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

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District I

## 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

## WELL LOCATION AND ACREAGE DEDICATION PLAT

| 'API Number                                                    |             |                            | <sup>2</sup> Pool Code<br>41440 |                         | <sup>3</sup> Pool Name<br>Lusk; Bone Spring |                  |               |                          |                        |  |
|----------------------------------------------------------------|-------------|----------------------------|---------------------------------|-------------------------|---------------------------------------------|------------------|---------------|--------------------------|------------------------|--|
| 30-025-40705                                                   |             |                            |                                 |                         |                                             |                  |               |                          |                        |  |
| <sup>1</sup> Property Code<br>308161<br><sup>7</sup> OGRID No. |             |                            |                                 | <sup>5</sup> Property I | Name                                        |                  |               | <sup>6</sup> Well Number |                        |  |
|                                                                |             |                            | Lusk Deep Unit A                |                         |                                             |                  |               |                          |                        |  |
|                                                                |             | <sup>8</sup> Operator Name |                                 |                         |                                             |                  |               |                          | <sup>9</sup> Elevation |  |
| 229137                                                         |             |                            | COG Operating LLC               |                         |                                             |                  |               |                          | 3610' 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                 |  |
| C                                                              | 17          | 19S                        | 32E                             |                         | 330                                         | North            | 1770          | West                     | Lea                    |  |
|                                                                |             | ·                          | 11 Bo                           | ottom Ho                | le Location I                               | f Different Fron | n Surface     |                          |                        |  |
| UL or lot no.                                                  | Section     | Township                   | Range                           | Lot Idn                 | Feet from the                               | North/South line | Feet from the | East/West line           | County                 |  |
| N                                                              | 17          | 19S                        | 32E                             |                         | 344                                         | South            | 2037          | West                     | Lea                    |  |
| Dedicated Acres                                                | 13 Joint of | r Infill 14 Co             | nsolidation                     | Code 15 Or              | der No.                                     |                  | 6612          |                          | •                      |  |
|                                                                |             |                            |                                 |                         |                                             |                  |               |                          |                        |  |

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.

|       | and the Year and a second of the second |                |        |                                                                             |
|-------|-----------------------------------------|----------------|--------|-----------------------------------------------------------------------------|
| 16    | SHL SHL                                 |                |        | <sup>17</sup> OPERATOR CERTIFICATION                                        |
| ļ     |                                         |                | - 24.5 | I hereby certify that the information contained herein is true and complete |
| 1770' |                                         |                |        | 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.                                         |
|       |                                         |                |        | 1/3/13                                                                      |
|       |                                         | İ              |        | Signature Date                                                              |
|       |                                         |                |        | 2 15 1                                                                      |
|       |                                         |                |        | Stormi Davis                                                                |
|       |                                         |                |        | Printed Name                                                                |
|       |                                         |                |        | sdavis@concho.com                                                           |
|       |                                         |                |        | E-mail Address                                                              |
|       |                                         |                |        |                                                                             |
|       |                                         |                |        | 19CLIDATELIAN GENTIELGATION                                                 |
|       |                                         |                |        | 18SURVEYOR CERTIFICATION                                                    |
|       |                                         |                |        | I hereby certify that the well location shown on this plat                  |
|       |                                         | Producing Area |        | was plotted from field notes of actual surveys made by                      |
|       |                                         | 9360-13614'    |        | me or under my supervision, and that the same is true                       |
|       |                                         |                |        | and correct to the best of my belief.                                       |
|       |                                         |                |        | und correct to the best of my bettef.                                       |
|       |                                         |                |        |                                                                             |
|       |                                         |                |        | Date of Survey                                                              |
|       |                                         |                |        | Signature and Seal of Professional Surveyor:                                |
|       |                                         |                |        | •                                                                           |
|       |                                         |                |        |                                                                             |
|       |                                         |                |        | REFER TO ORIGINAL PLAT                                                      |
| 2037  |                                         |                |        |                                                                             |
| 203/  |                                         |                |        |                                                                             |
|       | SBHL*                                   |                |        | Certificate Number                                                          |
|       | $ \omega $                              |                |        |                                                                             |