

District I
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District II
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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
Phone: (505) 476-3460 Fax: (505) 476-3462

HOBBS OGD
MAY 19 2014
RECEIVED

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
(As Drilled)

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-40945	² Pool Code 97895	³ Pool Name WC G-08 S213304D; Bone Spring
⁴ Property Code 38601	⁵ Property Name Corazon State Unit	
⁷ OGRID No. 229137	⁸ Operator Name COG Operating LLC	
		⁶ Well Number 2H
		⁹ Elevation 3820'

¹⁰ Surface Location

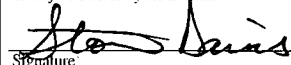
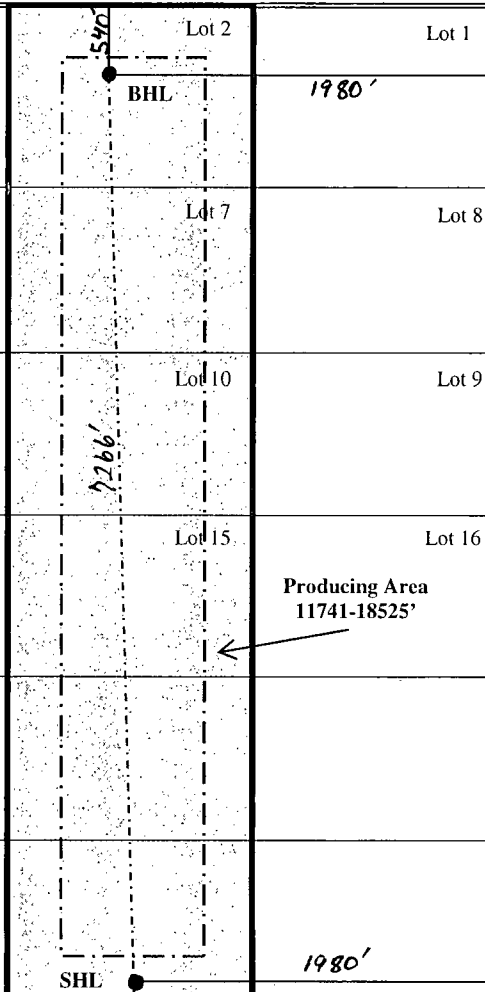
UL or lot no. O	Section 3	Township 21S	Range 33E	Lot Idn	Feet from the 100	North/South line South	Feet from the 1980	East/West line East	County Lea
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no. 2	Section 3	Township 21S	Range 33E	Lot Idn	Feet from the 540	North/South line North	Feet from the 2052	East/West line East	County Lea
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¹² Dedicated Acres 239.73	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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.

16 Lot 4	Lot 3	Lot 2	Lot 1	¹⁷ OPERATOR CERTIFICATION <i>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.</i>  Signature _____ Date 5/16/14 Stormi Davis Regulatory Analyst Printed Name _____ sdavis@concho.com E-mail Address _____
Lot 5	Lot 6	Lot 7	Lot 8	
Lot 12	Lot 11	Lot 10	Lot 9	
Lot 13	Lot 14	Lot 15	Lot 16	
				¹⁸ SURVEYOR CERTIFICATION <i>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.</i> Date of Survey _____ Signature and Seal of Professional Surveyor: _____ REFER TO ORIGINAL PLAT Certificate Number _____

JUN 12 2014