State of New Mexico Form C-102 Phone: (575) 393-6161 Fax: (575) 393-0720 HOBBS OCD District II Revised August 1, 2011 Energy, Minerals & Natural Resources Department District II Phone: (575) 748-1283 Fax: (575) 748-9720 MAY 0 5 2014 OIL CONSERVATION DIVISION District III Submit one copy to appropriate District Office 1220 South St. Francis Dr. 1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 ☐ AMENDED REPORT Santa Fe, NM 87505 RECEIVED District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462 WELL LOCATION AND ACREAGE DEDICATION PLAT 1 API Number 3 Pool Name Pool Code PENROSE SKELLY GB/SA 30-025-37827 50350 ⁴ Property Code ⁵ Property Name **COLE STATE** 301544 18 8 Operator Name OGRID No. ⁹ Elevation 258350 VANGUARD PERMIAN LLC 3403 GL Surface Location UL or lot no. Lot Idn Feet from the North/South line East/West line Section Township Range Feet from the County 330 NORTH 990 **EAST 22S** 37E LEA Α 16 Bottom Hole Location If Different From Surface UL or lot no. Lot Idn Feet from the North/South line Feet from the East/West line Section Township Range County 12 Dedicated Acres 15 Order No. ¹³ Joint or Infill 14 Consolidation Code 40 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 a compulsory pooling 4-30-14 **COLLEEN GERMANY** cgermany@oilreportsinc.com E-mail Address *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:

Certificate Number