

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

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

JAN 20 2015

☐ AMENDED REPORT
(As Drilled)

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-41915		² Pool Code 5535	³ Pool Name Berry; Bone Spring, North
⁴ Property Code 39446	⁵ Property Name Ben Lilly 2 State Com		⁶ Well Number 5H
⁷ OGRID No. 229137	⁸ Operator Name COG Operating LLC		⁹ Elevation 3784' GR

¹⁰ Surface Location

UL or lot no. P	Section 2	Township 21S	Range 33E	Lot Idn	Feet from the 330	North/South line South	Feet from the 833	East/West line East	County Lea
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no. 1	Section 2	Township 21S	Range 33E	Lot Idn 1	Feet from the 338 181	North/South line North	Feet from the 681 976	East/West line East	County Lea
¹² Dedicated Acres 240.23		¹³ Joint or Infill	¹⁴ Consolidation Code		¹⁵ Order No.				

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				¹⁷ 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 order heretofore entered by the division. Signature: <i>Stormi Davis</i> Date: 1/14/15 Stormi Davis Printed Name sdavis@concho.com E-mail Address	
				¹⁸ 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:	
				REFER TO ORIGINAL PLAT Certificate Number	

JAN 28 2015