

NOTES:

Underground utilities shown on this sheet are for visualization purposes only, actual locations to be determined prior to construction.

Basis of Bearings is a Transverse Mercator Projection with a Central Meridian of W103°53'00" (NAD 83)

Latitude and Longitude Coordinates are NAD 83.

Coordinates shown are New Mexico Coordinate system of 1983, East Zone, U.S. feet.



**UELS, LLC** Corporate Office \* 85 South 200 East Vernal, UT 84078 \* (435) 789-1017

# CHISHOLM ENERGY OPERATING, LLC

| SQUEEZE 2 STATE 3BS COM 1H & 2H<br>SW 1/4 SW 1/4, SECTION 2, T22S, R34E, N.M.P.M.<br>LEA COUNTY, NEW MEXICO |            |          |          |        |
|---|------------|----------|----------|--------|
| SURVEYED BY   | B.B., M.D. | 08-18-21 | SCALE    | 1 5    |
| DRAWN BY  | Z.T.       | 05-25-21 | 1" = 80' | ea     |
| SITE PLAN   |            |          |          | Releas |

District I
1625 N. French Dr., Hobbs, NM 88240
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 Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. **Santa Fe, NM 87505** 

QUESTIONS

Action 71744

### **QUESTIONS**

| Operator:                      | OGRID:                            |
|--------------------------------|-----------------------------------|
| CHISHOLM ENERGY OPERATING, LLC | 372137                            |
| 801 Cherry Street              | Action Number:                    |
| Fort Worth, TX 76102           | 71744                             |
|                                | Action Type:                      |
|                                | [UF-FAC] TB Registration (TB-REG) |

### QUESTIONS

| Facility Details                                  |                             |
|---|-----------------------------|
| Please answer all of the questions in this group. |                             |
| Name of the facility                              | SQUEEZE 2 STATE COM BATTERY |
| Date the facility was opened                      | Not answered.               |
| Depth to ground water, if known                   | Not answered.               |

| Verification   |    |
|--|----|
| Does the operator have other facilities with a matching name   | No |
| Are there other facilites located within approximately 50 feet | No |

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ACKNOWLEDGMENTS

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#### **ACKNOWLEDGMENTS**

| ⋉   | ▼ I certify that I am authorized to register a facility on behalf of the responsible operator. |  |
|---|--|--|
| I certify that I will notify OCD of any changes of ownership for this facility. |  |  |
| ✓   | I certify that I will notify OCD when this facility is closed.                                 |  |