State of New Mexico Form C-102 RECENTENT, Miherals & Natural Resources Revised October 12, 2005 1625 N. French Dr., Hobbs, NM 88240 District II SEP 070101 CONSERVATION DIVISION 1301 W. Grand Avenue, Artesia, NM \$8210 Submit to Appropriate District Office State Lease - 4 Copies District III District III
1000 Rio Brazos Rd., Aztec, NM 874 ONMOCD ARTESIA anta Fe, NM 87505 1220 South St. Francis Dr. Fee Lease - 3 Copies District IV AMENDED REPORT 1220 S. St. Francis Dr., Santa Fe, NM 87505 WELL LOCATION AND ACREAGE DEDICATION PLAT ¹ API Number ² Pool Code ³ Pool Name 30-015-37897 96582 Lost Tank Delaware, West ⁴ Property Code ⁵ Property Name ⁶ Well Number 381185 Lost Tank 10 Federal OGRID No. Operator Name Elevation 16696 OXY USA Inc. **3**५९३.6 ¹⁰Surface Location Section North/South line UL or lot no. Township Range Lot. Idn Feet from the Feet from the East/West line County 3 **22S** 31E east 0 805 South 1874 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 C 10 **22S** 31E 864 Eddy 1866 west 12 Dedicated Acres 13 Joint or Infill 14 Consolidation Code 15 Order No. 160 Υ 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 ¹⁷OPERATOR 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 Signature David Stewart Printed Name Sr. Regulatory Analyst Project Hrea david_stewart@oxy.com 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 Signature and Seal of Professional Surveyer:

Certificate Number