

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 Bonas 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
HOBBS OGD Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
AUG 22 2018 1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

RECEIVED

AMENDED REPORT
As Drilled

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-44191	Pool Code 96229	Pool Name MESA VERDE Bone Spring
Property Code 320828	Property Name MESA VERDE BS Unit	Well Number 14H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3572.6'

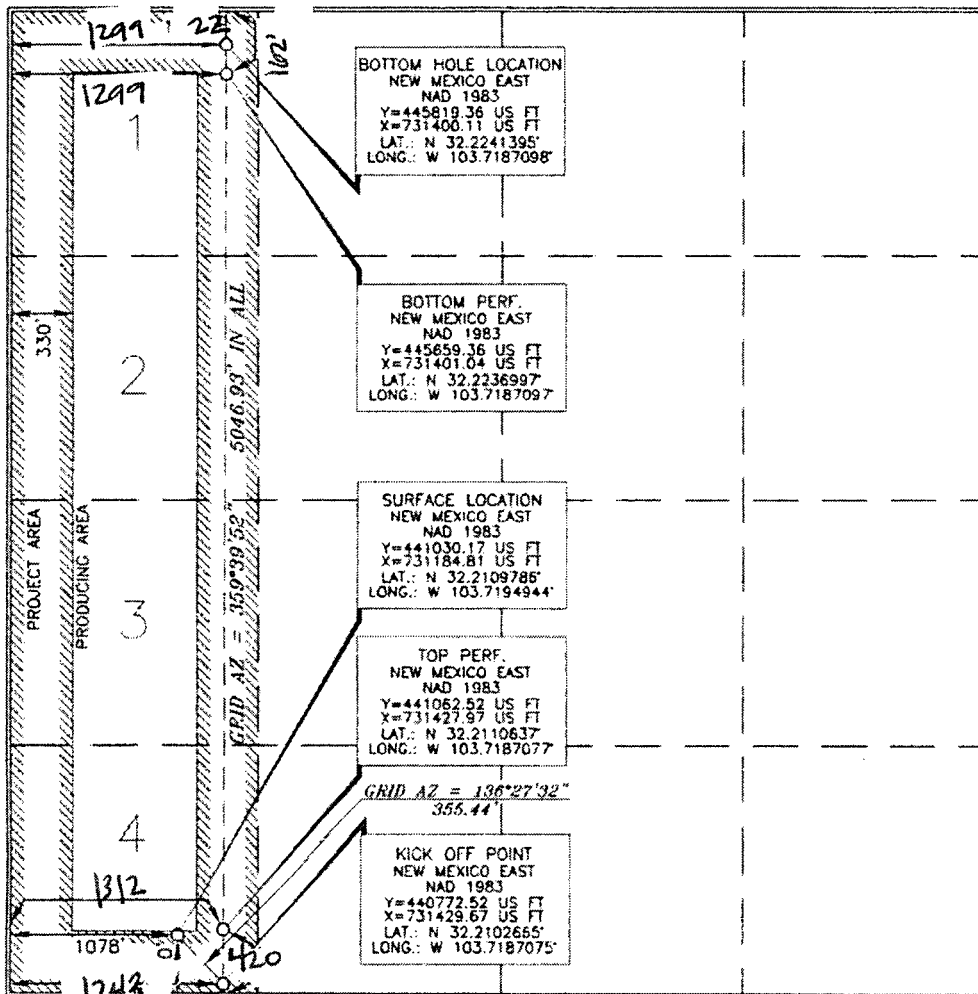
Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
4	18	24 SOUTH	32 EAST, N.M.P.M.		310'	SOUTH	1078'	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
1	18	24 SOUTH	32 EAST, N.M.P.M.		22'	NORTH	1299'	WEST	LEA
Dedicated Acres 160		Joint or Infill	Consolidation Code	Order No.	FTV: 420' FSL 1311' FWL LTP: 162' FNL 1299' FWL				

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 undivided 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 as a voluntary pooling agreement or a compulsory pooling order

Executed by the Division
Signature: **Sarah Chapman** Date: **8/21/18**
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 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.

Stamp: **ERRY J ASE**
NEW MEXICO
15079
SEPTEMBER 30, 2018
Date of Survey
Signature and Seal of Professional Surveyor
Terry J. Dale 9/29/2016
Certificate Number: **15079**