

As-Drilled Plat

State of New Mexico

HOBBS OCD

Form C-102

Revised August 1, 2011

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

JUL 31 2017

Submit one copy to appropriate

District Office

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

☒ AMENDED REPORT

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-42219	² Pool Code 97899	³ Pool Name WC-025 G-06 S253206M; Bone Spring
⁴ Property Code 313839	⁵ Property Name CHINCOTEAGUE 32 STATE COM	
⁷ OGRID No. 6137	⁸ Operator Name DEVON ENERGY PRODUCTION COMPANY, L.P.	⁶ Well Number 6H
		⁹ Elevation 3470.5

¹⁰ Surface Location

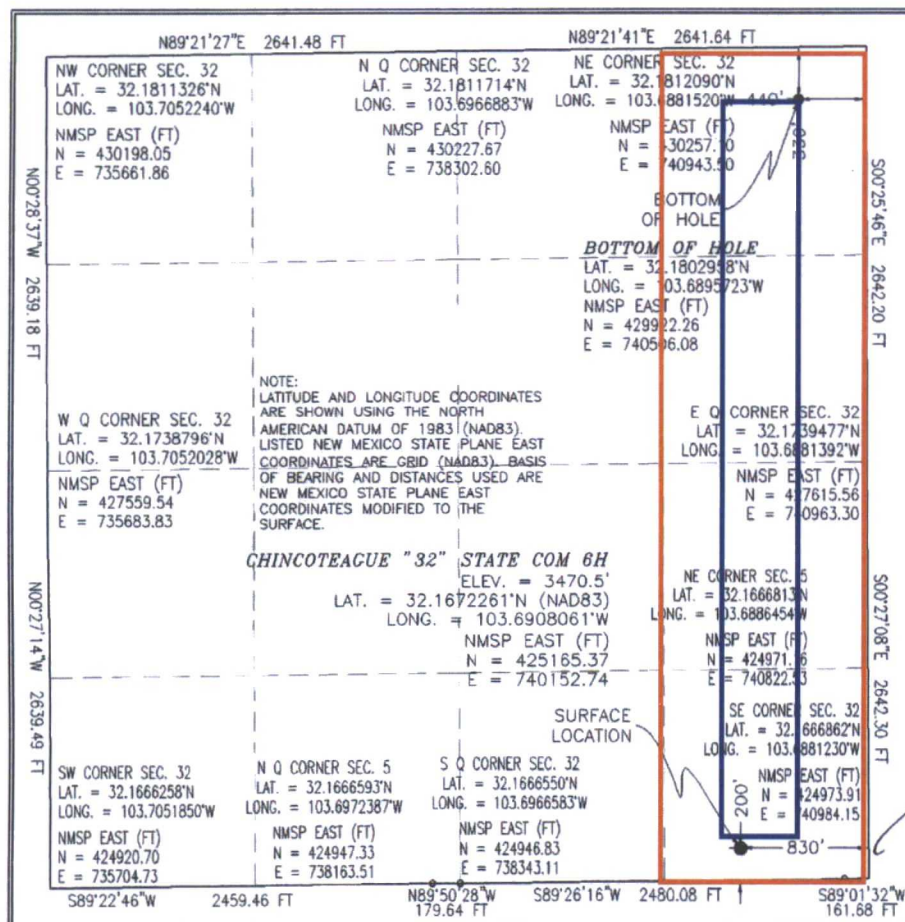
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	32	24 S	32 E		200	SOUTH	830	EAST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	32	24 S	32 E		330	NORTH	440	EAST	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.



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.

Linda Good 7/28/2017
Signature Date

Linda Good

Printed Name

linda.good@dvn.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.

OCTOBER 2, 2017

Date of Survey

[Signature]
Signature and Seal of Professional Surveyor

Certificate Number 11797

SURVEY NO. 3348

PP: 54 FSL 157 FEL, Sec 32 T 24S R 32E

Project Area: ———

Producing Area: ———