District.1
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

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

District IV

State of New Mexico

HOBBS OCD

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISIONOCT 1 4 2014

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

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 30-025-41714 | | | ² Pool Code 55610 | | ³ Pool Name | | | | | |
|---|-------------|---------------|---------------------------------|------------------------|-------------------------|------------------|---------------|----------------|--------------------------|--|
| | | | | | Scharb; Bone Spring | | | | | |
| 4 Property Code | | | <u> </u> | | ⁵ Property 1 | Name | | | ⁶ Well Number | |
| 40447 | | | | 1H | | | | | | |
| OGRID No. | | | | ⁹ Elevation | | | | | | |
| 229137 | | | COG Operating LLC | | | | | | | |
| *** | | | | | ¹⁰ Surface | Location | <u> </u> | | | |
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County | |
| D | 8 | 19S | 35E | | 370 | North | 760 | West | Lea | |
| | | | 11 Bo | ottom Ho | le Location I | f Different From | m Surface | | | |
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County | |
| M | 8 | 198 | 35E | | 349 | South | 629 | West | Lea | |
| Dedicated Acres | 13 Joint of | r Infill 14 C | onsolidation | Code 15 Or | der No. | | | <u> </u> | | |
| 160 | | | | | | | | | | |

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.

| | 1 N | | · | | |
|-----|-------------|--------------------------------|---|---|---|
| 16 | 370 | | | | ¹⁷ OPERATOR CERTIFICATION |
| | 760 | | | : | I hereby certify that the information contained herein is true and complete |
| | SHL | | | | to the best of my knowledge and belief, and that this organization either |
| ! | 3 I | | | | owns a working interest or unleased mineral interest in the land including |
| | i | | | | the proposed bottom hole location or has a right to drill this well at this |
| l : | | | | | 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 |
| ! | i . l | | | | heretofore entered by the division. |
| | | | | | 9/25/14 |
| li | | | | | Signature Date |
| | i I | | | | |
| | ; 1 | | | | Stormi Davis Printed Name |
| | i i | | | | Printed Name |
| | | D 1 ' A | | | sdavis@concho.com |
| | 1000 | Producing Area 10779-14931' | | | E-mail Address |
| ! | - ĝ: | | | | |
| | | | | | 18SURVEYOR CERTIFICATION |
| | . | 1 | | | I hereby certify that the well location shown on this plat |
| · · | !!! | | | | |
| | | 1 | | | was plotted from field notes of actual surveys made by |
| | i j | | | | me or under my supervision, and that the same is true |
| , | | | | | and correct to the best of my belief. |
| | | | | | |
| | | | | | Date of Survey |
| | i | | | | · |
| ŀ i | | 1 | | | Signature and Seal of Professional Surveyor: |
| | | } | | | |
| · ' | | | | | REFER TO ORIGINAL PLAT |
| | i i | | | | |
| 629 | DITT | | | | |
| OM | BHL | | | | Certificate Number |
| | 64 | | | | |
| L | [m] | | | | |