<u>District I</u> 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

HOBBS (BOOKER) Minerals & Natural Resources Department OIL CONSERVATION DIVISION MAR 02 2015

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

| <sup>1</sup> API Number<br>30-025-41737 |             |                     |                            | <sup>2</sup> Pool Code |                       | <sup>3</sup> Pool Name     |               |                |                          |  |
|---|-------------|---------------------|----------------------------|------------------------|-----------------------|----------------------------|---------------|----------------|--------------------------|--|
|   |             |                     |                            | 13160                  |                       | Corbin; Bone Spring, South |               |                |                          |  |
| <sup>4</sup> Property Code              |             |                     | <sup>5</sup> Property Name |                        |                       |                            |               |                | <sup>6</sup> Well Number |  |
| 40465                                   |             | Scooter Federal Com |                            |                        |                       |                            |               |                | 1H                       |  |
| 7 OGRID No.                             |             | 8 Operator Name     |                            |                        |                       |                            |               |                | <sup>9</sup> Elevation   |  |
| 229137                                  |             |                     | COG Operating LLC          |                        |                       |                            |               |                | 3897' GR                 |  |
|   |             |                     |                            |                        | <sup>10</sup> Surface | Location                   | ,             |                |                          |  |
| UL or lot no.                           | Section     | Township            | Range                      | Lot Idn                | Feet from the         | North/South line           | Feet from the | East/West line | County                   |  |
| D                                       | 23          | <b>18S</b>          | 33E                        |                        | 190                   | North                      | 460           | 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                                       | 23          | 18S                 | 33E                        |                        | 340                   | South                      | 404           | West           | Lea                      |  |
| Dedicated Acres                         | 13 Joint or | Infill 14 (         | Consolidation              | Code 15 Or             | der No.               |                            |               | =1             | 1                        |  |
| 160                                     | 1           |                     |                            |                        |                       |                            |               |                | •                        |  |

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  |
|--|--------------|----------|--|
| 460'   |              |          | 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  |
| l i is a i   |              |          | 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  |
|  |              |          | heretofare entered by the division.  |
|  |              |          | 2/17/15  |
|  |              |          | Signature Date   |
|  |              |          | Stormi Davis   |
|  |              |          | Printed Name   |
| l l l  |              |          | sdavis@concho.com  |
|  |              |          | E-mail Address   |
|  |              |          | 2 mm 1 con 1 |
|  |              |          |  |
|  |              |          | 18SURVEYOR CERTIFICATION   |
| Produci  | ing Interval |          | I hereby certify that the well location shown on this plat   |
|  | 6-14035'     |          | 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 i i i i i i i i i i i i i i i i i i i  |              |          |  |
|  |              |          |  |
|  |              | <u> </u> | Date of Survey   |
|  |              |          | Signature and Seal of Professional Surveyor:   |
|  |              |          |  |
|  |              |          | REFER TO ORIGINAL PLAT   |
|  |              |          | RELEKTO OKIGITALI EAT  |
|  |              |          |  |
| BHL  |              | ·        | Certificate Number   |
| 404' - 7   |              |          | Continue   |
| A CONTRACTOR OF THE CONTRACTOR |              | Į.       |  |