<u>HOBBS OCD</u> HOBBS OCD HOSTS N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 77

District II

811 S. First St., Artesia, NM 88210 MAY Phone: (575) 748-1283 Fax: (575) 748-9720

District III Phone: (505) 334-6178 Fax: (505) 334-6170 **RECEIVED**District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462 State of New Mexico

15 20 Anergy, 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                | Pool Code                                 | <sup>3</sup> Pool Name               |               |                |             |              |  |  |  |
|----------------------------|---|--------------------------------------|---------------|----------------|-------------|--------------|--|--|--|
| 30-025-37400               | 50350                                     | PENROSE SKELLY GRAYBURG SAN ANDRES   |               |                | NDRES       |              |  |  |  |
| 4 Property Code            | <sup>5</sup> Property Name <sup>6</sup> V |                                      |               |                | Well Number |              |  |  |  |
| 301544                     | COLE STATE                                |                                      |               | COLE STATE     |             | DLE STATE 19 |  |  |  |
| OGRID No.                  | 8 Ор                                      | Operator Name <sup>9</sup> Elevation |               |                |             |              |  |  |  |
| 258350                     | VANGUAR                                   | 3411 GL                              |               |                |             |              |  |  |  |
|                            | 10 Surf                                   | ace Location                         |               |                |             |              |  |  |  |
| III. or lot no Section Tow | shin Range Lot Idn Feet from              | the North/South line                 | Feet from the | East/West line | County      |              |  |  |  |

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| G             | 16      | 22S      | 37E   |         | 1650          | NORTH            | 1800          | EAST           | LEA    |

## " Rottom Hole I gostion 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 |
|--------------------|-----------------------|---------------|---------------|------------|---------------|------------------|---------------|----------------|--------|
| 12 Dedicated Acres | <sup>13</sup> Joint o | r Infill 14 C | Consolidation | Code 15 Or | der No.       |                  |               |                |        |
| 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.

| 17 OPERATOR CERTIFICATION  I hereby certify that the information contained herein is true and comple to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land includin the proposed bottom hole location or has a right to drill this well at this |   | 17 OPERATOR CE                            | 1        |      |        |   |              | 16   |
|--|---|---|----------|------|--------|---|--------------|------|
| 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   | tion contained herein is true and con     |   | [        |      | - 1    |   |              |      |
| owns a working interest or unleased mineral interest in the land including   |   | I hereby certify that the information con |          |      |        | • |              |      |
|  | belief, and that this organization eith   | to the best of my knowledge and belief, o |          |      |        |   | 1            |      |
| the proposed bottom hole boostion or how a right to drill this well at this  | sed mineral interest in the land inch     | owns a working interest or unleased min   |          |      |        |   |              |      |
| The proposed bottom thre tocation of the art times well at this  | on or has a right to drill this well at t | the proposed bottom hole location or ha   | ]        |      |        |   |              |      |
| location pursuant to a contract with an owner of such a mineral or work  | vith an owner of such a mineral or w      | location pursuant to a contract with an e |          |      |        |   |              |      |
| interest, or to a voluntary pooling agreement or a compulsory pooling  | ng agreement or a compulsory poolin       | interest, or to a voluntary pooling agree |          |      |        |   |              |      |
| orden heretofore entered by the division.  | division.                                 | order heretofore entered by the division. |          |      |        |   |              |      |
| Your Heard 5-14-14   | A 5 14 14                                 | Van Hard                                  | ,        |      | $\top$ |   |              |      |
|  |   | Mark Raid                                 | •        | ,    |        |   |              |      |
| Signature U Date   | Date                                      | Signature •                               | <b>.</b> |      |        |   |              |      |
| GAYE HEARD   |   | GAYE HEARD                                |          | , '' |        |   |              |      |
| Printed Name   |   |   |          |      |        |   | İ            |      |
|  |   |   |          |      |        |   |              |      |
| gheard@oilreportsinc.com  E-mail Address   |   | gheard@oilreportsinc.com                  |          |      |        |   |              |      |
| L-man Address  |   | C-man Address                             |          |      |        |   |              |      |
| CLIDATENCE CEDENTICA TICOL   |   | CLIDITELIAD CED                           | <br>     |      |        |   | <del> </del> | <br> |
| 18SURVEYOR CERTIFICATION   |   |   |          |      |        |   | 1            |      |
| I hereby certify that the well location shown on this  | well location shown on thi                | I hereby certify that the well i          |          |      |        |   |              |      |
| plat was plotted from field notes of actual surveys  | eld notes of actual surveys               | plat was plotted from field no            |          |      |        |   |              |      |
| made by me or under my supervision, and that the   | y supervision, and that the               | made by me or under my supe               |          |      |        |   |              |      |
| same is true and correct to the best of my belief.   | _   |   |          |      |        |   |              |      |
| same is true and correct to the best of my beneg.  | i to the best of my better.               | same is true and correct to the           |          |      |        |   |              |      |
|  |   |   |          |      |        |   |              |      |
| Date of Survey   |   | Date of Survey                            |          |      | +      |   |              | <br> |
| Signature and Seal of Professional Surveyor:   | ssional Surveyor:                         | Signature and Seal of Professional        |          |      | '      |   |              |      |
|  |   |   |          |      |        |   |              |      |
|  |   |   |          |      |        |   |              |      |
|  |   |   |          |      |        |   |              |      |
|  |   |   |          |      |        |   |              |      |
|  |   |   |          |      |        |   |              |      |
| Certificate Number   | <del></del>                               | Certificate Number                        |          |      |        |   |              |      |
|  | 12.                                       |   |          |      |        |   | <u> </u>     | <br> |