

HOBBS OCD

AUG 16 2018

Form C-102

Revised August 1, 2011

Submit one copy to appropriate District Office

☒ AMENDED REPORT
 AS Drilled

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (505) 393-6161 Fax: (505) 393-0720
 District II
 811 S. First St., Artesia, NM 88210
 Phone: (505) 748-1283 Fax: (505) 748-9720
 District III
 1000 Rio Bravos 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
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-44184	Pool Code 96229	Pool Name Mesa Verde Bone Spring
Property Code 320828	Property Name MESA VERDE BS Unit	Well Number 12H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3571.5'

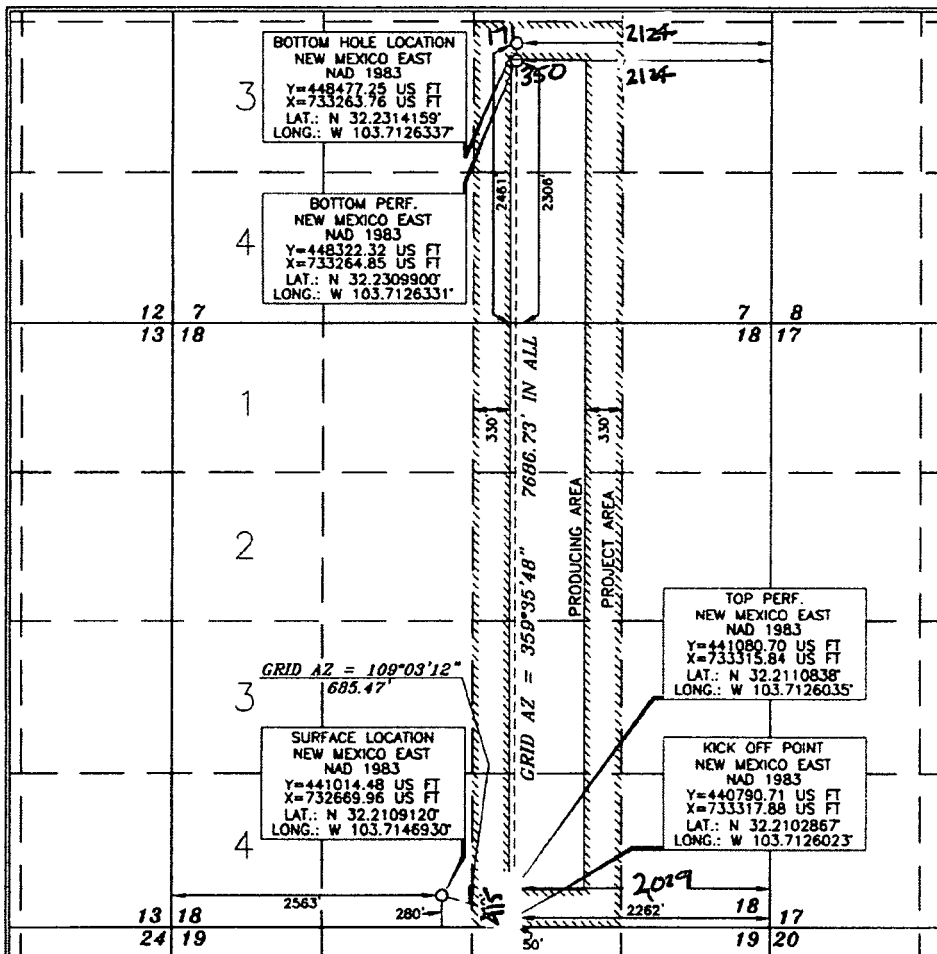
Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	18	24 SOUTH	32 EAST, N.M.P.M.		280'	SOUTH	2563'	WEST	LEA

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
J	7	24 SOUTH	32 EAST, N.M.P.M.		171	NORTH	2124	EAST	LEA
Dedicated Acres 240	Joint or Infill Y	Consolidation Code	Order No.	FTP: 415' FSL 2029' FEL LTP: 350' FNL 2124' FEL					

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.



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: *[Signature]* Date: 8/16/16
 Printed Name: Sarah Chapman
 E-mail Address: sarah_chapman@oxy.com

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from the best 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: OCTOBER 1, 2016
 Signature and Seal: *[Signature]*
 Professional Surveyor: 15079

Certificate Number: 15079