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OCT 05 2012

NMOCD ARTESIA

District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 80210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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Department
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Submit to
NMOCD ARTESIA

Form C-402
Revised October 12, 2005
Appropriate District Office
State Lease- 4 Copies
Fee Lease- 3 Copies

☒ AMENDED REPORT
As Drilled

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-40148	Pool Code 5200	Pool Name Benson Bone Springs
Property Code 38654	Property Name SMOKEY BITS State Com.	Well Number 6H
DCRD No. 192463	Operator Name OXY USA WTP Limited Partnership	Elevation 3440.2'

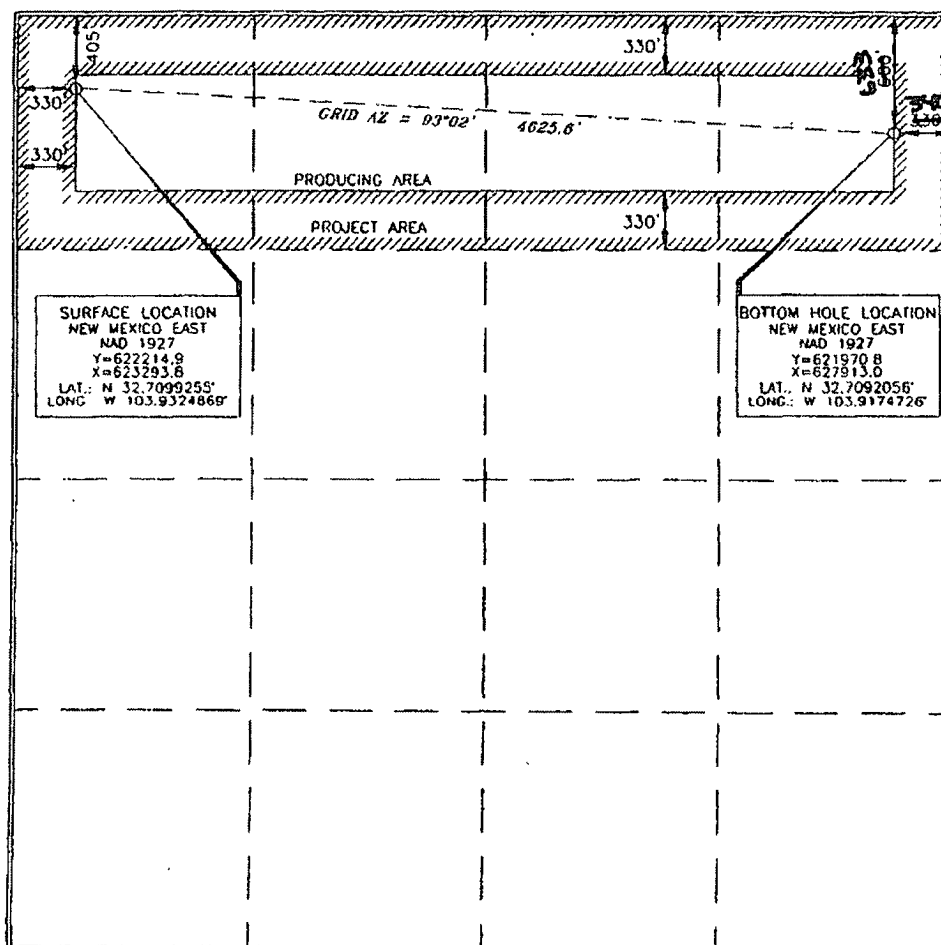
Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	36	18 SOUTH	30 EAST, N.M.P.M.		405'	NORTH	330'	WEST	EDDY

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
A	36	18 SOUTH	30 EAST, N.M.P.M.		000' 330'	NORTH	000' 330'	EAST	EDDY
Dedicated Acres 160	Joint or Indt N	Consolidation Code	Order No						

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] 3/16/11
Signature Date

[Signature]
Printed Name

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was obtained from field notes or actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

[Signature]
Date of Survey

[Signature]
Signature and Seal of Professional Surveyor

[Signature] 8/25/2011
Certificate Number 15079

WO# 110721WL-6 (KA)