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

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

## State of New Mexico

Form C-102 Revised August 1, 2011 Energy, Minerals & Natural Resources Department Submit one copy to appropriate OIL CONSERVATION DIVISITION DE CONSERVATION DIVISITION DIVISITION DE CONSERVATION DIVISITION DE CONSERVATION DIVISITION DE CONSERVATION DIVISITION DIVISITION DE CONSERVATION DE CONSERVATION DIVISITION DE CONSERVATION DE CONSERVA

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

MAR 11 2016

☐ AMENDED REPORT (As Drilled)

District Office

## WELL LOCATION AND ACREAGE DEDICATION PLAT

| <sup>1</sup> API Number    |  | <sup>2</sup> Pool Code       | <sup>3</sup> Pool Name   |  |  |
|----------------------------|--|------------------------------|--------------------------|--|--|
| 30-025-42858               |  | 41440                        | Lusk; Bone Spring        |  |  |
| <sup>4</sup> Property Code |  | <sup>5</sup> Pr              | <sup>6</sup> Well Number |  |  |
| 308161                     |  | Lusk                         | 26Y                      |  |  |
| <sup>7</sup> OGRID No.     |  | <sup>8</sup> Operator Name   |                          |  |  |
| 229137                     |  | COG Operating LLC ' 3543' GR |                          |  |  |
|                            |  | <sup>10</sup> Sur            | face Location            |  |  |

| UL or lot no.      | Section<br>19 | Township 19S  | Range<br>32E | Lot Idn    | Feet from the 330 | North/South line South | Feet from the 1810 | East/West line<br>West | County<br><b>Lea</b> |
|--------------------|---------------|---------------|--------------|------------|-------------------|------------------------|--------------------|------------------------|----------------------|
|                    | L             | <u> </u>      | 11 Bo        | ttom Hol   | le Location It    | f 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               |
| C                  | 19            | 19S           | 32E          |            | 341               | North                  | 1966               | West                   | Lea                  |
| 12 Dedicated Acres | Joint o       | r Infill 14 C | onsolidation | Code 15 Or | der No.           | L                      |                    |                        |                      |
| 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.

|       | the second of th |                | The second secon |   |
|-------|--|----------------|--|---|
| 16    | 2. de 1/2 de   |                |  | <sup>17</sup> OPERATOR CERTIFICATION  |
|       |  |                |  | I hereby certify that the information contained herein is true and complete to the      |
| 1966' | BHL  |                |  | 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          |
| 1     |  |                |  | agreement or a compulsory pooling order heretofore entered by the division.             |
|       |  |                |  | 3/3/16  |
|       |  |                |  | Signature Date  |
|       |  |                |  | Stormi Davis  |
|       |  | Producing Area |  | Printed Name  |
|       |  | 9409-13455'    |  | sdavis@concho.com   |
|       |  |                |  | E-mail Address  |
|       |  | ļ              |  | 1   |
|       |  |                |  |   |
|       | Mark September 1988  |                |  | 18SURVEYOR 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:  |
|       |  |                |  | organical and ocal or Froicestonia ourveyor.  |
|       |  |                |  |   |
|       |  |                |  | REFER TO ORIGINAL PLAT  |
|       |  |                |  |   |
| 1810' | SHL  |                |  | ·   |
|       |  |                |  | Certificate Number  |
|       |  |                |  |   |