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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

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 30-025-45811	² Pool Code 61850	³ Pool Name VACUUM; BLINERY
⁴ Property Code 312477	⁵ Property Name NEW MEXICO BO STATE	
⁷ OGRID No. 298299	⁸ Operator Name CROSS TIMBERS ENERGY, LLC	⁶ Well Number 11
		⁹ Elevation 3984'

¹⁰Surface Location

UL or lot no. H	Section 12	Township 18-S	Range 34-E	Lot Idn -	Feet from the 2289'	North/South line NORTH	Feet from the 996'	East/West line EAST	County LEA
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¹¹Bottom 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
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¹² Dedicated Acres	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.

REQUIRES NSL

¹⁶ <p>SURFACE LOCATION NEW MEXICO EAST NAD 1983 X=794867 Y=642446 LAT.: N 32.7634035 LONG.: W 103.5085686 NAD 1927 X=753688 Y=642381</p>	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 _____ Date _____ Printed Name _____ 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 to the best of my belief.	
	Date of Survey <u>03/20/2019</u> Signature and Seal of Professional Surveyor Certificate Number _____	