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Phone: (575) 748-1283 Fax: (575) 748-9720
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District IV
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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
☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-42670	² Pool Code	³ Pool Name Crossroads; San Andres, East
⁴ Property Code 315000	⁵ Property Name Maxwell 24	⁶ Well Number 1H
⁷ OGRID No. 310809	⁸ Operator Name NEMO Fund I, LLC	⁹ Elevation 3979 GL

¹⁰ Surface Location									
UL or lot no. D	Section 24	Township 10 S	Range 36 E	Lot Idn	Feet from the 10	North/South line North	Feet from the 660	East/West line West	County Lea

¹¹ Bottom Hole Location If Different From Surface									
UL or lot no. M	Section 24	Township 10 S	Range 36 E	Lot Idn	Feet from the 348	North/South line South	Feet from the 626	East/West line West	County Lea

¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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.

¹⁶ 660 FWL 10' FNL BHL 9607' MD. 5005' TVD. 348 FSL & 626' FWL. VS = 4500'. 626' FWL 348' FSL				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: <u>Richard L. Wright</u> Date: <u>7-5-2016</u> Printed Name: Richard L. Wright E-mail Address: <u>rwright@carreraenergy.com</u>
				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:
				Certificate Number