District II 1625 N. French Dr., Hobbs, NH 22 BBS OCD State of New Mexico Form C-102 Phone: (575) 393-6161 Fax: (575) 748-1283 Fax: (575) Fax: (575) Fax: (576) Fax:															
WELL LOCATION AND ACREAGE DEDICATION PLAT ¹ API Number ² Pool Code ³ Pool Name															
30-025-43734				62180				VACUUM; GB-SA							
⁴ Property C	⁵ Property Name								6 Well Number						
			CUUM GB-SA UNIT								514				
⁷ OGRID No.				⁸ Operator Name									⁹ Elevation		
217817	1	ConocoPhi			Illips Company				/			3952'			
¹⁰ Surface Location															
UL or lot no.	Section	n Township		Range Lot Idn		t Idn	Feet from	m the	North/South line	Feet from the	East	/West line		County	
L	33	17S		35E	5E		2180		SOUTH	488	WEST		LEA		
" Bottom Hole Location If Different From Surface															
UL or lot no.	Section	n Township		Range Lot I		t Idn	dn Feet from		North/South line	Feet from the	East	/West line		County	
Ι	32	175		35E			2466		SOUTH	403	EAST		LEA		
¹² Dedicated Acres	¹³ Joint of	r Infill	14 Cons	olidation	Code	¹⁵ Or	der No.								
80															

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 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 compulsary pooling
				order heretofore entered by the division.
			C	Rhonda Rogers
				Printed Name rogerrs@conocophillips.com E-mail Address
32		3:	R	L'Anan Address
- da	BHL	SHL		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.
_	I	6		Date of Survey
				Signature and Seal of Professional Surveyor:
				Certificate Number