

District I
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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 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
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
(As Drilled)

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-41938		² Pool Code 49622	³ Pool Name Parkway; Bone Spring
⁴ Property Code 308243	⁵ Property Name Coinflip State Com		⁶ Well Number 3H
⁷ OGRID No. 229137	⁸ Operator Name COG Operating LLC		⁹ Elevation 3309' GR

¹⁰ Surface Location									
UL or lot no. D	Section 18	Township 20S	Range 30E	Lot Idn 1	Feet from the 1310	North/South line North	Feet from the 660	East/West line West	County Eddy

¹¹ Bottom Hole Location If Different From Surface									
UL or lot no. H	Section 18	Township 20S	Range 30E	Lot Idn 	Feet from the 1997	North/South line North	Feet from the 408	East/West line East	County Eddy

¹² Dedicated Acres 159.22	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 	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 5/23/14 Stormi Davis 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: _____ <p style="text-align: center;">REFER TO ORIGINAL PLAT</p> Certificate Number _____	