HOBBS OCD

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phane (375) 393-6161 Fux: (573) 393-0720
DISTRICT II
811 S. First St., Artesia, NM 88210
FEB 0 5 2014

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised August 1, 2011

Submit one copy to appropriate District Office

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone (505) 334-6178 Fax: (505) 334-8170

DISTRICT IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone (505) 478-3460 Fax: (505) 478-3482

CONSERVATION DIVISION 1220 South St. Francis Dr.

Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

Pool Code	Pool Name			
44500	Maljamar; Yeso West			
Property Name				
EMERALD FEDERAL				
Operator Name				
CONC	OCO PHILLIPS	4033'		
	44500 EMER	44500 Maljamar; Yeso West  Property Name EMERALD FEDERAL		

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Α	17	17 S	32 E		330	NORTH	990	EAST	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
Dedicated Acres	Joint or	Infill Co	onsolidation (	Code Or	der 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

	OR A NON -STAN	DARD UNII HAS BEEN APPROVED BY II	is division
	SURFACE LOCATION Lat - N 32°50°27.62" Long - W 103°46′59.78" NMSPCE - N 670130.3 E 710275.9 (NAD-83) Lat - N 32°50°27.19" Long - W 103°46′57.96" NMSPCE - N 670065.9 E 669097.6 (NAD-27)	4045.9'	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 Date  SUSAN B. MAUNDEY  Frinted Name  SUSAN B. MAUNDEY  Frinted Name  SUSAN B. MAUNDEY  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 supervison and that the same is true and correct to the best of my belief.  APRIL BOLIDAY  Date Surveyor  W.O. 28355  W.O. 28355  Certificate No. Gary L. Jenes 7977  BASIN SURVEYS 28355
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## **Operator Certification**

FEB 0 5 2014

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## **CONOCOPHILLIPS COMPANY**

**CERTIFICATION:** 

I hereby certify that I, or persons under my direct supervision, have inspected the proposed drill site and access route proposed herein; that I am familiar with the conditions which currently exist; that I have full knowledge of State and Federal laws applicable to this operation; that the statements made in this APD package are, to the best of my knowledge, true and correct; and that the work associated with the operations proposed herein will be performed in conformity with this APD package and the terms and conditions under which it is approved. I also certify that I, or the company I represent, am responsible for the operations conducted under this application with bond coverage provided by Nationwide Bond ES0085. These statements are subject to the provisions of 18 U.S.C. 1001 for the filing of false statements.

Susan B. Maunder

Senior Regulatory Specialist