District I' ...

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

Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico

Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Santa Fe, NM 87505

HOBBS OCD

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

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¹ API Number 30-025-38010				² Pool Code 50350			PENROSE SKELLY GRAYBURG					
'Property Code 35834 312383		5 Prop				perty Name B-17 FEDERAL				Well Number		
OGRID		<u> </u>	P							9 ,	Elevation	
258350		⁸ Operator Name VANGUARD PERMIAN LLC							3396 GL			
23033							Location]	770 GL	
UL or lot no.	Section	Township	Range		ot Idn Feet from		North/South line	Feet from the	East/W	est line	County	
A 17		228	37E		910	- 1	NORTH	990	EAS		LEA	
••		1		Hom	1		Different From	<u> </u>				
UL or lot no.	Section	Township	Range			rom the	North/South line	Feet from the	Faci	t/West line	County	
02 01 101 110.	Section	Townsuip	Kange	120	1 001 11		1101 H2 SOUTH HILE	Teet from the	Dasi	b West line	County	
12 Dedicated Acres	13 Joint of	r Infill 1	4 Consolidation	Code	15 Order No.			II			·	
40			*									
	<u> </u>											
								owns a working the proposed be location pursue	interest or united to the local mit to a contract voluntary pool. LEARD CONTSINC.COM	eased mineral int tion or has a righ I with an owner oj ing agreement or	this organization either erest in the land includin, t to drill this well at this f such a mineral or worki a compulsory pooling - 1-17-2014 Date	
								I hereby cei plat was plo made by me same is true	rtify that the otted from f or under n and correc	e well locatio îeld notes of	ICATION on shown on this actual surveys on, and that the of my belief.	
							, , , , , , , , , , , , , , , , , , , ,	Date of Surve Signature and Certificate Nur	Seal of Profe	essional Surveyo	or:	