

District I
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Phone: (575) 393-6161 Fax: (575) 393-6170
District II
811 S. First St., Artesia, NM 88210
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District III
1000 Rio Brazos 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

Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

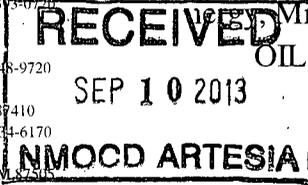
Revised August 1, 2011

Submit one copy to appropriate

District Office

AMENDED REPORT

As Drilled



WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-40370		² Pool Code 30215		³ Pool Name Hay Hollow; Bone Spring	
⁴ Property Code 308269		⁵ Property Name Way South State Com			⁶ Well Number 4H
⁷ OGRID No. 229137		⁸ Operator Name COG Operating LLC			⁹ Elevation 3029'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	30	26S	28E		990	North	1887	East	Eddy

¹¹ 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
4	31	26S	28E		345	South	1860	East	Eddy

¹² Dedicated Acres 183.83	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.

¹⁶ Lot 1 Lot 2 Lot 3 Producing Area 7959-13708' Lot 4 SEC 30	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 9/6/13 Date Stormi Davis Regulatory Analyst Printed Name sdavis@concho.com 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 and correct to the best of my belief.			
	Date of Survey Signature and Seal of Professional Surveyor:			
	REFER TO ORIGINAL PLAT			
	Certificate Number			