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District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

State of New Mex NMOCD ARTESIA

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

Santa Fe, NM 87505

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT 1 API Number <sup>2</sup> Pool Code 30015-31821 97056 Hackberry; Bone Spring, North 4 Property Code 5 Property Name Well Number 300581 West Shugart 31 Federal 2 <sup>7</sup>OGRID No. 8 Operator Name Elevation 162683 **Cimarex Energy Company of Colorado** 3545 <sup>10</sup> Surface Location UL or lot no. Range Section Township Lot Idn Feet from the North/South line Feet from the East/West line County 185 NORTH WEST EDDY 11 Bottom Hole Location If Different From Surface UL or lot no. Section Township Peet from the North/South line Feet from the East/West line Range County 188 31 31E 1635 North 1570 West Eddy 12 Dedicated Acres 13 Joint or Infill 14 Consolidation Code 15 Order No. 320

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the

		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
1635′		location pursuant to a contract with an owner of such a mineral or working
		Interest, or to a ventualary pooling agreement or a compulsory pooling
1570'		Signature  TERRI STATHEM  Printed Name
		18SURVEYOR 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.
		Date of Survey
		1
		Signature and Seal of Professional Surveyor:
	1	
		Certificate Number