District I 1625 N. French Dr., Hobbs. NM 88240

District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd, Aztec, NM 87410

District III 1000 Rio Brazos Rd. Aztec, NM 87410 District IV PO Box 2088, Santa Fe. NM 87504-2088 State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Revised February 21, 1994 instructions on back Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

|  |   |  | LL LO          | CATION                                 | I AND AC  | REAGE D                               | EDIC  | ATION PL  | AT                              |             | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |  |
|--|---|--|----------------|--|-----------|---------------------------------------|---|---|---------------------------------|-------------|---------------------------------------|--|
| API Number   |   |  |                | 2 Pool C                               | ode       | 3 Pool Name                           |   |   |                                 |             |                                       |  |
| 30-025- 10723  |   |  |                | <u> </u>                               |           |                                       |   |   | Tan-Yates-7 rvrs (Pro Gas)      |             |                                       |  |
| 4 Property Code  |   |  |                | 5 Property Name                        |           |                                       |   |   | 6 Well Number                   |             |                                       |  |
| 24669  |   |  |                | State "A" A/C 1                        |           |                                       |   |   | 8 ≳<br>9 Elevation              |             |                                       |  |
| 7 OGRID No   |   |  |                | 8 Operator Name                        |           |                                       |   |   | 9 Elevation                     |             |                                       |  |
| 162791   |   |  |                | Raptor Resources                       |           |                                       |   |   |                                 |             |                                       |  |
| 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                                  |   |  |                |  |           |                                       |   |   |                                 |             |                                       |  |
| [  |   | ļ <u>'</u> [                           |                |  |           |                                       |   | i   |                                 |             |                                       |  |
| B 15 23S   |   | 36E                                    | 660            |  | North     |                                       | 1980  | East  |                                 | Lea         |                                       |  |
| 11 Bottom Hole Location If Different From Surface    U. or to to   Section   Township   Range   Lot   Idn   Feet from the   North/South line   Feet from the   East/West line   County |   |  |                |  |           |                                       |   |   |                                 |             |                                       |  |
| 1  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |                | 201.0                                  | 1000      | 110101050001                          |   | root nom me   | C 850 414 8                     | i ario      | Coonly                                |  |
| 12 Dedicated Acres   | 13 Joins                                | l oc infil 14                          | Consolidațio   | n Code I 15 i                          | Order No. | 1                                     |   |   |                                 |             |                                       |  |
| 480  |   |  |                | 0.5.0.5                                |           |                                       |   |   |                                 |             |                                       |  |
|  | BLE V                                   | VILL BE A                              | SSIGNE         | D TO THE                               | S COMPLET | ION UNTIL                             | L'I. IN'  | TERESTS H   | AVE REE                         | N CON       | SOLIDATED                             |  |
| 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 E  | 1                                       | \(\alpha_{\cups_6}\)                   | چ <u>ر</u>     | 7/2                                    | 1         |                                       | ,   | 17 OPER   | RATOR                           | CERT        | FICATION                              |  |
| 20 (32 (32 (32 (32 (32 (32 (32 (32 (32 (32   |   |  |                |  |           | Ī                                     | I hereby certify that the information contained herein is |   |                                 |             |                                       |  |
| 1 2  | Ē1)                                     |  | ] <del>-</del> | 1                                      | 5. 3      | <b>E</b>                              | 1   | true and comp   | lete to the bes                 | of my kn    | owledge and belief                    |  |
| ا دره  | a                                       | 8                                      | مهد کر م       | → ( °                                  | ردوم لي   | <b>E</b>                              | 4   |   |                                 |             |                                       |  |
|  | •                                       | ************************************** | 1480           | *\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ₹8        | Ŧ.                                    |   | H   |                                 |             |                                       |  |
| <b>,</b> ,   |   |  |                |  |           |                                       | i   | 1 8   | N Z                             | <u></u>     | 00                                    |  |
| Sec  | n 15                                    |  | 6              |  |           | 1                                     | Signature   | 1.24  |                                 | ery .       |                                       |  |
|  |   | <u> </u>                               |                | Section                                | èm 14     |                                       |   | Bill R. Keathly   |                                 |             |                                       |  |
|  |   |  |                |  |           |                                       |   |   | Printed Name  Demulators Accept |             |                                       |  |
|  |   |  |                | 1                                      |           |                                       |   | Regulatory Agent  Title  5-8-   |                                 |             |                                       |  |
|  |   |  |                |  |           |                                       |   |   |                                 |             |                                       |  |
|  | _                                       |  |                | <del> </del>                           | ·         |                                       | <u> </u>  | Date  |                                 |             |                                       |  |
|  |   |  |                |  |           |                                       |   | 18 SURVEYOR CERTIFICATION   |                                 |             |                                       |  |
|  |   |  |                |  | ,         |                                       | )<br>!  | I hereby certify that the well location shown on this plat<br>was plotted from field notes of actual surveys made by me |                                 |             |                                       |  |
|  |   |  |                |  |           |                                       | i   | or under my s   | upervision, a                   | nd that the | same is true and                      |  |
|  |   |  |                |  |           | i                                     | ,   | correct to the  | best of my be                   | lief        |                                       |  |
|  |   |  |                | }                                      |           | !                                     | ;   | Date of Surve   | v                               |             |                                       |  |
|  |   |  |                |  |           |                                       | 11  | d Seal of Professional Surveyor.  |                                 |             |                                       |  |
|  |   |  |                | ,                                      |           |                                       | 1   |   |                                 |             |                                       |  |
| ,  | }                                       |  |                |  |           | ·                                     |   |   |                                 |             |                                       |  |
|  | -                                       |  |                |  |           |                                       | ì   |   |                                 |             | 1                                     |  |
|  | - 1                                     |  |                |  |           | I                                     | į   |   |                                 |             |                                       |  |
|  |   |  |                |  | ·         |                                       |   | Certificate Nu  | mher                            | her         |                                       |  |
|  |   | <u> </u>                               |                | 1                                      |           | · · · · · · · · · · · · · · · · · · · |   |   |                                 |             |                                       |  |