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District II  
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District IV  
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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

**HOBBS OCD**

Form C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

RECEIVED ☒ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-025-24393		<sup>2</sup> Pool Code 62180		<sup>3</sup> Pool Name VACUUM: GRAYBURG-SAN ANDRES	
<sup>4</sup> Property Code 312473		<sup>5</sup> Property Name STATE L			<sup>6</sup> Well Number 4
<sup>7</sup> OGRID No. 298299		<sup>8</sup> Operator Name CROSS TIMBERS ENERGY LLC			<sup>9</sup> Elevation 3960 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 line	County
D	21	17S	35E		660	N	660	W	Lea

<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

<sup>12</sup> Dedicated Acres	<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 interests 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.  Signature: <u>Connie Blaylock</u> Date: <u>7/23/18</u>  Printed Name: <u>Connie Blaylock</u>  E-mail Address: <u>cblaylock@mspartners.com</u>		
	<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.  Date of Survey: <u>on file</u> Signature and Seal of Professional Surveyor: _____  Certificate Number: _____		