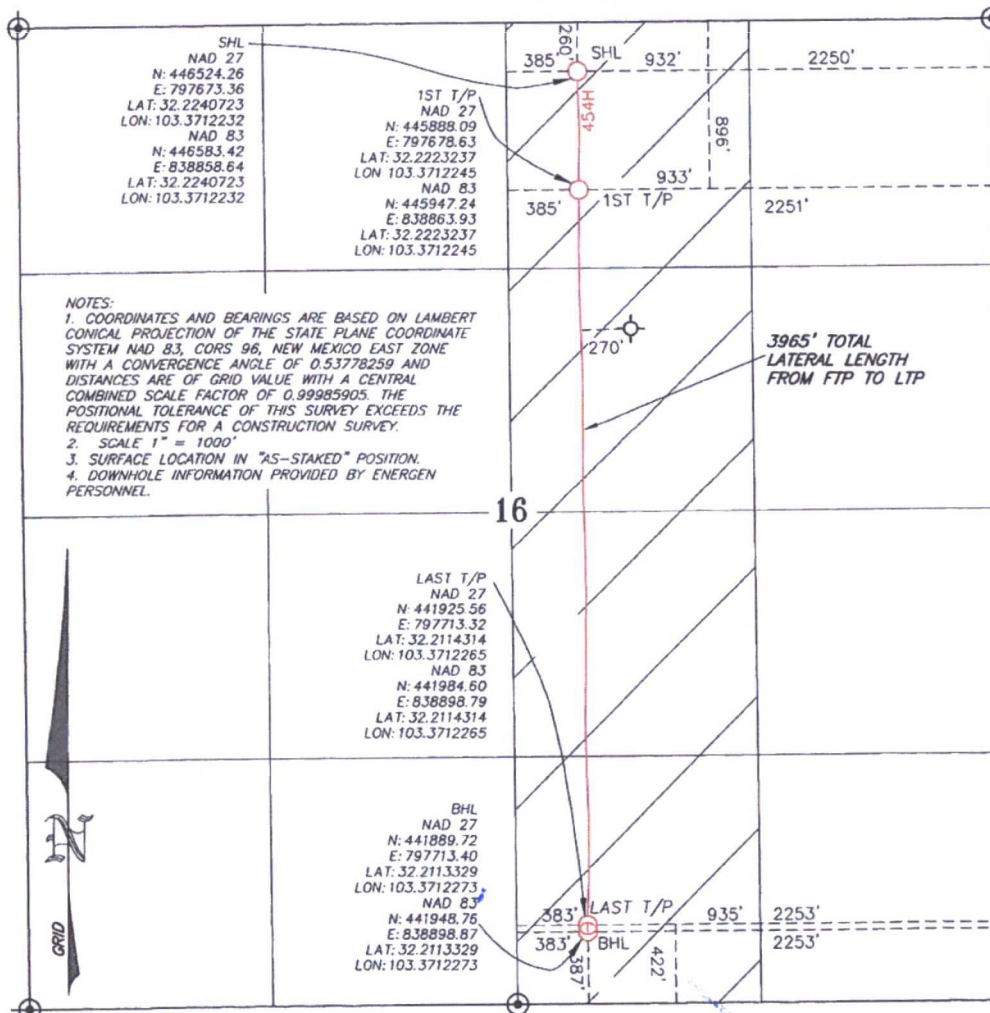
Surface Location

UL or lot No. B	Section 16	Township 24-S	Range 35-E	Lot Idn	Feet from the 260	North/South line NORTH	Feet from the 2250	East/West line EAST	County LEA
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Bottom Hole Location If Different From Surface

UL or lot No. O	Section 16	Township 24-S	Range 35-E	Lot Idn	Feet from the 387	North/South line SOUTH	Feet from the 2253	East/West line EAST	County LEA
Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No.						

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 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 compulsory pooling order heretofore entered by the division.

Signature _____ Date _____

Printed Name _____

Date _____

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.

NOVEMBER 17, 2017

Date Surveyed _____

Signature _____

Professional Surveyor _____

Certificate No. WATSON JR.

WATSON PROFESSIONAL GROUP INC