HOBBS OCD

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 1 0 2015

OIL CONSERVATION DIVISION 1220 South St. Francis Dr.

Form C-102 Revised August 1, 2011

Submit one copy to appropriate
District Office

AMENDED REPORT
(As Drilled)

WELL LOCATION AND ACREAGE DEDICATION PLAT

Santa Fe, NM 87505

¹ API Number 30-025-42508			² Pool Code		:	³ Pool Name				
			97088			WC-025 G-08 S253534O; Bone Spring				
⁴ Property Code			<u> </u>		⁵ Property 1	Name 6			⁶ Well Number	
314402				4H						
OGRID No.				⁹ Elevation						
22913	7			3243' GR						
		-			¹⁰ Surface	Location		l l		
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
D	21	25S	35E		210	North	380	West	Lea	
	-		¹¹ Bo	ttom Hol	e Location If	Different Fro	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	21	25S	35E		737	South	375	West	Lea	
Dedicated Acres	13 Joint or	Infill 14 C	onsolidation	Code 15 Or	der No.					
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.

			¹⁷ OPERATOR CERTIFICATION
380'			I hereby certify that the information contained herein is true and complete to the
SHL			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.
			 Stan Laures 9/8/15
			Signature Date
			Stormi Davis
			Printed Name
			-1
			sdavis@concho.com E-mail Address
			E-mail Address
The state of the s		- "	18SURVEYOR CERTIFICATION
	lucing Area 79-16340'		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:
BHL			
375			DECED TO ODICINIAL DIAT
3.5			REFER TO ORIGINAL PLAT
			Certificate Number