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

State of New Mexico
Energy Mine & Natural Resources Department
SERVATION DIVISION
122 Outh St. Francis Dr. Month Vector
Santa Fe, NM 87505

APRIESIA NM

Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

	WELL LOCATION AND ACRE	EAGE DEDICATION PLAT		
¹ API Number	² Pool Code	Pool Name		
30-015-35134				
'Property Code	Property Na	well Nu	mber	
	DREWFORD'S BOOM BOX 192	1-1 STATE COM 1		
OGRID No.	Operator Na	ıme 'Elevat	tion 444	
230387	PARALLEL PETROLEUM CORPORATION 4448			

¹⁰ Surface Location East/West lin County UL or lot no. Lot Idn North/South lib Feet from the Feet from th 19 195 D 21E 710 NORTH 660 WEST **CHAVES**

"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	19	19S	21E		724	NORTH	_688	EAST	CHAVES
Dedicated Acres Joint or Infill Consolidation Code 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 division.

777 710 SL 1022 PP 320 AC	3989,6	724 B <u>HI</u> . 688	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 linerest 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 herestfiere entered by the physion.
			18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of octual 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: