## Initial

# Application

## Part I

Received: <u>07/10/2019</u>

This application is placed in file for record. It MAY or MAY NOT have been reviewed to be determined Administratively Complete

| -        |
|----------|
|          |
| A.       |
| -        |
| 4        |
| $\infty$ |
| 1        |
| _        |
| 19       |
| 0        |
| 5        |
| 9        |
| 7        |
| 11       |
|          |
| C        |
| 0        |
| >        |
| 9        |
|          |
| D        |
| Ve       |
| eive     |
| Ve       |

| 07/10/2019 | REVIEWER: MAM | TYPE: PLC | PP NO:<br>pMAM191243548 |
|------------|---------------|-----------|-------------------------|

| ABOVETHI                                                                                                          | IS TABLE FOR OCD DIVISION USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEW MEXICO OIL Co<br>- Geological & Eng<br>1220 South St. Francis Dri                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ADMINISTRATIVE A                                                                                                  | PPLICATION CHECKLIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                   | ATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND<br>ESSING AT THE DIVISION LEVEL IN SANTA FE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Applicant: APACHE CORP.                                                                                           | OGRID Number: 873                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Well Name: RINEWALT LEASE                                                                                         | API: Various                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Pool: Various                                                                                                     | Pool Code: Various                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                   | ON REQUIRED TO PROCESS THE TYPE OF APPLICATION ATED BELOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1) TYPE OF APPLICATION: Check those which ap A. Location – Spacing Unit – Simultaneous D  NSL  NSP (PROJECT AREA) | Dedication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| B. Check one only for [1] or [11]  [1] Commingling – Storage – Measureme DHC                                      | PC OLS OLM USE - Enhanced Oil Recovery PI EOR PPR Ich apply. Ich a |
| understand that <b>no action</b> will be taken on thi notifications are submitted to the Division.                | s application until the required information and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Note: Statement must be completed by an inc                                                                       | dividual with managerial and/or supervisory capacity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                   | 7/9/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Reesa Fisher                                                                                                      | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Print or Type Name                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The type traine                                                                                                   | 432-818-1062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                   | Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Reesa Fisher Days 2010 5 10 10 20 20 10 10 20 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature                                                                                                         | - Reesa.Fisher@apachecorp.com - e-mail Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| agradie                                                                                                           | CHIUII VUUIGSS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| Submit I Copy To Appropriate District Office                               | State of New Mexico                                                                 | Form C-103                                                 |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------|
| District 1 - (575) 393-6161                                                | Energy, Minerals and Natural Resou                                                  | rces Revised July 18, 2013                                 |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283 |                                                                                     | WELL API NO. See Attached                                  |
| 811 S. First St., Artesia, NM 88210                                        | OIL CONSERVATION DIVISI                                                             | 5. Indicate Type of Lease                                  |
| District III - (505) 334-6178<br>1000 Rio Brazos Rd , Aztec, NM 87410      | 1220 South St. Francis Dr.                                                          | STATE FEE 🗸                                                |
| <u>District IV</u> – (505) 476-3460                                        | Santa Fe, NM 87505                                                                  | 6. State Oil & Gas Lease No.                               |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                             |                                                                                     |                                                            |
|                                                                            | CES AND REPORTS ON WELLS                                                            | 7. Lease Name or Unit Agreement Name                       |
|                                                                            | ALS TO DRILL OR TO DEEPEN OR PLUG BACK T<br>ATION FOR PERMIT" (FORM C-101) FOR SUCH | Rinewalt [23110]                                           |
| _                                                                          | Gas Well 🗸 Other Injection                                                          | 8. Well Number See Attached                                |
| Name of Operator     Apache Corporation                                    |                                                                                     | 9. OGRID Number<br>873                                     |
| 3. Address of Operator                                                     |                                                                                     | 10. Pool name or Wildcat                                   |
| 303 Veterans Airpark Lane, Suite 100                                       | 0 Midland, TX 79705                                                                 | See Attached                                               |
| 4. Well Location                                                           |                                                                                     |                                                            |
| Unit Letter:_                                                              |                                                                                     | andfeet from theline                                       |
| Section 04                                                                 | Township 22S Range 37E                                                              |                                                            |
| le superior de la company                                                  | 11. Elevation (Show whether DR, RKB, RT,                                            | GR, etc.)                                                  |
|                                                                            |                                                                                     |                                                            |
| 12. Check Ap                                                               | ppropriate Box to Indicate Nature of                                                | Notice, Report or Other Data                               |
| NOTICE OF INT                                                              | ENTION TO:                                                                          | SUBSEQUENT REPORT OF                                       |
| PERFORM REMEDIAL WORK                                                      |                                                                                     | SUBSEQUENT REPORT OF:  AL WORK   ALTERING CASING           |
| TEMPORARILY ABANDON                                                        |                                                                                     | NCE DRILLING OPNS. P AND A                                 |
| PULL OR ALTER CASING                                                       |                                                                                     | /CEMENT JOB                                                |
| DOWNHOLE COMMINGLE                                                         |                                                                                     |                                                            |
| CLOSED-LOOP SYSTEM  OTHER: SURFACE CO                                      | MMINICI E                                                                           |                                                            |
|                                                                            |                                                                                     | etails, and give pertinent dates, including estimated date |
|                                                                            |                                                                                     | ltiple Completions: Attach wellbore diagram of             |
| proposed completion or reco                                                |                                                                                     | imple completions. Attach wendore diagram of               |
|                                                                            |                                                                                     |                                                            |
|                                                                            |                                                                                     |                                                            |
| Apache would like to request a Surface                                     | Commingle Order, per the provided supporti                                          | ng data.                                                   |
|                                                                            |                                                                                     |                                                            |
|                                                                            |                                                                                     |                                                            |
|                                                                            |                                                                                     |                                                            |
|                                                                            |                                                                                     |                                                            |
|                                                                            |                                                                                     |                                                            |
|                                                                            |                                                                                     |                                                            |
|                                                                            |                                                                                     |                                                            |
|                                                                            |                                                                                     |                                                            |
| Sant Date                                                                  | ni ni ni                                                                            |                                                            |
| Spud Date:                                                                 | Rig Release Date:                                                                   |                                                            |
|                                                                            |                                                                                     |                                                            |
| I handly partify that the information of                                   | pove is true and complete to the best of my k                                       | manufadas and ballac                                       |
| Thereby certify that the information at                                    | ove is true and complete to the best of my k                                        | nowledge and belief.                                       |
| () 1:1                                                                     |                                                                                     |                                                            |
| SIGNATURE KORSO HO                                                         | TITLE Sr. Staff Reg Anal                                                            | DATE 6/19/2019                                             |
| Boon Fisher                                                                |                                                                                     |                                                            |
| Type or print name Reesa Fisher                                            | E-mail address: Reesa.Fi                                                            | sher@apachecorp.com PHONE: (432) 818-1062                  |
| For State Use Only                                                         |                                                                                     |                                                            |
| APPROVED BY:                                                               | TITLE                                                                               | DATE                                                       |
| Conditions of Approval (if any):                                           |                                                                                     |                                                            |



July 9, 2019

Mr. Michael McMillan New Mexico Oil Conservation Division Engineering Bureau 1220 South St Francis Drive Santa Fe, NM 87505

RE: Administrative Order to Surface Commingle

Rinewalt Lease

Unit Letter C Sec 04 T22S R37E

Lea County, New Mexico

Dear Mr. McMillan:

Apache would like to request an Administrative Surface Commingling Order to include the following producing pools: Penrose Skelly; Grayburg (50350), Eunice; San Andres, SW (24180), Eumont; Yates-7 Rvrs-Queen (Gas – 76480), Blinebry Oil & Gas (Oil – 6660), Tubb Oil & Gas (Pro Gas – 86440), Tubb Oil & Gas (Oil – 60240), Drinkard (19190), Wantz; Abo (62700). Wells with DHC Orders are noted on well list.

Enclosed please find forms C-102 and well test information for all wells on the lease. These wells are all marginal producers and production will be allocated monthly by well tests. Per the attached land letter and mailout list, interest ownership varies slightly between wells and interest owners have been notified.

In the event Apache were to add wells and leases to this commingling order, we request to only notify interest owners in the wells and leases to be added, per Division Rule 19.15.12.10C(4)(g) NMAC.

If you need additional information or have any questions, please give me a call at (432) 818-1062 or send an e-mail to Reesa. Fisher@apachecorp.com.

Sincerely,

Reesa Fisher

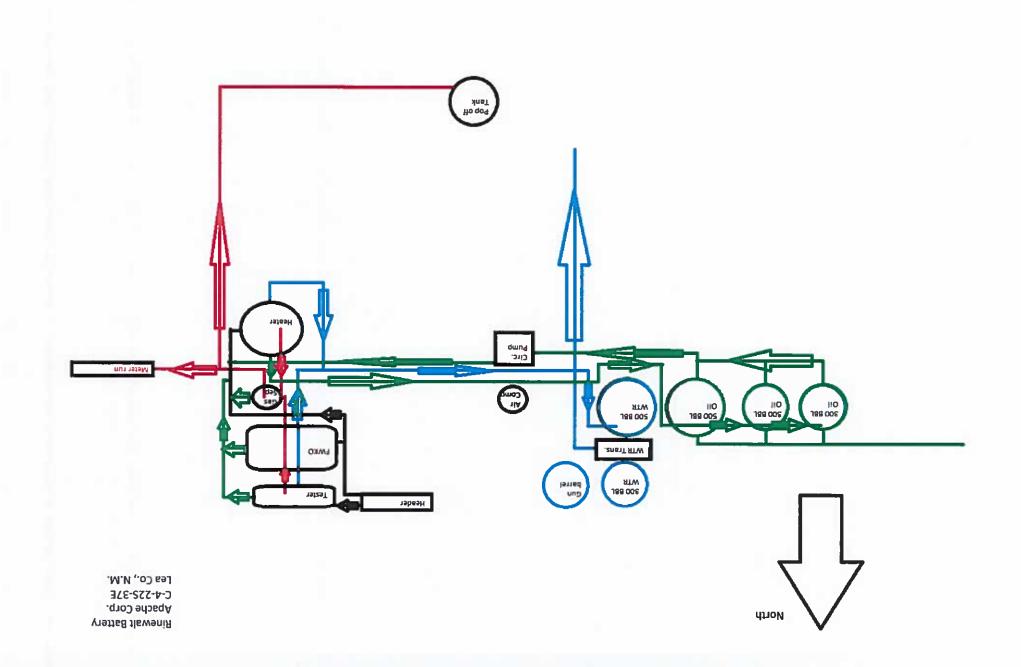
Sr. Staff Regulatory Analyst

Fisher

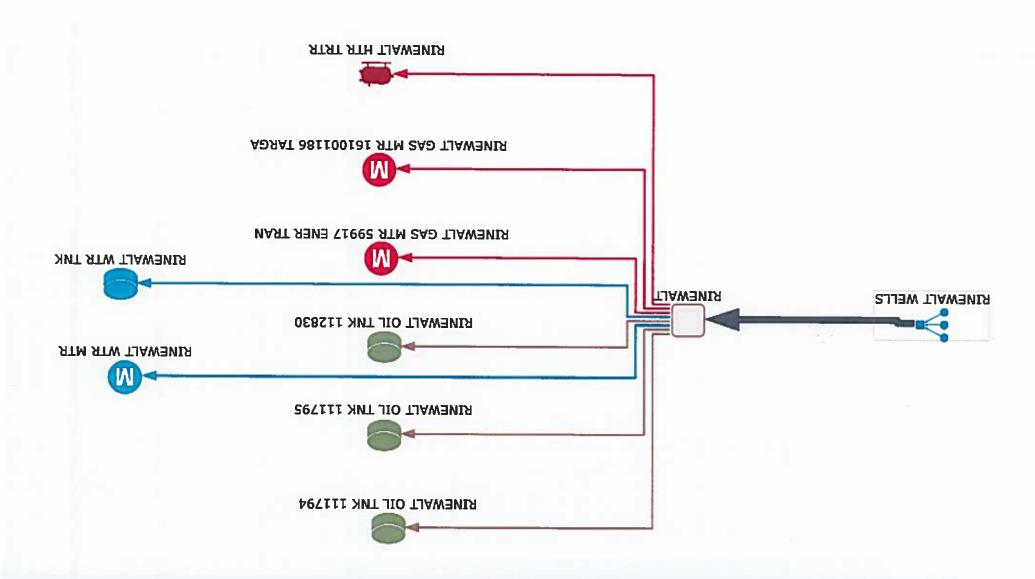
**Enclosures** 

## RINEWALT LEASE WELLS C-4-22S-37E APACHE CORP.

|              |           |            |      | Mineral |        | Unit       |     |     |     | OCD<br>UNIT | Last   |            |                                |
|--------------|-----------|------------|------|---------|--------|------------|-----|-----|-----|-------------|--------|------------|--------------------------------|
| <u>API</u>   | Well Name | Well No.   | Type | Owner   | Status | <u>Ltr</u> | Sec | I   | R   | LTR         | Prod   | Spud Date  | Producing Pool(s)              |
| 30-025-10034 | RINEWALT  | #001       | Oil  | Private | Active | F          | 4   | 225 | 37E | F           | Apr-19 | 5/9/1937   | 24180 Eunice; San Andres, SW   |
| 30-025-10035 | RINEWALT  | #002       | Oil  | Private | Active | 3          | 4   | 225 | 37E | C           | Apr-19 | 4/12/1965  | 6660 Blinebry O&G (Oil)        |
| 30-025-10036 | RINEWALT  | #003       | Oil  | Private | Active | F          | 4   | 225 | 37E | F           | Apr-19 | 10/19/1946 | 19190 Drinkard                 |
|              |           | (DHC-2403) |      |         | (TA)   |            |     |     |     |             |        |            | 62700 Wantz; Abo               |
| 30-025-10037 | RINEWALT  | #004       | Gas  | Private | Active | 3          | 4   | 225 | 37E | С           | Apr-19 | 1/21/1947  | 86440 Tubb O&G (Pro Gas)       |
|              |           | (DHC-281)  |      |         |        |            |     |     |     |             |        |            | 19190 Drinkard                 |
| 30-025-34582 | RINEWALT  | #005       | Oil  | Private | Active | 3          | 4   | 225 | 37E | С           | Apr-19 | 3/9/1999   | 76480 Eumont; Yates-7R-Q (Gas) |
|              |           | (DHC-2779) |      |         |        |            |     |     |     |             |        |            | 50350 Penrose Skelly; Grayburg |
| 30-025-37325 | RINEWALT  | #006       | Oil  | Private | Active | F          | 4   | 225 | 37E | F           | Apr-19 | 7/10/2005  | 50350 Penrose Skelly; Grayburg |
| 30-025-37750 | RINEWALT  | #007       | Oil  | Private | Active | 3          | 4   | 225 | 37E | C           | Apr-19 | 5/28/2006  | 50350 Penrose Skelly; Grayburg |
| 30-025-38224 | RINEWALT  | #008       | Oil  | Private | Active | 3          | 4   | 225 | 37E | С           | Apr-19 | 7/26/2007  | 6660 Blinebry O&G (Oil)        |
|              |           | (DHC-234)  |      |         |        |            |     |     |     |             |        |            | 60240 Tubb O&G (Oil)           |
|              |           |            |      |         |        |            |     |     |     |             |        |            | 19190 Drinkard                 |







Allocation Schematic for Rinewalt Battery
C-4-22S-37E
Apache Corp.



June 27, 2019

Sent via certified mail 9414 8149 0250 5954 0018 29

AVALANCHE ROYALTY PARTNERS LLC 100 SAINT PAUL ST STE#305 DENVER, CO 80206

RE: Notice of Intent to Surface Commingle Production from the Rinewalt lease wells, Unit C, Sec 4, T22S-R37E, Lea Co, NM

Dear Interest Owners,

Apache Corporation, as operator of the referenced lease, is applying to the New Mexico Oil Conservation Division to surface commingle production from the following existing wells:

|           |            |      |         |               |      |     |     |     | OCD  |        |            |       |                          |
|-----------|------------|------|---------|---------------|------|-----|-----|-----|------|--------|------------|-------|--------------------------|
|           |            |      | Mineral |               | Unit |     |     |     | UNIT | Last   |            |       |                          |
| Well Name | Well No.   | Type | Owner   | <u>Status</u> | Ltr  | Sec | I   | R   | LTR  | Prod   | Spud Date  |       | Producing Pool(s)        |
| RINEWALT  | #001       | Oil  | Private | Active        | F    | 4   | 225 | 37E | F    | Арг-19 | 5/9/1937   | 24180 | Eunice; San Andres, SW   |
| RINEWALT  | #002       | Oil  | Private | Active        | 3    | 4   | 225 | 37E | Ç    | Apr-19 | 4/12/1965  | 6560  | Blinebry O&G (Oil)       |
| RINEWALT  | #003       | Oil  | Private | Active        | F    | 4   | 225 | 37E | F    | Apr-19 | 10/19/1946 | 19190 | Drinkard                 |
|           | (DHC-2403) |      |         | (TA)          |      |     |     |     |      |        |            | 62700 | Wantz; Abo               |
| RINEWALT  | #004       | Gas  | Private | Active        | 3    | 4   | 225 | 37E | С    | Apr-19 | 1/21/1947  | 86440 | Tubb O&G (Pro Gas)       |
|           | (DHC-281)  |      |         |               |      |     |     |     |      |        |            | 19190 | Drinkard                 |
| RINEWALT  | #005       | Oil  | Private | Active        | 3    | 4   | 225 | 37E | С    | Apr-19 | 3/9/1999   | 76480 | Eumont; Yates-7R-Q (Gas) |
|           | (DHC-2779) |      |         |               |      |     |     |     |      |        |            | 50350 | Penrose Skelly; Grayburg |
| RINEWALT  | #006       | Oil  | Private | Active        | F    | 4   | 225 | 37E | F    | Apr-19 | 7/10/2005  | 50350 | Penrose Skelly; Grayburg |
| RINEWALT  | #007       | Oil  | Private | Active        | 3    | 4   | 225 | 37E | С    | Apr-19 | 5/28/2006  | 50350 | Penrose Skelly; Grayburg |
| RINEWALT  | #008       | Oil  | Private | Active        | 3    | 4   | 225 | 37E | С    | Apr-19 | 7/26/2007  | 6660  | Blinebry O&G (Oil)       |
|           | (DHC-234)  |      |         |               |      |     |     |     |      |        |            | 60240 | Tubb O&G (Oil)           |
|           |            |      |         |               |      |     |     |     |      |        |            | 19190 | Drinkard                 |

This will allow Apache to continue to operate these leases efficiently by measuring and storing oil and casinghead gas at a common facility. This will allow Apache to continue to operate these leases in an economic manner. The interest ownership differs slightly between the wells. In order to commingle production at the surface, production from each of the wells must be allocated by well test to account for the difference in ownership.

As a royalty owner, you are receiving this notice as required by New Mexico State law. No action is necessary on your part. If you have any questions, please don't hesitate to contact me.

Sincerely,

gubater

APACHE CORPORATION

Jan Baker Landman Jan.Baker@apachecorp.com 432-818-1654 (office)

| Ž                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Certified Mail Number                                    | 9414 8149 0250 5954 0017 51<br>9414 8149 0250 5954 0027 68<br>9414 8149 0250 5954 0021 82<br>9414 8149 0250 5954 0021 82<br>9414 8149 0250 5954 0021 82<br>9414 8149 0250 5954 0028 12<br>9414 8149 0250 5954 0028 13<br>9414 8149 0250 5954 0028 85<br>9414 8149 0250 5954 0028 84<br>9414 8149 0250 5954 0028 84<br>9414 8149 0250 5954 0028 81<br>9414 8149 0250 5954 0029 81<br>9414 8149 0250 5954 0029 81<br>9414 8149 0250 5954 0029 82<br>9414 8149 0250 5954 0029 82                                                                                                                                                                                                                                                                                                                                                                              |
| Addresses 2000 POST OAK BLVD SUITE 100 HOUSTON, TX 77056 | 1000 BALLPARK WAY SUITE 200 ARLINGTON, TX 76011 PO BOX 840738 DALLAS, TX 75284 0738 5115 AND 5T 48 GUBBOCK, TX 79464 5909 BEVERLY DRIVE TX 79464 5909 BEVERLY DRIVE TX 79464 5909 BEVERLY DRIVE TX 79464 100 BOX 4155 BANADON, NA 33704-5546 100 SAWIT PAUL ST STENSO EDWYCK, CO 80206 2800 CALDIS BURNDAND, TX 79105 PO BOX 301267 PAULS, TX 75303-1767 PO BOX 301267 PAULS, TX 75303-1767 PO BOX 312767 PAULS, TX 75303-1767 PO BOX 31276 PAULC, TX 75303-1767 PO BOX 31276 PAULC, TX 75303-1767 PO BOX 31276 PAULC, TX 75303-1767 PO BOX 19130 SAW DRICE, CA 92159-9130 PO BOX 19130 SAW DRICEO, CA 92159-9130 PO BOX 20167 PAUR DRIVEN CO 80527 2945 ROOPED PAUR DRIVEN DRIVEN TE HIM 87505-6312                                                                                                                               |
| Party Name                                               | ALDORE OIL & GAS INC.  ALLIE GAVIE DAVISOM TRUST NO 2 BOA & JEFFERY W FOLTZ CO TTEE ANIN ALIZON ARTH ANIN DEHNARD ALLISON ANIN DEHNARD ALLISON ANIN BELIZON ARTH ANIN ELIZABETH LAWMENCE ANITHOMY & BETTY PIEPER TRUST U/A DID 12/10/1987 JEFFERY R PIEPER & CHRISTOPHER R BROWN, CO TRUSTEES ANITHOMY & BETTY PIEPER TRUST U/A DID 12/10/1987 JEFFERY R PIEPER & CHRISTOPHER R BROWN, CO TRUSTEES ANITHOMY & BETTY PIEPER TRUST U/A DID 12/10/1987 JEFFERY R PIEPER ANITHOMY & BETTY PIEPER TRUST U/A DID 12/10/1987 JEFFERY R PIEPER BLACK STOWN HAITERALS COMPANY LP ATTH REVENUE ACCOUNTING DEPARTMENT CAROLY NOR HUNDESTON R EST SUSAN HUDDLESTON BELOTE, CO PER REP CYNTHIN GRACE WHITE DAVIGLAGE SPEIGHT FAMILY O/G ILP A TEXAS LIMITED PARTMERSHIP DAVIGLAGE SPEIGHT FAMILY O/G ILP A TEXAS LIMITED PARTMERSHIP DAVIS COPPEGGE REVOCT R 11/11/14 DAVIS A COPPEDGE TRUSTEE DAVISCAN HOLDDINGS LUC C/O CHRISTOPHER DAVISON DAVING NICHAEL T SHADE |
| Interest<br>Working Interest                             | Royaky interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Mailed Out Date Received Approved

5338 MONTGOMERY BLYD ALBUQUERQUE, NM 87109-1338 2929 N CENTRAL EXPRESSWAY W235 RICHARDSON, TX 75080 2882 SAND HILL RDAD SUITE 117 MENLO PARK, CA 94025 1875 SUNSET POINT RD APT 111 CLEARWATER, FL 33765 1257 DREW STREET APT 3 CLEARWATER, FL 33755-4934 PO BOX 3480, ON. & GAS DEPT OMAHA, NE 68103-0408 3304 BOUGAINVILLE WAY WILMINGTON, NC 28409 4925 GREENVILLE AVE STE 1116 DALLAS, TX 75206 3939 BEE CAVE RD, BLDG C-100 AUSTIN, TX 78746 4925 GREENVILLE AVE STE 915 DALLAS, TX 75206 9900 SAVANNAH RIDGE DR AUSTIN, TX 78726 6140 E VOLTARE AVE SCOTTSDALE, AZ 85254 PO BOX 24680 LOS ANGELES, CA 90024-0680 36 KESTREL LAHE EL PRADO, NM 87529-7547 452 JERNIFER LANE DRIFTWOOD, TX 78619 11207 SOUTH BAY LAKE AUSTIN, TX 78739 P O BOX 1738 ROSWELL, NM 88202-1738 P O BOX 10321 LUBBOCK, TX 79408-3321 PO BOX 660082 DALLAS, TX 75266-0082 564 RIVER RD NEW MILFORD, NJ 07646 PO BOX 5930 LUBBOCK, TX 79408-5930 PO BOX 53092 SHREVEPORT, LA 71135 PO BOX 671099 DALLAS, TX 75367-1099 1393 W VILLA NORTE BOISE, ID 83702 2312 BAHAMA RD AUSTIN, TX 78733 PO BOX 840738 DALLAS, TX 75284 PO BOX 342694 AUSTIN, TX 78734 PO BOX 1087 ASHLAND, OR 97520 PO BOX 841803 DALLAS, TX 75284 3535 23RD ST BOULDER, CO 80304 PO BOX 1628 WHITNEY, TX 76692 PO BOX 982 MERIDIAN, TX 76665 PO BOX 1588 TULSA, OK 74101 PO BOX L CROWLEY, LA 70527

MCWRORTER LIVING TRUST BRENT W & RUTH MCWHORTER TTEES

MARY J MCWHORTER TRUST JAMES R MCWHORTER, TRUSTEE

MARTHA ILGENFRITZ VANHORN

MARCIE BROOKE HOWELL

KR&M LLC

MARTHA E BROWN

MARY LORAIN GIBSON BANDUCCI

MICHAEL HERD MOORE IRREV TRUST JAMES L'FALGOUT TRUSTEE

MONTGOMERY PETROLEUM INC

HAIL BAY ROYALTIES LLC

NEW MEXICO WESTERN MINERALS IN NOBLE ROYALTIES INC A TEXAS CORP 2000 POST OAK BLVD - SUITE 100 HOUSTON, TX 77054

447 GALAXY DR NEWPORT BEACH, CA 92660-4921

PO BOX 1377 MIDLAND, TX 79702

6102/52/9 6/26/2019 6/26/2019 6102/92/9 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6102/92/9 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6102/92/9 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 6/26/2019 9414 8149 0250 5954 0020 79 9414 8149 0250 5954 0020 86 9414 8149 0250 5954 0022 08 9414 8149 0250 5954 0022 15 9414 8149 0250 5954 0020 31 9414 8149 0250 5954 0020 55 9414 8149 0250 5954 0020 62 9414 8149 0250 5954 0020 93 9414 8149 0250 5954 0021 09 9414 8149 0250 5954 0021 16 9414 8149 0250 5954 0021 23 9414 8149 0250 5954 0021 30 9414 8149 0250 5954 0021 54 9414 8149 0250 5954 0021 61 9414 8149 0250 5954 0021 78 9414 8149 0250 5954 0021 85 9414 8149 0250 5954 0022 39 9414 8149 0250 5954 0023 83 9414 8149 0250 5954 0020 48 9414 8149 0250 5954 0021 92 9414 8149 0250 5954 0022 22 9414 8149 0250 5954 0022 46 9414 8149 0250 5954 0022 53 9414 8149 0250 5954 0022 91 9414 8149 0250 5954 0023 07 9414 8149 0250 5954 0023 14 9414 8149 0250 5954 0023 21 9414 8149 0250 5954 0023 38

2119 CITRUS HILL IN PALM HARBOR, FL 34683-3204

PO BOX 43 SPENCER, IN 47460

JESSE FAY DUVER CASTLEMAN TRUST BANK OF TEXAS SUCCESSOR TIEE

NOW MARC HOWELL

KAREN W LEHMAN KATHERINE A KECK

REFEREY P DAVISON BOA AGENT

IEFFREY A PIEPEA

JAMES T COPPEDGE

KEMNETH H HEADLEY ESTATE US TREASURY - LEVY PROCEEDS

S TEALWOOD SHREVEPORT, LA 71104

4925 GREENVILLE AVE STE 500 DALLAS, TX 75,706 4144 WAGDHWHEEL CIRCLE EDMOND, OX 73034 1310 CORONET AVENUE PASADENA, CA 91107

PO BOX 40909 AUSTIN, TX 78704-0016

DONALD COWDEN OUVER TRUST #12 WELLS FARGO OGM OPERATIONS-AU 10291

HELEN H. OSBORNE ESTATE SUSAN HUDDLESTON BELOTE PER REP

HERRING 1990 TRUST DELL & WILBUR HERRING TRUSTEES

2PZ DELAWARE I LLC Override Interest

TEXAS PRESBYTERIAN FOUNDATION FARMERS NATIONAL CO AGENT

IRITEX PRODUCTION COMPANY JEHRS FAMILY PARTNERSHIP LP

TATE BYRNE JENNINGS

SHARON LEE WHITE

S E CONE IR

STEPHEN N JAMES

WHITE FAMILY TRUST SUSAN H WHITE TRUSTEE

VRIGHT COWDEN IR

NONALD J BYERS COMPANY LLC C/O PERSONAL ADMINISTRATORS

PURNELL MORROW COMPANY ONE ENERGY SQ.

PHYLLIS WHITE HENNESSEE

PERCY LEE LAWRENCE III

PEMAY LOUISE HARDY HOLCOMB

OXY USA INC ATTN JIB

PAMELA ANN QUICK

APACHE CORPORATION

## RINEWALT - OWNERSHIP SURFACE COMMINGLING

Interest

Party Name

**Working Interest** 

APACHE CORPORATION

Royalty Interest

ADOBE OIL & GAS INC

ALLIE GAYLE DAVISON TRUST NO 2 BOA & JEFFERY W FOLTZ CO TTEE

ANN ALLISON AKIN
ANN DENNARD ALLISON
ANNE ELIZABETH LAWRENCE

ANTHONY & BETTY PIEPER TRUST U/A DTD 12/10/1987 JEFFREY R PIEPER & CHRISTOPHER R BROWN, CO TRUSTEES

AREECIA WYNNE WARD

AVALANCHE ROYALTY PARTNERS LLC BWAB INCORPORATED

**BETTY RAINS** 

BLACK STONE MINERALS COMPANY LP ATTN REVENUE ACCOUNTING DEPARTMENT

CAROLYN G COWDEN CITY OF EUNICE

CLEAR FORK MINERALS LLC

CREED TAYLOR HUDDLESTON JR EST SUSAN HUDDLESTON BELOTE, CO PER REP

CYNTHIA GRACE WHITE

DANGLADE SPEIGHT FAMILY O/G I LP A TEXAS LIMITED PARTNERSHIP

DAVID W LAWRENCE

DAVIS A COPPEDGE REVOCTR 11/11/14 DAVIS A COPPEDGE TRUSTEE

DAVISON HOLDINGS LLC C/O CHRISTOPHER DAVISON

DIANE P TIPTON-VEIRS C/O MICHAEL T SHADE

DONALD COWDEN OLIVER TRUST #12 WELLS FARGO OGM OPERATIONS-AU 10291

EVERETT COON, JR.

HELEN H. OSBORNE ESTATE SUSAN HUDDLESTON BELOTE PER REP

HERRING 1990 TRUST DELL & WILBUR HERRING TRUSTEES

HUGH CILGENFRITZ JR

JACK WARD BENSON

JAMES T COPPEDGE

JEFFREY P DAVISON BOA AGENT

JEFFREY R PIEPER

JESSIE FAY OLIVER CASTLEMAN TRUST BANK OF TEXAS SUCCESSOR TTEE

JON MARC HOWELL

KAREN W LEHMAN

KATHERINE A KECK

KENNETH N HEADLEY ESTATE US TREASURY - LEVY PROCEEDS

KR&M LLC

MARCIE BROOKE HOWELL

MARTHA E BROWN

MARTHA ILGENFRITZ VANHORN

MARY J MCWHORTER TRUST JAMES R MCWHORTER, TRUSTEE

MARY LORAIN GIBSON BANDUCCI

MCWHORTER LIVING TRUST BRENT W & RUTH MCWHORTER TTEES

MICHAEL HERD MOORE IRREV TRUST JAMES L FALGOUT TRUSTEE

MONTGOMERY PETROLEUM INC

**NAIL BAY ROYALTIES LLC** 

NEW MEXICO WESTERN MINERALS IN

NOBLE ROYALTIES INC A TEXAS CORP

OXY USA INC ATTN JIB

PAMELA ANN QUICK

PENNY LOUISE HARDY HOLCOMB

PERCY LEE LAWRENCE III

PHYLLIS WHITE HENNESSEE

PURNELL MORROW COMPANY ONE ENERGY SQ.

RONALD J BYERS COMPANY LLC C/O PERSONAL ADMINISTRATORS

S E CONE JR

SHARON LEE WHITE

STEPHEN N JAMES

SUSAN WHITE

TATE BYRNE JENNINGS

TEXAS PRESBYTERIAN FOUNDATION FARMERS NATIONAL CO AGENT

TRITEX PRODUCTION COMPANY

VEIRS FAMILY PARTNERSHIP LP

WHITE FAMILY TRUST SUSAN H WHITE TRUSTEE

WRIGHT COWDEN JR

Override Interest

ZPZ DELAWARE I LLC





**Well Tests** 

Papert Pariod: December 1 2018 to June 19 2019

| Test        | 1       | Chk     | Tubing    | PSIG | Cas   | ing PSIG   | 5th    | it-in PSIG | ВН   | Name of the | Pump     | Clock  | Valid | \$ ( <del>111 - 1</del> | 7         | Volu     | mes         | Salaba. | 8    | Flu      | rids      | Pump   |       | 1     | Rati | ios  |
|-------------|---------|---------|-----------|------|-------|------------|--------|------------|------|-------------|----------|--------|-------|-------------------------|-----------|----------|-------------|---------|------|----------|-----------|--------|-------|-------|------|------|
| Date        | Hes     | in. SPM | High      | Low  | Hig   | h Low      | Tubir  | ng Casing  | PSIG | PIP         | Freq. Hz | 0 0    | Test  | Ttl Liq.                | Oii       | Ttl Gas  | Frm Gas     | Water   | Lift | Level    | Pump      | Stroke | GOR   | WOR   | GLR  | IGLR |
| glon: PEAK  | MAIA    |         | District: | WEST | HTZK  | CT         | este s | -,-        |      |             |          | 100000 |       | Superinter              | ident: WE | ST DISTR | ICT [PRICE] | 100     |      | Foreman: | EUNICE [C | ŒAN]   |       |       |      |      |
| INEWALT A   | 101 (SA | )       |           |      | Statu | s: Produci | Ing    |            |      |             |          |        | 9     |                         |           |          |             |         |      |          |           |        |       |       |      |      |
| 12/11/18    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 10.00                   | 1.00      | 15.00    | 15.00       | 9.00    |      |          |           |        | 15.00 | 9.00  | 1.50 |      |
| 01/16/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 11.00                   | 1.00      | 14.00    | 14.00       | 10.00   |      | i        |           |        | 14.00 | 10.00 | 1.27 |      |
| 02/06/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 9.00                    | 1.00      | 17.00    | 17.00       | 8.00    |      |          |           |        | 17.00 | 8.00  | 1.89 |      |
| 03/08/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 10.00                   | 1.00      | 12.00    | 12.00       | 9.00    |      |          |           |        | 12.00 | 9.00  | 1.20 |      |
| 04/08/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 9.00                    | 1.00      | 11.00    | 11.00       | 8.00    |      |          |           |        | 11.00 | 8.00  | 1.22 |      |
| 05/09/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 9.00                    | 1.00      | 11.00    | 11.00       | 8.00    |      |          |           |        | 11.00 | 8.00  | 1.22 |      |
| 06/05/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 11,00                   | 1.00      | 11.00    | 11.00       | 10.00   |      |          |           |        | 11.00 | 10.00 | 1.00 |      |
| erages by ( | Comple  | etion:  |           |      |       |            |        |            |      |             |          |        |       | 9.86                    | 1.00      | 13.00    | 13.00       | 8.86    |      |          |           |        |       |       |      |      |
| INEWALT     | ¥02     |         |           |      | Statu | s: Produc  | ing    |            |      |             |          |        | ì     |                         |           |          |             |         |      |          |           |        |       |       |      |      |
| 12/03/18    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 0.00                    | 0.00      | 1.00     | 1.00        | 0.00    |      | 2        |           |        | 0.00  |       | 0.00 | 0.0  |
| 01/17/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 0.00                    | 0.00      | 1.00     | 1.00        | 0.00    |      |          |           |        | 0.00  |       | 0.00 | 0.   |
| 02/10/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 0.00                    | 0.00      | 1.00     | 1.00        | 0.00    |      |          |           |        | 0.00  |       | 0.00 | 0.   |
| 03/09/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 0.00                    | 0.00      | 1.00     | 1.00        | 0.00    |      |          |           |        | 0.00  |       | 0.00 | 0.   |
| 04/09/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 0.00                    | 0.00      | 1.00     | 1.00        | 0.00    |      |          |           |        | 0.00  |       | 0.00 | 0.6  |
| 06/06/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 0.00                    | 0.00      | 1.00     | 1.00        | 0.00    |      |          |           | 8      | 0.00  |       | 0.00 | 0.   |
| erages by   | Comple  | etion:  |           |      |       |            |        |            |      |             |          |        |       | 0.00                    | 0.00      | 1.00     | 1.00        | 0.00    |      |          |           |        |       |       |      |      |
| INEWALT :   | #03 DF  | RI      |           |      | State | ıs: Produc | ing    |            |      |             |          |        |       |                         |           |          |             |         |      |          |           |        |       |       |      |      |
| 12/13/18    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 0.00                    | 0.00      | 1.00     | 1,00        | 0.00    |      |          |           |        | 0.00  |       | 0.00 | 0.   |
| 01/22/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 0.00                    | 0.00      | 1.00     | 1.00        | 0.00    |      |          |           |        | 0.00  |       | 0.00 | 0.   |
| 02/12/19    | 24      |         |           |      |       |            |        |            |      |             |          |        | True  | 0.00                    | 0.00      | 1.00     | 1,00        | 0.00    |      |          |           |        | 0.00  |       | 0.00 | 0    |



Apache

**Well Tests** 

Report Period: December 1, 2018 to June 19, 2019

| Test         | Chk         | Tubing    | PSIG | Casing    | PSIG     | Shut-In | PSIG   | BH   | -     | Pump    | Clock | Valid |            | 8-75     | Volu      | nes        |       |      | Flu      | ıids     | Pump   |       |      | Batti | os   |
|--------------|-------------|-----------|------|-----------|----------|---------|--------|------|-------|---------|-------|-------|------------|----------|-----------|------------|-------|------|----------|----------|--------|-------|------|-------|------|
| Date         | Hrs In Si   | M High    | Low  | High      | Low      | Tubing  | Casing | PSIG | PIP F | req. Hz | 7.    | Test  | Til Liq.   | Oil      | Til Gas   | Frm Gas    | Water | Lift | Level    | Pump     | Stroke | GOR   | WOR  | GLR   | IGLR |
| egion: PEAN  |             | District: |      | STRICT    |          |         |        |      |       |         |       |       | Superinten | dent: WE | ST DISTRI | CT [PRICE] | 1     |      | Foreman: | EUNICE [ | DEANI  |       |      |       |      |
| RINEWALT #   | 03 DRI      |           |      | Status: F | Producin | 9       |        |      |       |         |       |       |            |          |           |            |       |      |          |          |        | i i   |      |       |      |
| 03/11/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 1.00      | 1.00       | 0.00  |      |          |          |        | 0.00  |      | 0.00  | 0.0  |
| 04/10/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 1.00      | 1.00       | 0.00  |      |          |          |        | 0.00  |      | 0.00  | 0.0  |
| 05/14/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 1.00      | 1.00       | 0.00  |      |          |          |        | 0.00  |      | 0.00  | 0.0  |
| 06/12/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 1.00      | 1.00       | 0.00  |      |          |          |        | 0.00  |      | 0.00  | 0.0  |
| verages by ( | completion: |           |      |           |          |         |        |      |       |         |       |       | 0.00       | 0.00     | 1.00      | 1.00       | 0.00  |      |          |          |        |       |      |       |      |
| RINEWALT #   | 04;DRI      |           |      | Status: F | Producin | ıg      |        |      |       |         |       |       | 1          |          |           |            |       |      |          |          |        | 14    |      |       |      |
| 12/17/18     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 9.00      | 9,00       | 0.00  |      | 13       |          | 1      | 0.00  |      | 0.00  | 0.0  |
| 01/23/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 10.00     | 10.00      | 0.00  |      |          |          |        | 0.00  |      | 0.00  | 0.0  |
| 02/20/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 8.00      | 8.00       | 0.00  |      | 1        |          |        | 0.00  |      | 0.00  | 0.6  |
| 03/12/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 7.00      | 7.00       | 0.00  |      |          |          |        | 0.00  |      | 0.00  | 0.   |
| 04/11/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 6.00      | 6.00       | 0.00  |      | 1        |          |        | 0.00  |      | 0.00  | 0.   |
| 05/15/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 7.00      | 7.00       | 0.00  |      |          |          |        | 0.00  |      | 0.00  | 0.   |
| 06/14/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 7.00      | 7.00       | 0.00  |      |          |          |        | 0.00  |      | 0.00  | 0.0  |
| verages by ( | Completion: |           |      |           |          |         |        |      |       |         |       |       | 0.00       | 0.00     | 7.71      | 7.71       | 0.00  |      |          |          |        |       |      |       |      |
| RINEWALT #   | 04;TUBB     |           |      | Status: J | Producin | ng      |        |      |       |         |       |       |            |          |           |            |       |      | 1        |          |        |       |      |       |      |
| 01/27/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 0.00       | 0.00     | 1.00      | 1.00       | 0.00  |      |          |          |        | 0.00  |      | 0.00  | 0.   |
| verages by ( | Completion: |           |      |           |          |         |        |      |       | 1.0     |       |       | 0.00       | 0.00     | 1.00      | 1,00       | 0.00  |      |          |          |        |       |      |       |      |
| RINEWALT 4   | 05 (PENROSE | SKELLY)   |      | Status: F | Producin | ıg      |        |      |       |         |       |       |            |          |           |            |       |      |          |          |        |       |      |       |      |
| 12/17/18     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 2.00       | 1.00     | 59.00     | 59.00      | 1.00  |      |          |          |        | 59.00 | 1.00 | 29.50 |      |
| 01/24/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 2.00       | 1.00     | 58.00     | 58.00      | 1.00  |      |          |          |        | 58.00 | 1.00 | 29.00 |      |
| 02/21/19     | 24          |           |      |           |          |         |        |      |       |         |       | True  | 2.00       | 1.00     | 56.00     | 56.00      | 1.00  |      | 1        |          |        | 56.00 | 1.00 | 28.00 |      |



**Well Tests** 

6/19/2019 3:47:20 PM

Report Period: December 1, 2018 to June 19, 201

|                            | F        | Report Period |          |          | , 2018 to Jur |      | 119 |          |       |       |            |           |           |            | MAN   |      |          |           | No. No. |        |       |       |      |
|----------------------------|----------|---------------|----------|----------|---------------|------|-----|----------|-------|-------|------------|-----------|-----------|------------|-------|------|----------|-----------|---------|--------|-------|-------|------|
| Test                       | Chk      | Tubing PSR    | G Casing | PSIG     | Shut-In PSIG  | BH   |     | Pump     | Clock | Valid |            |           | Volur     |            |       |      | Flu      |           | Pump    |        |       | Rati  | 000  |
| Date Hrs                   | In. SP   |               |          | Low      | Tubing Casin  | PSIG | PIP | Freq. Hz | ٠,    | Test  | Til Liq.   |           |           | Frm Gas    |       | Lift | Level    | Pump      | Stroke  | GOR    | WOR   | GLR   | IGL  |
| n: PERMIAN                 | 10       | District: WES |          |          |               |      |     |          |       |       | SuperInter | ident: WE | ST DISTRI | CT (PRICE) |       |      | Foreman: | EUNICE [I | DEANI   | _      |       |       | _    |
| WALT #05 (P                |          | KELLY)        | Status:  | Producir | ng            |      |     |          |       |       |            |           |           |            | 4.00  |      |          |           |         | 55.00  | 4.00  | 07.50 |      |
| V13/19 24                  |          |               |          |          |               |      |     |          |       | True  | 2.00       | 1.00      | 55.00     | 55.00      | 1.00  |      |          |           |         | ລວ.ບບ  | 1.00  | 27.50 |      |
| /16/19 24                  | 1        |               |          |          |               |      |     |          |       | True  | 2.00       | 1.00      | 50.00     | 50.00      | 1.00  |      |          |           |         | 50.00  | 1.00  | 25.00 |      |
| V16/19 24                  | 1        |               |          |          |               |      |     |          |       | True  | 2.00       | 1.00      | 50.00     | 50.00      | 1.00  |      |          |           |         | 50.00  | 1.00  | 25.00 |      |
| i/15/19 24                 | 1        |               |          |          |               |      |     |          |       | True  | 2.00       | 1.00      | 50.00     | 50.00      | 1.00  |      |          |           |         | 50.00  | 1.00  | 25.00 |      |
| ges by Comp                | oletion: |               |          |          |               |      |     |          |       | 2     | 2.00       | 1.00      | 54.00     | 54.00      | 1.00  |      |          |           |         |        |       |       |      |
| EWALT #06                  |          |               | Status:  | Producii | ng            |      |     |          |       | 020   |            | 4.00      |           |            | 00.00 |      |          |           |         | 104.00 | 00.00 | 1 14  |      |
| V17/18 24                  | 1        |               |          |          |               |      |     |          |       | True  | 91,00      | 1.00      | 104.00    | 104.00     | 90.00 |      | i i      |           |         | 104.00 | 90.00 | 1.14  |      |
| /15/19 24                  | 4        |               |          |          |               |      |     |          |       | eurT  | 90.00      | 1.00      | 103.00    | 103.00     | 89.00 |      |          |           |         | 103.00 | 89.00 | 1.14  |      |
| 2/26/19 24                 | 4        |               |          |          |               |      |     |          |       | True  | 89.00      | 1.00      | 105.00    | 105.00     | 88.00 |      |          |           |         | 105.00 | 88.00 | 1.18  |      |
| 3/18/19 24                 | 4        |               |          |          |               |      |     |          |       | True  | 86.00      | 1.00      | 100.00    | 100.00     | 85.00 |      |          |           |         | 100.00 | 85.00 | 1.16  |      |
| 5/20/19 24                 | 4        |               |          |          |               |      |     |          |       | True  | 86.00      | 1.00      | 100.00    | 100.00     | 85.00 |      |          |           |         | 100.00 | B5.00 | 1.16  |      |
| iges by Comp               | oletion: |               |          |          |               |      |     |          |       |       | 88.40      | 1.00      | 102.40    | 102.40     | 87.40 |      |          |           |         |        |       |       |      |
| EWALT #07                  |          |               | Status:  | Producio | ng            |      |     |          |       |       |            |           | 74.00     | 74.00      | 00.00 |      |          |           |         | 74.00  | 89.00 | 0.82  |      |
| 2/18/18 24                 | 4        |               |          |          |               |      |     |          |       | True  | 90.00      | 1.00      | 74.00     | 74.00      | 89.00 |      |          |           |         | 74.00  | 03.00 | 0.02  |      |
| 1/25/19 24                 | 4        |               |          |          |               |      |     |          |       | True  | 96.00      | 1.00      | 70.00     | 70.00      | 95.00 |      |          |           | 9       | 70.00  | 95.00 | 0.73  |      |
| 2/26/19 24                 | 4        |               |          |          |               |      |     |          |       | True  | 94.00      | 1.00      | 72.00     | 72.00      | 93.00 |      |          |           |         | 72.00  | 93.00 | 0.77  |      |
| 3/19/19 24                 | 4        |               |          |          |               |      |     |          |       | True  | 91.00      | 1.00      | 65.00     | 65.00      | 90.00 |      |          |           |         | 65.00  | 90.00 | 0.71  |      |
| ges by Comp                | detion:  |               |          |          |               |      |     |          |       |       | 92.75      | 1.00      | 70.25     | 70.25      | 91.75 |      |          |           |         |        |       |       |      |
| EWALT #08 (B               | es e     |               | Status:  | Produci  | ing           |      |     |          |       | True  | 43.00      | 20.00     | 138.00    | 138.00     | 23.00 |      |          |           |         | 6.90   | 1,15  | 3.21  |      |
| EWALT #08 (B<br>2/19/18 24 | es e     |               | Status:  | Produci  | ing           |      |     |          |       | True  | 43.00      | 20.00     | 138.00    | 138.00     | 23.00 |      |          |           |         | 6.90   | 1,15  |       | 3.21 |



#### **Well Tests**

Report Period: December 1, 2018 to June 19, 2019

| 100  | Tes     | it     | Clik    | i si | Tubing PSIG    | Casin    | g PSIG | Shut-In PSIG  | вн   |     | Pump                 | Clock  | Valid   | 1977       | -        | Volu      | nes       | 3 1   | - 700 | Flu      | ıids      | Pump   | W IS  | SALES OF THE PARTY | Hati | ios  |
|------|---------|--------|---------|------|----------------|----------|--------|---------------|------|-----|----------------------|--------|---------|------------|----------|-----------|-----------|-------|-------|----------|-----------|--------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|
|      | Date    | Hrs    | łn.     | SPM  | High Low       | High     | Low    | Tubing Casing | PSIG | PIP | Freq. Hz             | °e     | Test    | Ttl Liq.   | Oil      | Ttl Gas   | Frm Gas   | Water | Lift  | Level    | Pump      | Stroke | GOR   | WOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GLR  | IGLR |
| Regi | on: PEA | MIAN   |         |      | District: WEST | DISTRICT |        |               |      |     | 37 or 17 or 17 or 17 | Tion . | - 45.00 | Superinten | ident: W | EST DISTR | CT [PRICE | ]     | - 1   | Foreman: | EUNICE [I | DEAN]  | 1867) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | Mina |
| RIN  | IEWALT  | #08 (B | LI)     |      |                | Status:  | Produc | ing           |      |     |                      |        |         |            |          |           |           |       |       |          |           |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |      |
| 0    | 1/27/19 | 24     |         |      |                |          |        |               |      |     |                      |        | True    | 44.00      | 19.00    | 145.00    | 145.00    | 25.00 |       |          |           |        | 7.63  | 1.32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3.30 |      |
| 0    | 2/26/19 | 24     |         |      |                |          |        |               |      |     |                      |        | True    | 43.00      | 21.00    | 135.00    | 135.00    | 22.00 |       |          |           |        | 6.43  | 1.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3.14 |      |
| 0    | 3/20/19 | 24     |         |      |                |          |        |               |      |     |                      |        | True    | 37.00      | 17.00    | 140.00    | 140.00    | 20.00 |       |          |           |        | 8.24  | 1,18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3.78 |      |
| Aver | ages by | Compl  | letion: |      |                |          |        |               |      |     |                      |        |         | 41.75      | 19.25    | 139.50    | 139.50    | 22.50 |       |          |           |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |      |

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| Operator                                      |                                                     |                                                             |                                         |                                                                                                     | Lease                              |                 |                |             | 12                                               | Well No.                                                                                        |                                                |
|-----------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|-----------------|----------------|-------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|
| Apache                                        | e Co                                                | rporation                                                   | n                                       |                                                                                                     | R.                                 | inewa           | lt             |             |                                                  | 1                                                                                               |                                                |
| Unit Letter                                   | Section                                             | DE .                                                        | Township                                |                                                                                                     | Range                              |                 |                |             | County                                           |                                                                                                 |                                                |
| F                                             |                                                     | 4                                                           |                                         | 22S                                                                                                 |                                    | 37E             |                | NMPM        | 1                                                | Lea                                                                                             |                                                |
| Actual Footage Loc                            | o noite                                             | Well:                                                       |                                         |                                                                                                     |                                    |                 |                | NATA        |                                                  |                                                                                                 |                                                |
| 2310                                          | feet f                                              | rom the Not                                                 | rth                                     | line and                                                                                            | 2970                               |                 |                | feet from   | the Eas                                          | t line                                                                                          |                                                |
| Ground level Elav.                            |                                                     | Producing                                                   | Formation                               |                                                                                                     | Pool                               |                 |                | (2418       | 30)                                              | Dedicated Acre                                                                                  | ige:                                           |
| 3450                                          |                                                     |                                                             | Andres                                  |                                                                                                     | Eunice;                            | San             | Andres,        | South       | west                                             | 40                                                                                              | Acres                                          |
| 1. Outline                                    | e the ac                                            | reage dedicated                                             | to the subject                          | well by colored pea                                                                                 | cil or hachure m                   | range ou        | the plat below |             |                                                  |                                                                                                 | 710100                                         |
| 2. If more                                    | e than c                                            | ne lease is ded                                             | icated to the w                         | ell, outline each and                                                                               | identify the own                   | nembip t        | hereof (both a | to worki    | ng interest and                                  | l royalty).                                                                                     |                                                |
| unitiza<br>If answer<br>this form<br>No allow | ition, fo<br>Yes<br>ris "no"<br>if necc<br>rable wi | ree-pooling, etc  list the owner essary.  It be assigned to | No I and tract describe well until      | ip is dedicated to the<br>If answer is "yes" typ<br>criptions which have<br>I all interests have be | e of consolidation of consolidated | on<br>Onsolidat | ed. (Use rever | rse side of |                                                  |                                                                                                 |                                                |
| or until a                                    | I BOB-SE                                            | indard unit, elir                                           | mosting such :                          | interest, has been app                                                                              | roved by the Di                    | vition.         | 29             |             | OPERA                                            |                                                                                                 |                                                |
|                                               |                                                     |                                                             | 1                                       |                                                                                                     |                                    |                 |                |             |                                                  | TOR CERTIFIC                                                                                    |                                                |
|                                               |                                                     |                                                             |                                         | 1                                                                                                   |                                    |                 |                |             | ontained her                                     | ) certify that the cin in true and c                                                            | ie urjormation<br>omplete to the               |
|                                               |                                                     |                                                             |                                         |                                                                                                     |                                    |                 |                |             |                                                  | wladge and belief.                                                                              |                                                |
|                                               |                                                     |                                                             |                                         |                                                                                                     |                                    |                 |                | 1           |                                                  |                                                                                                 |                                                |
|                                               |                                                     |                                                             |                                         |                                                                                                     |                                    |                 |                |             | Senture .                                        | 000                                                                                             | NIA                                            |
| 20                                            |                                                     |                                                             | 2310'                                   |                                                                                                     | (/)                                |                 |                | -           | rinted Name                                      | 1 mu                                                                                            | ellor                                          |
|                                               |                                                     |                                                             |                                         |                                                                                                     |                                    |                 |                | 1 1 .       |                                                  | Anderson                                                                                        |                                                |
| F                                             |                                                     | 3                                                           | *************************************** |                                                                                                     |                                    |                 | ~              | / I I       | osition                                          | Other 3011                                                                                      |                                                |
|                                               |                                                     | 3                                                           |                                         | 3                                                                                                   |                                    |                 |                | VI 1        |                                                  | neering Te                                                                                      | chnician                                       |
|                                               |                                                     | 2                                                           |                                         | 4                                                                                                   | i                                  |                 |                |             | Company                                          | neering re                                                                                      | CIIIICIAII                                     |
|                                               |                                                     | 3                                                           |                                         | 3                                                                                                   |                                    |                 |                |             |                                                  | orporation                                                                                      |                                                |
|                                               |                                                     | 4                                                           |                                         | 4                                                                                                   |                                    |                 |                | _ r r=      | Date                                             | orporacion                                                                                      |                                                |
|                                               |                                                     | 7                                                           |                                         | 1 :                                                                                                 | 1970' i                            |                 |                |             |                                                  | /09/99                                                                                          |                                                |
|                                               |                                                     | 2                                                           | #1                                      | 2                                                                                                   | ,,,,                               |                 |                | ~게 ⊨        |                                                  |                                                                                                 |                                                |
| -                                             |                                                     | - furch                                                     | بمتممي                                  | 4.4                                                                                                 |                                    |                 |                |             | SURVE                                            | YOR CERTIFI                                                                                     | CATION                                         |
|                                               |                                                     |                                                             |                                         |                                                                                                     |                                    |                 |                | 3           | on this plat s<br>sctual survey<br>supervison, a | ify that the well is<br>was plotted from<br>a made by me<br>and that the sam<br>we best of my l | field notes of<br>or under my<br>e is true and |
|                                               |                                                     | i                                                           |                                         |                                                                                                     |                                    |                 |                | l L         | Date Surveyed                                    | 1                                                                                               |                                                |
|                                               |                                                     |                                                             |                                         |                                                                                                     |                                    | <u> </u>        |                |             | - and distribution                               |                                                                                                 |                                                |
|                                               |                                                     |                                                             |                                         | *                                                                                                   | E#                                 |                 |                |             | Signature & S<br>Professional S                  |                                                                                                 |                                                |
|                                               |                                                     |                                                             |                                         |                                                                                                     |                                    |                 |                |             | Centificate No                                   |                                                                                                 |                                                |
|                                               |                                                     |                                                             |                                         |                                                                                                     |                                    |                 |                | <u> </u>    |                                                  | _                                                                                               |                                                |
| 0 330 660                                     | 990                                                 | 1320 1650                                                   | 1980 2310                               | 2640 200                                                                                            | 0 1500                             | 1000            | 500            | 6           |                                                  |                                                                                                 |                                                |

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT III
1000 Rio Brazos Rd., Azioc, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT All Distances must be from the outer boundaries of the section

| perator                                                                   |                         |                                                         |                                                      | Loase             |                 |                     |                                                                                                                                  | Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------|-------------------------|---------------------------------------------------------|------------------------------------------------------|-------------------|-----------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sheli Western E&                                                          | P Inc.                  |                                                         |                                                      | RINEWALT          | Г               | 2                   |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Jak Letter Sect                                                           |                         | Township                                                |                                                      | Range             |                 |                     | County                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| С                                                                         | 4                       | 229                                                     | S                                                    |                   | 37E             | NMPM                |                                                                                                                                  | LEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actual Footage Location o                                                 | Well:                   |                                                         |                                                      |                   |                 |                     |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                           | rom the                 | NORTH                                                   | line and                                             |                   | 1980            | feet from           | the                                                                                                                              | WEST line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| round level Elev.                                                         | Producis                | ng Formation                                            |                                                      | Pool              |                 |                     |                                                                                                                                  | Dedicated Acreage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3460' DF                                                                  |                         | BLINEBRY                                                |                                                      | BLINEBRY          | OIL & GAS       |                     |                                                                                                                                  | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Acres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1. Outline the a                                                          | reage dedicate          | ed to the subject well                                  | by colored pe                                        | acil or hachure : | parks on the pl | at below.           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                           |                         | dicated to the well, o                                  |                                                      |                   |                 |                     | g interest                                                                                                                       | and royalty).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| unitization, for Yes  If answer is "no this form if necent No allowable w | list the owner cessary. | No If and and tract description to the well until all i | wer is "yes" ty<br>one which have<br>nterests have b | pe of consolidate | ion             | Jae reverse side of |                                                                                                                                  | communitization,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| or until a non-si                                                         | ndard unit, eli         | iminating such intere                                   | a, has been sp                                       | proved by the D   | ivisios.        |                     |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1980                                                                      |                         | -660-                                                   |                                                      |                   |                 | P V P C C S D       | gnature gnature gnature v. F. N osition IV. ENV ompany HELL hereby con this ple ctual sus spervison ositiof. Date Surve ignature | I. KELLDORF  VIRONMENTAL ENGINEETERN E&P INC  10/31/91  VEYOR CERTIFICATION  TO SETTIFY that the well local was plotted from for your made the same in the best of my known in | Information plate to the plate |

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$2210

#### OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## WELL LOCATION AND ACREAGE DEDICATION PLAT

| alor               |                                                                       |                                                                                                                                                           | Lease                                                                               |                                    |                                                 | Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ell Wester         | n E&P Inc.                                                            |                                                                                                                                                           | RINEWALT                                                                            |                                    |                                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Letter             | Section                                                               | Township                                                                                                                                                  | Range                                                                               |                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| F                  | 4                                                                     | 225                                                                                                                                                       |                                                                                     | 37E                                | NMPM                                            | LEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| al Footage Loc     | ation of Well:                                                        |                                                                                                                                                           |                                                                                     |                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1980               | feet from the                                                         | NORTH 15m                                                                                                                                                 | and                                                                                 | 1980                               | feet from the                                   | VEST line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ad level Elev.     | Product                                                               | ng Formstine                                                                                                                                              | Pool                                                                                | _                                  |                                                 | Dedicated Acreage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3469' DF           |                                                                       | DRINKARD                                                                                                                                                  | DRINKARD                                                                            |                                    |                                                 | 40 Acres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2. If more unities | e than one lease is do<br>than one lease of d<br>tion, force-pooling, | ed to the subject well by color adicated to the well, ostline es ifferent ownership is dedicate stc.?  No If answer is " ars and tract descriptions whice | ch and identify the owned<br>to the well, have the in<br>res" type of consolidation | trihip thereof () terest of all ow | ooth as to working interest a                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No allow           | able will be assigned                                                 | to the well until all interests<br>liminating such interest, has b                                                                                        | have been consolidated (<br>een approved by the Div                                 | by communitiz<br>ision.            | OPER  I her contained h                         | oling, or otherwise)  ATOR CERTIFICATION  the information in true and complete to the information of the inf |
| , <b></b>          | 1980'                                                                 | 1980'                                                                                                                                                     |                                                                                     |                                    | Position DIV. ENV Company                       | KELLDORF IRONMENTAL ENGR. VESTERN E&P INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                    |                                                                       |                                                                                                                                                           |                                                                                     |                                    | I hereby or on this pla actual sur- supervison, | 10/31/91  EYOR CERTIFICATION  orify that the well location is to was plotted from field no veys made by me or unde and that the same is true the best of my knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                    |                                                                       |                                                                                                                                                           | . <b></b>                                                                           | . <del></del>                      | Date Survey Signature & Professiona             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                    |                                                                       |                                                                                                                                                           |                                                                                     |                                    | Professional Certificate                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

#### XICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section Well No. Lease Operator Rinewalt Shell Oil Company County Range Section Township Unit Letter 37E Lea 225 Actual Footage Location of Well: 1980 west 1980 north feet from the line and feet from the Dedicated Acreage: **Producing Formation** Pool Ground Level Elev. Wantz-Abo Acres 34561 Abo 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? If answer is "yes," type of consolidation \_ □ No ☐ Yes If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. **CERTIFICATION** I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Name Original Signed Sy C. R. Coffer C. R. Coffey Acting District Exploitation Engineer Shell Oil Company July 20, 1965 I hereby certify that the well location shown on this plat was platted 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 knowledge and belief. Date Surveyed Registered Professional Engineer and/or Land Surveyor Certificate No. 1000 2000 1500

330

660

1320 1650

1980 2310

2640

|                                                                     |              |                 |                  |               |              |                   | X                                             |                                                                                |                                                                                                |                                                                                                                 |                                           |                                                                                       |
|---------------------------------------------------------------------|--------------|-----------------|------------------|---------------|--------------|-------------------|-----------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------|
| District I<br>1625 N. French D<br>District II                       |              |                 | 'EIVĒ            | gergy, Mi     | nerals & N   | Vatur             | w Mexico<br>al Resources Depa<br>ΓΙΟΝ DIVISIO | rtment                                                                         | Submit to                                                                                      |                                                                                                                 | For<br>l October<br>iate Distri           |                                                                                       |
| 1301 W. Grand A<br>District III<br>1800 Rio Brazos I<br>District IV |              |                 |                  | 1             | 220 Sou      | th St             | IION DIVISIO<br>. Francis Dr.<br>IM 87505     | N                                                                              | Suomit to                                                                                      | Stat                                                                                                            | e Lease -<br>e Lease -                    | 4 Copies                                                                              |
| 1220 S. St. Franci                                                  |              | V               | BSOC<br>VELL LO  | <u> CATIO</u> |              | ACI               | REAGE DEDIC                                   |                                                                                |                                                                                                | П АМІ                                                                                                           | ENDED F                                   | EPORT                                                                                 |
| 30-025-1003                                                         | API Numbe    | er -            | 86440            | ¹ Poel Cod    | le           | Tubl              | o Oil & Gas (Pro G                            | ' Pool Na<br>Sas)                                                              | nne                                                                                            |                                                                                                                 |                                           |                                                                                       |
| Property<br>23110                                                   | Code         | Rinewalt        |                  |               | * P1         | roperty           | Name                                          |                                                                                |                                                                                                | 004                                                                                                             | Well Numbe                                | r                                                                                     |
| 'OGRID<br>873                                                       |              | Apache C        | orporation       | 303 Vete      | erans Airp   | perator<br>ark La | Name<br>ane, Suite 3000 M                     | lidland, TX 797                                                                | 705                                                                                            | 3462' D                                                                                                         | 'Elevation<br>F                           |                                                                                       |
|                                                                     |              |                 |                  |               |              |                   | Location                                      |                                                                                |                                                                                                |                                                                                                                 |                                           |                                                                                       |
| UL or lot no.<br>C                                                  | Section<br>4 | Township<br>22S | Range<br>37E     | Lot Idn       | 760          | rom the           | North/South line<br>North                     | Feet from the 1980                                                             | West                                                                                           | st/West line                                                                                                    | Lea                                       | County                                                                                |
|                                                                     |              | Y               | <sup>11</sup> Bo | ttom Ho       | ole Locat    | ion I             | f Different From                              | n Surface                                                                      |                                                                                                | 83                                                                                                              |                                           |                                                                                       |
| UL or let no.                                                       | Section      | Township        | Range            | Lot Idn       | Feet fr      | rom the           | North/South line                              | Feet from the                                                                  | Ea:                                                                                            | st/West line                                                                                                    |                                           | County                                                                                |
| " Dedicated Acres                                                   | Joint o      | rinfill "C      | onsolidation (   | Code G Or     | rder No.     | 5¥                | - 7DE                                         | >                                                                              |                                                                                                |                                                                                                                 |                                           |                                                                                       |
| No allowable division.                                              | will be as:  | signed to th    | is completi      | on until al   | ll interests | have              | been consolidated                             | or a non-standai                                                               | d unit ha                                                                                      | s been ap                                                                                                       | proved by                                 | y the                                                                                 |
| 16                                                                  |              | -               | 1,096            |               |              |                   |                                               | I hereby certify the best of my, working micro proposed botte pursuant to a co | i that the inform<br>knowledge and<br>ast or unleased n<br>on hole location<br>combact with an | nation contained<br>belief, and that<br>nuncral interest<br>i or has a right<br>owner of such<br>ement or a com | this organization<br>in the land inch     | and complete to<br>n either owns a<br>scing the<br>at this location<br>whing interest |
|                                                                     |              |                 |                  |               |              | 2000              |                                               | No.                                                                            | Sa tolland                                                                                     | ollan                                                                                                           | Date 09                                   | /02/2010                                                                              |
|                                                                     |              |                 |                  |               |              |                   |                                               | 18 SURV<br>I hereby ce<br>was plotted<br>me or unde<br>and correct             | rtify that the<br>from field i<br>r my superv                                                  | e well locati<br>notes of oct<br>vision, and t                                                                  | ion shown a<br>wal surveys<br>hat the sam | n this plat<br>made by                                                                |

Date of Survey

Certificate Number

Signature and Seal of Professional Surveyor:

Form C- '02 Supersedes C-128 Effective 1-1-65

All distances must be from the outer boundaries of the Section Shell 011 Company Well No. Rinewalt Init Letter County Lea Township **22**S 37E Actual Footage Location of Well: 1980 west 760 north feet from the line and feet from the Ground Level Elev. Producing Formation Pool Tubb Dedicated Acreage: 34621 DF Drinkard Acres 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? Yes If answer is "yes," type of consolidation \_ If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)\_ No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. CERTIFICATION I hereby certify that the information contained herein is true and complete to the 0 best of my knowledge and belief. Name J. E. Sullivan Position Senior Engineering Tech. Shell Oil Company 3-15-79 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 knowledge and belief. Date Surveyed Registered Professional Engineer and/or Land Surveyor Certificate No.

330

660

190

1320 1650

2310

2000

1500

1000

500

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Berros Rd., Aziec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                                                                            | Lease                                                                                                                                                                                                                               |                                                                                | Well No.                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Shell Wester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n F&P loc.                                                                                             |                                                                                                                            | RINEWALT                                                                                                                                                                                                                            |                                                                                | 4                                                                                                                              |
| Jait Letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Section                                                                                                | Township                                                                                                                   | Range                                                                                                                                                                                                                               | County                                                                         |                                                                                                                                |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                      | 225                                                                                                                        | 37E                                                                                                                                                                                                                                 | NMPM                                                                           | LEA                                                                                                                            |
| chial Footage Loc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                                                                            |                                                                                                                                                                                                                                     | Trained .                                                                      |                                                                                                                                |
| 760                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | feet from the                                                                                          | NORTH 1ie                                                                                                                  | e and 1980                                                                                                                                                                                                                          | feet from the                                                                  | WEST line                                                                                                                      |
| incured level Elev.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Produ                                                                                                  | cing Formation                                                                                                             | Pool                                                                                                                                                                                                                                | 1000 31010 000                                                                 | Dedicated Acreage:                                                                                                             |
| 3462' DF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | TUBB & DRINKARD                                                                                                            | TUBB OIL & GAS AND                                                                                                                                                                                                                  | DRINKARD                                                                       | 40 Acres                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | ted to the subject well by cold                                                                                            | red peacil or hachure marks on the pl                                                                                                                                                                                               | at below.                                                                      | 7,000                                                                                                                          |
| 3. If most unitization in the second in the | e than one lease of otion, force-pooling, Yes is "so" list the own if necessary.  able will be assigne | different ownership is dedicate etc.?  No If answer is " hers and tract descriptions which to the well until all interests | ach and identify the ownership thereof<br>d to the well, have the interest of all o<br>yes" type of consolidation<br>th have actually been consolidated. (I<br>have been consolidated (by communi-<br>nen approved by the Division. | where been consolidated by  Jac severse side of  ization, unitization, forced- | communitization,                                                                                                               |
| ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 980'                                                                                                   | 760-                                                                                                                       |                                                                                                                                                                                                                                     | contained best of my Signature Printed Na W. F. I Position DIV. EN Company     | treby certify that the information herein in true and complete to the browledge and belief.  THE STEER PROPERTY INC.  10/31/91 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                                                            |                                                                                                                                                                                                                                     | I hereby on this plactual su supervison correct to ballef.  Date Surve         |                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                                                            |                                                                                                                                                                                                                                     | Certificate                                                                    | No.                                                                                                                            |

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT III
1000 Rio Brazos Rd., Azioc, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT All Distances must be from the outer boundaries of the section

| perator                                                                   |                         |                                                         |                                                      | Loase             |                 |                     |                                                                                                                                  | Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------|-------------------------|---------------------------------------------------------|------------------------------------------------------|-------------------|-----------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sheli Western E&                                                          | P Inc.                  |                                                         |                                                      | RINEWALT          | Г               | 2                   |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Jak Letter Sect                                                           |                         | Township                                                |                                                      | Range             |                 |                     | County                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| С                                                                         | 4                       | 229                                                     | S                                                    |                   | 37E             | NMPM                |                                                                                                                                  | LEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actual Footage Location o                                                 | Well:                   |                                                         |                                                      |                   |                 |                     |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                           | rom the                 | NORTH                                                   | line and                                             |                   | 1980            | feet from           | the                                                                                                                              | WEST line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| round level Elev.                                                         | Producis                | ng Formation                                            |                                                      | Pool              |                 |                     |                                                                                                                                  | Dedicated Acreage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3460' DF                                                                  |                         | BLINEBRY                                                |                                                      | BLINEBRY          | OIL & GAS       |                     |                                                                                                                                  | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Acres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1. Outline the a                                                          | reage dedicate          | ed to the subject well                                  | by colored pe                                        | acil or hachure : | parks on the pl | at below.           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                           |                         | dicated to the well, o                                  |                                                      |                   |                 |                     | g interest                                                                                                                       | and royalty).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| unitization, for Yes  If answer is "no this form if necent No allowable w | list the owner cessary. | No If and and tract description to the well until all i | wer is "yes" ty<br>one which have<br>nterests have b | pe of consolidate | ion             | Jae reverse side of |                                                                                                                                  | communitization,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| or until a non-si                                                         | ndard unit, eli         | iminating such intere                                   | a, has been sp                                       | proved by the D   | ivisios.        |                     |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1980                                                                      |                         | -660-                                                   |                                                      |                   |                 | P V P C C S D       | gnature gnature gnature v. F. N osition IV. ENV ompany HELL hereby con this ple ctual sus spervison ositiof. Date Surve ignature | I. KELLDORF  VIRONMENTAL ENGINEETERN E&P INC  10/31/91  VEYOR CERTIFICATION  TO SETTIFY that the well local was plotted from for your made the same in the best of my known in | Information plate to the plate |

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$2210

#### OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## WELL LOCATION AND ACREAGE DEDICATION PLAT

| alor               |                                                                       |                                                                                                                                                           | Lease                                                                               |                                    |                                                 | Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ell Wester         | n E&P Inc.                                                            |                                                                                                                                                           | RINEWALT                                                                            |                                    |                                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Letter             | Section                                                               | Township                                                                                                                                                  | Range                                                                               |                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| F                  | 4                                                                     | 225                                                                                                                                                       |                                                                                     | 37E                                | NMPM                                            | LEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| al Footage Loc     | ation of Well:                                                        |                                                                                                                                                           |                                                                                     |                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1980               | feet from the                                                         | NORTH 15m                                                                                                                                                 | and                                                                                 | 1980                               | feet from the                                   | VEST line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ad level Elev.     | Product                                                               | ng Formstine                                                                                                                                              | Pool                                                                                | _                                  |                                                 | Dedicated Acreage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3469' DF           |                                                                       | DRINKARD                                                                                                                                                  | DRINKARD                                                                            |                                    |                                                 | 40 Acres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2. If more unities | e than one lease is do<br>than one lease of d<br>tion, force-pooling, | ed to the subject well by color adicated to the well, ostline es ifferent ownership is dedicate stc.?  No If answer is " ars and tract descriptions whice | ch and identify the owned<br>to the well, have the in<br>res" type of consolidation | trihip thereof () terest of all ow | ooth as to working interest a                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No allow           | able will be assigned                                                 | to the well until all interests<br>liminating such interest, has b                                                                                        | have been consolidated (<br>een approved by the Div                                 | by communitiz<br>ision.            | OPER  I her contained h                         | oling, or otherwise)  ATOR CERTIFICATION  the information in true and complete to the information of the inf |
| , <b></b>          | 1980'                                                                 | 1980'                                                                                                                                                     |                                                                                     |                                    | Position DIV. ENV Company                       | KELLDORF IRONMENTAL ENGR. VESTERN E&P INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                    |                                                                       |                                                                                                                                                           |                                                                                     |                                    | I hereby or on this pla actual sur- supervison, | 10/31/91  EYOR CERTIFICATION  orify that the well location is to was plotted from field no veys made by me or unde and that the same is true the best of my knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                    |                                                                       |                                                                                                                                                           | . <b></b>                                                                           | . <del></del>                      | Date Survey Signature & Professiona             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                    |                                                                       |                                                                                                                                                           |                                                                                     |                                    | Professional Certificate                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

#### XICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section Well No. Lease Operator Rinewalt Shell Oil Company County Range Section Township Unit Letter 37E Lea 225 Actual Footage Location of Well: 1980 west 1980 north feet from the line and feet from the Dedicated Acreage: **Producing Formation** Pool Ground Level Elev. Wantz-Abo Acres 34561 Abo 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? If answer is "yes," type of consolidation \_ □ No ☐ Yes If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. **CERTIFICATION** I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Name Original Signed Sy C. R. Coffer C. R. Coffey Acting District Exploitation Engineer Shell Oil Company July 20, 1965 I hereby certify that the well location shown on this plat was platted 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 knowledge and belief. Date Surveyed Registered Professional Engineer and/or Land Surveyor Certificate No. 1000 2000 1500

330

660

1320 1650

1980 2310

2640

|                                                                     |              |                 |                  |               |              |                   | X                                             |                                                                                |                                                                                                |                                                                                                                 |                                           |                                                                                       |
|---------------------------------------------------------------------|--------------|-----------------|------------------|---------------|--------------|-------------------|-----------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------|
| District I<br>1625 N. French D<br>District II                       |              |                 | 'EIVĒ            | gergy, Mi     | nerals & N   | Vatur             | w Mexico<br>al Resources Depa<br>ΓΙΟΝ DIVISIO | rtment                                                                         | Submit to                                                                                      |                                                                                                                 | For<br>l October<br>iate Distri           |                                                                                       |
| 1301 W. Grand A<br>District III<br>1800 Rio Brazos I<br>District IV |              |                 |                  | 1             | 220 Sou      | th St             | IION DIVISIO<br>. Francis Dr.<br>IM 87505     | N                                                                              | Suomit to                                                                                      | Stat                                                                                                            | e Lease -<br>e Lease -                    | 4 Copies                                                                              |
| 1220 S. St. Franci                                                  |              | V               | BSOC<br>VELL LO  | <u> CATIO</u> |              | ACI               | REAGE DEDIC                                   |                                                                                |                                                                                                | П АМІ                                                                                                           | ENDED F                                   | EPORT                                                                                 |
| 30-025-1003                                                         | API Numbe    | er -            | 86440            | ¹ Poel Cod    | le           | Tubl              | o Oil & Gas (Pro G                            | ' Pool Na<br>Sas)                                                              | nne                                                                                            |                                                                                                                 |                                           |                                                                                       |
| Property<br>23110                                                   | Code         | Rinewalt        |                  |               | * P1         | roperty           | Name                                          |                                                                                |                                                                                                | 004                                                                                                             | Well Numbe                                | r                                                                                     |
| 'OGRID<br>873                                                       |              | Apache C        | orporation       | 303 Vete      | erans Airp   | perator<br>ark La | Name<br>ane, Suite 3000 M                     | lidland, TX 797                                                                | 705                                                                                            | 3462' D                                                                                                         | 'Elevation<br>F                           |                                                                                       |
|                                                                     |              |                 |                  |               |              |                   | Location                                      |                                                                                |                                                                                                |                                                                                                                 |                                           |                                                                                       |
| UL or lot no.<br>C                                                  | Section<br>4 | Township<br>22S | Range<br>37E     | Lot Idn       | 760          | rom the           | North/South line<br>North                     | Feet from the 1980                                                             | West                                                                                           | st/West line                                                                                                    | Lea                                       | County                                                                                |
|                                                                     |              | Y               | <sup>11</sup> Bo | ttom Ho       | ole Locat    | ion I             | f Different From                              | n Surface                                                                      |                                                                                                | 83                                                                                                              |                                           |                                                                                       |
| UL or let no.                                                       | Section      | Township        | Range            | Lot Idn       | Feet fr      | rom the           | North/South line                              | Feet from the                                                                  | Ea:                                                                                            | st/West line                                                                                                    |                                           | County                                                                                |
| " Dedicated Acres                                                   | Joint o      | rinfill "C      | onsolidation (   | Code G Or     | rder No.     | 5¥                | - 7DE                                         | >                                                                              |                                                                                                |                                                                                                                 |                                           |                                                                                       |
| No allowable division.                                              | will be as:  | signed to th    | is completi      | on until al   | ll interests | have              | been consolidated                             | or a non-standai                                                               | d unit ha                                                                                      | s been ap                                                                                                       | proved by                                 | y the                                                                                 |
| 16                                                                  |              | -               | 1,096            |               |              |                   |                                               | I hereby certify the best of my, working micro proposed botte pursuant to a co | i that the inform<br>knowledge and<br>ast or unleased n<br>on hole location<br>combact with an | nation contained<br>belief, and that<br>nuncral interest<br>i or has a right<br>owner of such<br>ement or a com | this organization<br>in the land inch     | and complete to<br>n either owns a<br>scing the<br>at this location<br>whing interest |
|                                                                     |              |                 |                  |               |              | 2000              |                                               | No.                                                                            | Sa tolland                                                                                     | ollan                                                                                                           | Date 09                                   | /02/2010                                                                              |
|                                                                     |              |                 |                  |               |              |                   |                                               | 18 SURV<br>I hereby ce<br>was plotted<br>me or unde<br>and correct             | rtify that the<br>from field i<br>r my superv                                                  | e well locati<br>notes of oct<br>vision, and t                                                                  | ion shown a<br>wal surveys<br>hat the sam | n this plat<br>made by                                                                |

Date of Survey

Certificate Number

Signature and Seal of Professional Surveyor:

Form C- '02 Supersedes C-128 Effective 1-1-65

All distances must be from the outer boundaries of the Section Shell 011 Company Well No. Rinewalt Init Letter County Lea Township **22**S 37E Actual Footage Location of Well: 1980 west 760 north feet from the line and feet from the Ground Level Elev. Producing Formation Pool Tubb Dedicated Acreage: 34621 DF Drinkard Acres 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? Yes If answer is "yes," type of consolidation \_ If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)\_ No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. CERTIFICATION I hereby certify that the information contained herein is true and complete to the 0 best of my knowledge and belief. Name J. E. Sullivan Position Senior Engineering Tech. Shell Oil Company 3-15-79 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 knowledge and belief. Date Surveyed Registered Professional Engineer and/or Land Surveyor Certificate No.

330

660

190

1320 1650

2310

2000

1500

1000

500

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Berros Rd., Aziec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                                                                            | Lease                                                                                                                                                                                                                               |                                                                                | Well No.                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Shell Wester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n F&P loc.                                                                                             |                                                                                                                            | RINEWALT                                                                                                                                                                                                                            |                                                                                | 4                                                                                                                              |
| Jait Letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Section                                                                                                | Township                                                                                                                   | Range                                                                                                                                                                                                                               | County                                                                         |                                                                                                                                |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                      | 225                                                                                                                        | 37E                                                                                                                                                                                                                                 | NMPM                                                                           | LEA                                                                                                                            |
| chial Footage Loc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                                                                            |                                                                                                                                                                                                                                     | Trained .                                                                      |                                                                                                                                |
| 760                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | feet from the                                                                                          | NORTH 1ie                                                                                                                  | e and 1980                                                                                                                                                                                                                          | feet from the                                                                  | WEST line                                                                                                                      |
| incured level Elev.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Produ                                                                                                  | cing Formation                                                                                                             | Pool                                                                                                                                                                                                                                | 1000 31010 000                                                                 | Dedicated Acreage:                                                                                                             |
| 3462' DF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | TUBB & DRINKARD                                                                                                            | TUBB OIL & GAS AND                                                                                                                                                                                                                  | DRINKARD                                                                       | 40 Acres                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | ted to the subject well by cold                                                                                            | red peacil or hachure marks on the pl                                                                                                                                                                                               | at below.                                                                      | 7,000                                                                                                                          |
| 3. If most unitization in the second in the | e than one lease of otion, force-pooling, Yes is "so" list the own if necessary.  able will be assigne | different ownership is dedicate etc.?  No If answer is " hers and tract descriptions which to the well until all interests | ach and identify the ownership thereof<br>d to the well, have the interest of all o<br>yes" type of consolidation<br>th have actually been consolidated. (I<br>have been consolidated (by communi-<br>nen approved by the Division. | where been consolidated by  Jac severse side of  ization, unitization, forced- | communitization,                                                                                                               |
| ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 980'                                                                                                   | 760-                                                                                                                       |                                                                                                                                                                                                                                     | contained best of my Signature Printed Na W. F. I Position DIV. EN Company     | treby certify that the information herein in true and complete to the browledge and belief.  THE STEER PROPERTY INC.  10/31/91 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                                                            |                                                                                                                                                                                                                                     | I hereby on this plactual su supervison correct to ballef.  Date Surve         |                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                                                            |                                                                                                                                                                                                                                     | Certificate                                                                    | No.                                                                                                                            |

State of New Mexico nergy, Minerals and Natural Resources Depar

Form C-102 Revised October 18, 1994 Instruction on Back

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

## District II

P O Drawer DD, Artesia, NM 88210

District III

## **OIL CONSERVATION DIVISION**

2040 S. Pacheco

Santa Fe, New Mexico 87505

| 1000 Rio Brazo<br>District IV | s Rd., Azte  | c, NM 87410         | ļ            |               |                   |                           |                            | LJ AN                                                    | MENDED REPORT                                                                            |
|-------------------------------|--------------|---------------------|--------------|---------------|-------------------|---------------------------|----------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2040 South Paci               |              | Fe, NM 875          | 2 Pool       | WELL          | LOCATION A        | ND ACREAGE 3 Pool Name    | DEDICATION                 | ON PLAT                                                  |                                                                                          |
| 30-025                        |              |                     | 1 (2)        | 764           | 80                |                           | mont: Yates -              | 7 Rvrs - Queen                                           | (Pro Gas)                                                                                |
| 4 Property Cod<br>231         |              | <sup>5</sup> Proper | rty Name     |               | Rinewalt          |                           | ,,,,                       |                                                          | Well Number 5                                                                            |
| 7 OGRID No.                   |              | 8 Operat            | tor Name     |               | T III IS TYGIS    |                           |                            | 9                                                        | Elevation                                                                                |
| 0000                          | 873          |                     |              |               | Apache Corr       | poration                  |                            |                                                          | 3450                                                                                     |
|                               |              |                     |              |               | 10 Surf           | face Location             |                            |                                                          |                                                                                          |
| UL or Lot No.                 | Section<br>4 | Township<br>22S     | Range<br>37E | Lot Idn       | Feet from the 510 | North/South line<br>North | Feet from the<br>1980      | East/West line<br>Westt                                  | County<br>Lea                                                                            |
|                               |              |                     |              | " B           | ottom Hole Lo     | cation If Differe         | ent From Sur               |                                                          |                                                                                          |
| UL or Lot No.                 | Section      | Township            | Range        | Lot Idn       | Feet from the     | North/South line          | Feet from the              | East/West line                                           | County                                                                                   |
| 12 Dedicated Ac               | eres 13 Join | t or infill 14      | Consolidati  | ion Code 14 ( | Order No.         |                           |                            |                                                          |                                                                                          |
|                               | LOWAB        | LE WILL             | BE ASSIC     | GNED TO       | THIS COMPLET      | ION UNTIL ALL I           | INTERESTS H.               | AVE BEEN CON                                             | SOLIDATED                                                                                |
|                               |              |                     |              |               |                   | EEN APPROVED              |                            |                                                          |                                                                                          |
| 16                            |              |                     | ***          |               |                   |                           | " OPI                      | ERATOR CER                                               | TIFICATION                                                                               |
|                               |              | 3                   | 510'         |               |                   |                           | I hereby                   | certify that the informat                                |                                                                                          |
| -                             |              |                     | oi .         |               |                   | 1                         |                            |                                                          |                                                                                          |
|                               | 1980'        | i                   | _            |               |                   | <u>.</u>                  |                            |                                                          |                                                                                          |
|                               |              | 3                   |              |               |                   | İ                         |                            |                                                          |                                                                                          |
|                               |              | 3                   |              |               |                   | 1                         | Signan                     | The second                                               | 0.1124                                                                                   |
|                               |              | - #<br>)            |              | +-            |                   | <del>+</del>              | Printed                    |                                                          | Merc Mary                                                                                |
|                               |              | 1                   |              |               |                   | İ                         | Title                      | Debra y. Ar                                              |                                                                                          |
|                               |              |                     |              |               |                   |                           | Date                       | Sr. Enginee                                              | ring Technician                                                                          |
|                               |              |                     |              |               |                   | 1                         | Date                       | 6/22/00                                                  |                                                                                          |
|                               |              | ]<br>               |              |               |                   | 1                         | " SUF                      | EVEYOR CER                                               | RTIFICATION                                                                              |
|                               |              | 1                   |              |               |                   | 1                         | I herei<br>was pi<br>or un | by certify that the well lo<br>lotted from field notes o | cation shown on this plat<br>of actual serveys made by me<br>I that the same is true and |
|                               |              | į                   |              |               |                   | i<br>I                    | Date St                    | urveyed                                                  |                                                                                          |
|                               |              | 1                   |              |               |                   | †<br>                     | Signatu                    | ire and Seal of Profes                                   | sional Surveyor                                                                          |
|                               |              | - <del> </del>      |              |               |                   | <u> </u>                  |                            |                                                          |                                                                                          |
|                               |              | 1                   |              |               | 1                 | •                         |                            |                                                          |                                                                                          |
|                               |              |                     |              |               |                   | 1                         |                            |                                                          |                                                                                          |
| Į.                            |              | 1                   |              |               | 1                 | 1<br>1                    |                            |                                                          |                                                                                          |
|                               |              | 1                   |              |               | 1                 | 1                         |                            |                                                          |                                                                                          |
|                               |              | •                   |              |               |                   |                           |                            |                                                          |                                                                                          |

State of New Mexico nergy, Minerals and Natural Resources Depar

Form C-102 Revised October 18, 1994 Instruction on Back

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

## District II

P O Drawer DD, Artesia, NM 88210

District III

## **OIL CONSERVATION DIVISION**

2040 S. Pacheco

Santa Fe, New Mexico 87505

| 1000 Rio Brazo<br>District IV | s Rd., Azte  | c, NM 87410         | ļ            |               |                   |                           |                            | LJ AN                                                    | MENDED REPORT                                                                            |
|-------------------------------|--------------|---------------------|--------------|---------------|-------------------|---------------------------|----------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2040 South Paci               |              | Fe, NM 875          | 2 Pool       | WELL          | LOCATION A        | ND ACREAGE 3 Pool Name    | DEDICATION                 | ON PLAT                                                  |                                                                                          |
| 30-025                        |              |                     | 1 (2)        | 764           | 80                |                           | mont: Yates -              | 7 Rvrs - Queen                                           | (Pro Gas)                                                                                |
| 4 Property Cod<br>231         |              | <sup>5</sup> Proper | rty Name     |               | Rinewalt          |                           | ,,,,                       |                                                          | Well Number 5                                                                            |
| 7 OGRID No.                   |              | 8 Operat            | tor Name     |               | T III IS TYGIS    |                           |                            | 9                                                        | Elevation                                                                                |
| 0000                          | 873          |                     |              |               | Apache Corr       | poration                  |                            |                                                          | 3450                                                                                     |
|                               |              |                     |              |               | 10 Surf           | face Location             |                            |                                                          |                                                                                          |
| UL or Lot No.                 | Section<br>4 | Township<br>22S     | Range<br>37E | Lot Idn       | Feet from the 510 | North/South line<br>North | Feet from the<br>1980      | East/West line<br>Westt                                  | County<br>Lea                                                                            |
|                               |              |                     |              | " B           | ottom Hole Lo     | cation If Differe         | ent From Sur               |                                                          |                                                                                          |
| UL or Lot No.                 | Section      | Township            | Range        | Lot Idn       | Feet from the     | North/South line          | Feet from the              | East/West line                                           | County                                                                                   |
| 12 Dedicated Ac               | eres 13 Join | t or infill 14      | Consolidati  | ion Code 14 ( | Order No.         |                           |                            |                                                          |                                                                                          |
|                               | LOWAB        | LE WILL             | BE ASSIC     | GNED TO       | THIS COMPLET      | ION UNTIL ALL I           | INTERESTS H.               | AVE BEEN CON                                             | SOLIDATED                                                                                |
|                               |              |                     |              |               |                   | EEN APPROVED              |                            |                                                          |                                                                                          |
| 16                            |              |                     | ***          |               |                   |                           | " OPI                      | ERATOR CER                                               | TIFICATION                                                                               |
|                               |              | 3                   | 510'         |               |                   |                           | I hereby                   | certify that the informat                                |                                                                                          |
| -                             |              |                     | oi .         |               |                   | 1                         |                            |                                                          |                                                                                          |
|                               | 1980'        | i                   | _            |               |                   | <u>.</u>                  |                            |                                                          |                                                                                          |
|                               |              | 3                   |              |               |                   | İ                         |                            |                                                          |                                                                                          |
|                               |              | 3                   |              |               |                   | 1                         | Signan                     | The second                                               | 0.1124                                                                                   |
|                               |              | - #<br>)            |              | +-            |                   | <del>+</del>              | Printed                    |                                                          | Merc Mary                                                                                |
|                               |              | 1                   |              |               |                   | İ                         | Title                      | Debra y. Ar                                              |                                                                                          |
|                               |              |                     |              |               |                   |                           | Date                       | Sr. Enginee                                              | ring Technician                                                                          |
|                               |              |                     |              |               |                   | 1                         | Date                       | 6/22/00                                                  |                                                                                          |
|                               |              | ]<br>               |              |               |                   | 1                         | " SUF                      | EVEYOR CER                                               | RTIFICATION                                                                              |
|                               |              | 1                   |              |               |                   | 1                         | I herei<br>was pi<br>or un | by certify that the well lo<br>lotted from field notes o | cation shown on this plat<br>of actual serveys made by me<br>I that the same is true and |
|                               |              | į                   |              |               |                   | i<br>I                    | Date St                    | urveyed                                                  |                                                                                          |
|                               |              | 1                   |              |               |                   | †<br>                     | Signatu                    | ire and Seal of Profes                                   | sional Surveyor                                                                          |
|                               |              | - <del> </del>      |              |               |                   | <u> </u>                  |                            |                                                          |                                                                                          |
|                               |              | 1                   |              |               | 1                 | •                         |                            |                                                          |                                                                                          |
|                               |              |                     |              |               |                   | 1                         |                            |                                                          |                                                                                          |
| Į.                            |              | 1                   |              |               | 1                 | 1<br>1                    |                            |                                                          |                                                                                          |
|                               |              | 1                   |              |               | 1                 | 1                         |                            |                                                          |                                                                                          |
|                               |              | •                   |              |               |                   |                           |                            |                                                          |                                                                                          |

P O Drawer DD, Artesia, NM 88210

District II

District III

State of New Mexico nergy, Minerals and Natural Resources Depar. Int

**OIL CONSERVATION DIVISION** 

2040 S. Pacheco Santa Fe, New Mexico 87505

Form C-102 Revised October 18, 1994

Instruction on Back

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

| AMENDED | REPORT' |
|---------|---------|

| 1000 Rio Brazo                    | s Rd., Azte            | c, NM 87410         | מ                            |                 |               |                                 |                |                                       |                                           | AME                                       | NDED REPORT                                                               |
|-----------------------------------|------------------------|---------------------|------------------------------|-----------------|---------------|---------------------------------|----------------|---------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------|
| District IV<br>2040 South Pac     | heco, Santa            | a Fc, NM 875        | 505                          | WELLI           | OCATION A     | ND ACREAGE                      | DED            | ATC ATTO                              | N DI AT                                   |                                           |                                                                           |
| <sup>1</sup> API Number<br>30-025 |                        |                     | <sup>2</sup> P <sub>00</sub> | 1 Code 503      |               | <sup>3</sup> Pool Name          |                |                                       |                                           |                                           |                                                                           |
| <sup>4</sup> Property Cod<br>231  | le                     | <sup>5</sup> Proper | rty Name                     |                 | Rinewalt      | F                               | 3111039        | : Skelly (C                           | rayburg)                                  | 6 Well                                    | Number                                                                    |
| 7 OGRID No.                       |                        | 8 Operat            | or Name                      |                 | Timovent      |                                 |                |                                       |                                           | 9                                         | 5                                                                         |
| 0008                              | 373                    |                     |                              |                 | Apache Cor    | noration                        |                |                                       |                                           |                                           | Elevation                                                                 |
|                                   |                        |                     |                              |                 |               | ace Location                    |                |                                       |                                           |                                           | 3450                                                                      |
| UL or Lot No.                     | Section                | Township            | Range                        | Lot Idn         | Feet from the | North/South line                | Goot           | from the                              | East/West liv                             | . 1                                       |                                                                           |
| 3                                 | 4                      | 225                 | 37E                          |                 | 510           | North                           |                | 980                                   |                                           |                                           | County                                                                    |
|                                   |                        |                     |                              | <sup>II</sup> R |               | cation If Differen              |                |                                       | Westt                                     |                                           | Lea                                                                       |
| UL or Lot No.                     | Section                | Township            | Range                        | Lot Ida         | Feet from the | North/South line                |                | from the                              | East/West lin                             | nc                                        | County                                                                    |
| 12 Dedicated Ac                   | res <sup>13</sup> Join | t or Infill 14      | Consolidati                  | on Code 14 C    | Order No.     |                                 |                | · · · · · · · · · · · · · · · · · · · |                                           |                                           |                                                                           |
|                                   | LOWAB                  | LE WILL I           | BE ASSIC                     | GNED TO T       | HIS COMPLET   | ION UNTIL ALL I<br>EEN APPROVED | INTER<br>BY TI | ESTS HAV                              | /E BEEN CO                                | ONSO                                      | LIDATED                                                                   |
| 16                                |                        |                     |                              |                 |               |                                 |                | 1.0                                   |                                           | ZDTI                                      | EIC ATION                                                                 |
|                                   |                        |                     | 510                          |                 |               | 1                               |                | I hereby ce                           | rtify that the infor                      | mation c                                  | FICATION contained herein is nowledge and belief.                         |
| 1                                 | 1980'                  | 1                   |                              |                 |               | :<br>!                          |                |                                       |                                           |                                           |                                                                           |
|                                   |                        | i<br>- 1            | ~ ~ ~ ~                      |                 |               | :<br> <br><del> </del>          |                | Signature                             | Sval                                      | du                                        | 20 Milos                                                                  |
|                                   |                        | 1                   |                              |                 |               | !<br>!                          |                | Printed No                            | Debra J.                                  |                                           |                                                                           |
|                                   |                        |                     |                              |                 | :             |                                 |                | Title<br>Date                         | Sr. Engine                                | eering                                    | Technician                                                                |
|                                   |                        | i_                  |                              |                 | 1             |                                 |                | Date                                  | 6/22/00                                   |                                           |                                                                           |
|                                   |                        | <br>                |                              | P               |               |                                 |                | i hereby c<br>was plotte<br>or under  | ertify that the well<br>d from field note | l location<br>is of actuant<br>and that t | FICATION  I shown on this plat at serveys made by me the same is true and |
|                                   |                        | 1<br>1              |                              |                 |               |                                 |                | Date Surve                            |                                           |                                           |                                                                           |
|                                   |                        | -                   |                              |                 |               |                                 |                | Signature :                           | and Scal of Pro                           | fessiona                                  | il Surveyor                                                               |
|                                   |                        | <br>                |                              |                 | <br>          |                                 |                |                                       |                                           |                                           |                                                                           |
|                                   |                        | <br>                |                              |                 | <br>          |                                 |                |                                       |                                           |                                           |                                                                           |
|                                   |                        | <del>,,,,,</del>    |                              |                 |               |                                 |                |                                       |                                           |                                           |                                                                           |

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT III
1000 Rio Brazos Rd., Azioc, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT All Distances must be from the outer boundaries of the section

| perator                                                                   |                         |                                                         |                                                      | Loase             |                 |                     |                                                                                                                                  | Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------|-------------------------|---------------------------------------------------------|------------------------------------------------------|-------------------|-----------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sheli Western E&                                                          | P Inc.                  |                                                         |                                                      | RINEWALT          | Г               |                     |                                                                                                                                  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Jak Letter Sect                                                           |                         | Township                                                |                                                      | Range             |                 |                     | County                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| С                                                                         | 4                       | 229                                                     | S                                                    |                   | 37E             | NMPM                |                                                                                                                                  | LEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actual Footage Location o                                                 | Well:                   |                                                         |                                                      |                   |                 |                     |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                           | rom the                 | NORTH                                                   | line and                                             |                   | 1980            | feet from           | the                                                                                                                              | WEST line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| round level Elev.                                                         | Producis                | ng Formation                                            |                                                      | Pool              |                 |                     |                                                                                                                                  | Dedicated Acreage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3460' DF                                                                  |                         | BLINEBRY                                                |                                                      | BLINEBRY          | OIL & GAS       |                     |                                                                                                                                  | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Acres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1. Outline the a                                                          | reage dedicate          | ed to the subject well                                  | by colored pe                                        | acil or hachure : | parks on the pl | at below.           |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                           |                         | dicated to the well, o                                  |                                                      |                   |                 |                     | g interest                                                                                                                       | and royalty).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| unitization, for Yes  If answer is "no this form if necent No allowable w | list the owner cessary. | No If and and tract description to the well until all i | wer is "yes" ty<br>one which have<br>nterests have b | pe of consolidate | ion             | Jae reverse side of |                                                                                                                                  | communitization,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| or until a non-si                                                         | ndard unit, eli         | iminating such intere                                   | a, has been sp                                       | proved by the D   | ivisios.        |                     |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1980                                                                      |                         | -660-                                                   |                                                      |                   |                 | P V P C C S D       | gnature gnature gnature v. F. N osition IV. ENV ompany HELL hereby con this ple ctual sus spervison ositiof. Date Surve ignature | I. KELLDORF  VIRONMENTAL ENGINEETERN E&P INC  10/31/91  VEYOR CERTIFICATION  TO SETTIFY that the well local was plotted from for your made the same in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in the best of my known in | Information plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate to the plate |

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$2210

#### OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## WELL LOCATION AND ACREAGE DEDICATION PLAT

| alor               |                                                                       |                                                                                                                                                           | Lease                                                                               |                                    |                                                 | Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ell Wester         | n E&P Inc.                                                            |                                                                                                                                                           | RINEWALT                                                                            |                                    |                                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Letter             | Section                                                               | Township                                                                                                                                                  | Range                                                                               |                                    | County                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| F                  | 4                                                                     | 225                                                                                                                                                       |                                                                                     | 37E                                | NMPM                                            | LEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| al Footage Loc     | ation of Well:                                                        |                                                                                                                                                           |                                                                                     |                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1980               | feet from the                                                         | NORTH 15m                                                                                                                                                 | and                                                                                 | 1980                               | feet from the                                   | VEST line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ad level Elev.     | Product                                                               | ng Formstine                                                                                                                                              | Pool                                                                                | _                                  |                                                 | Dedicated Acreage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3469' DF           |                                                                       | DRINKARD                                                                                                                                                  | DRINKARD                                                                            |                                    |                                                 | 40 Acres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2. If more unities | e than one lease is do<br>than one lease of d<br>tion, force-pooling, | ed to the subject well by color adicated to the well, ostline es ifferent ownership is dedicate stc.?  No If answer is " ars and tract descriptions whice | ch and identify the owned<br>to the well, have the in<br>res" type of consolidation | trihip thereof () terest of all ow | ooth as to working interest a                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No allow           | able will be assigned                                                 | to the well until all interests<br>liminating such interest, has b                                                                                        | have been consolidated (<br>een approved by the Div                                 | by communitiz<br>ision.            | OPER  I her contained h                         | oling, or otherwise)  ATOR CERTIFICATION  the information in true and complete to the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the inf |
| , <b></b>          | 1980'                                                                 | 1980'                                                                                                                                                     |                                                                                     |                                    | Position DIV. ENV Company                       | KELLDORF IRONMENTAL ENGR. VESTERN E&P INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                    |                                                                       |                                                                                                                                                           |                                                                                     |                                    | I hereby or on this pla actual sur- supervison, | 10/31/91  EYOR CERTIFICATION  orify that the well location is to was plotted from field no veys made by me or unde and that the same is true the best of my knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                    |                                                                       |                                                                                                                                                           | . <b></b>                                                                           | . <del></del>                      | Date Survey Signature & Professiona             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                    |                                                                       |                                                                                                                                                           |                                                                                     |                                    | Professional Certificate                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

#### XICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section Well No. Lease Operator Rinewalt Shell Oil Company County Range Section Township Unit Letter 37E Lea 225 Actual Footage Location of Well: 1980 west 1980 north feet from the line and feet from the Dedicated Acreage: **Producing Formation** Pool Ground Level Elev. Wantz-Abo Acres 34561 Abo 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? If answer is "yes," type of consolidation \_ □ No ☐ Yes If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. **CERTIFICATION** I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Name Original Signed Sy C. R. Coffer C. R. Coffey Acting District Exploitation Engineer Shell Oil Company July 20, 1965 I hereby certify that the well location shown on this plat was platted 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 knowledge and belief. Date Surveyed Registered Professional Engineer and/or Land Surveyor Certificate No. 1000 2000 1500

330

660

1320 1650

1980 2310

2640

|                                                                     |              |                 |                  |               |              |                   | X                                             |                                                                                |                                                                                                |                                                                                                                 |                                           |                                                                                       |
|---------------------------------------------------------------------|--------------|-----------------|------------------|---------------|--------------|-------------------|-----------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------|
| District I<br>1625 N. French D<br>District II                       |              |                 | 'EIVĒ            | gergy, Mi     | nerals & N   | Vatur             | w Mexico<br>al Resources Depa<br>ΓΙΟΝ DIVISIO | rtment                                                                         | Submit to                                                                                      |                                                                                                                 | For<br>l October<br>iate Distri           |                                                                                       |
| 1301 W. Grand A<br>District III<br>1800 Rio Brazos I<br>District IV |              |                 |                  | 1             | 220 Sou      | th St             | IION DIVISIO<br>. Francis Dr.<br>IM 87505     | N                                                                              | Suomit to                                                                                      | Stat                                                                                                            | e Lease -<br>e Lease -                    | 4 Copies                                                                              |
| 1220 S. St. Franci                                                  |              | V               | BSOC<br>VELL LO  | <u> CATIO</u> |              | ACI               | REAGE DEDIC                                   |                                                                                |                                                                                                | П АМІ                                                                                                           | ENDED F                                   | EPORT                                                                                 |
| 30-025-1003                                                         | API Numbe    | er -            | 86440            | ¹ Poel Cod    | le           | Tubl              | o Oil & Gas (Pro G                            | ' Pool Na<br>Sas)                                                              | nne                                                                                            |                                                                                                                 |                                           |                                                                                       |
| Property<br>23110                                                   | Code         | Rinewalt        |                  |               | * P1         | roperty           | Name                                          |                                                                                |                                                                                                | 004                                                                                                             | Well Numbe                                | r                                                                                     |
| 'OGRID<br>873                                                       |              | Apache C        | orporation       | 303 Vete      | erans Airp   | perator<br>ark La | Name<br>ane, Suite 3000 M                     | lidland, TX 797                                                                | 705                                                                                            | 3462' D                                                                                                         | 'Elevation<br>F                           |                                                                                       |
|                                                                     |              |                 |                  |               |              |                   | Location                                      |                                                                                |                                                                                                |                                                                                                                 |                                           |                                                                                       |
| UL or lot no.<br>C                                                  | Section<br>4 | Township<br>22S | Range<br>37E     | Lot Idn       | 760          | rom the           | North/South line<br>North                     | Feet from the 1980                                                             | West                                                                                           | st/West line                                                                                                    | Lea                                       | County                                                                                |
|                                                                     |              | Y               | <sup>11</sup> Bo | ttom Ho       | ole Locat    | ion I             | f Different From                              | n Surface                                                                      |                                                                                                | 83                                                                                                              |                                           |                                                                                       |
| UL or let no.                                                       | Section      | Township        | Range            | Lot Idn       | Feet fr      | rom the           | North/South line                              | Feet from the                                                                  | Ea:                                                                                            | st/West line                                                                                                    |                                           | County                                                                                |
| " Dedicated Acres                                                   | Joint o      | rinfill "C      | onsolidation (   | Code G Or     | rder No.     | 5¥                | - 7DE                                         | >                                                                              |                                                                                                |                                                                                                                 |                                           |                                                                                       |
| No allowable division.                                              | will be as:  | signed to th    | is completi      | on until al   | ll interests | have              | been consolidated                             | or a non-standai                                                               | d unit ha                                                                                      | s been ap                                                                                                       | proved by                                 | y the                                                                                 |
| 16                                                                  |              | -               | 1,096            |               |              |                   |                                               | I hereby certify the best of my, working micro proposed botte pursuant to a co | i that the inform<br>knowledge and<br>ast or unleased n<br>on hole location<br>combact with an | nation contained<br>belief, and that<br>nuncral interest<br>i or has a right<br>owner of such<br>ement or a com | this organization<br>in the land inch     | and complete to<br>n either owns a<br>scing the<br>at this location<br>whing interest |
|                                                                     |              |                 |                  |               |              | 2000              |                                               | No.                                                                            | Sa tolland                                                                                     | ollan                                                                                                           | Date 09                                   | /02/2010                                                                              |
|                                                                     |              |                 |                  |               |              |                   |                                               | 18 SURV<br>I hereby ce<br>was plotted<br>me or unde<br>and correct             | rtify that the<br>from field i<br>r my superv                                                  | e well locati<br>notes of oct<br>vision, and t                                                                  | ion shown a<br>wal surveys<br>hat the sam | n this plat<br>made by                                                                |

Date of Survey

Certificate Number

Signature and Seal of Professional Surveyor:

Form C- '02 Supersedes C-128 Effective 1-1-65

All distances must be from the outer boundaries of the Section Shell 011 Company Well No. Rinewalt Init Letter County Lea Township **22**S 37E Actual Footage Location of Well: 1980 west 760 north feet from the line and feet from the Ground Level Elev. Producing Formation Pool Tubb Dedicated Acreage: 34621 DF Drinkard Acres 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? Yes If answer is "yes," type of consolidation \_ If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)\_ No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. CERTIFICATION I hereby certify that the information contained herein is true and complete to the 0 best of my knowledge and belief. Name J. E. Sullivan Position Senior Engineering Tech. Shell Oil Company 3-15-79 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 knowledge and belief. Date Surveyed Registered Professional Engineer and/or Land Surveyor Certificate No.

330

660

190

1320 1650

2310

2000

1500

1000

500

Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Berros Rd., Aziec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                                                                            | Lease                                                                                                                                                                                                                               |                                                                                | Well No.                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Shell Wester                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n F&P loc.                                                                                             |                                                                                                                            | RINEWALT                                                                                                                                                                                                                            |                                                                                | 4                                                                                                                              |
| Jait Letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Section                                                                                                | Township                                                                                                                   | Range                                                                                                                                                                                                                               | County                                                                         |                                                                                                                                |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                      | 225                                                                                                                        | 37E                                                                                                                                                                                                                                 | NMPM                                                                           | LEA                                                                                                                            |
| chial Footage Loc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                                                                            |                                                                                                                                                                                                                                     | Trained .                                                                      |                                                                                                                                |
| 760                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | feet from the                                                                                          | NORTH 1ie                                                                                                                  | e and 1980                                                                                                                                                                                                                          | feet from the                                                                  | WEST line                                                                                                                      |
| incured level Elev.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Produ                                                                                                  | cing Formation                                                                                                             | Pool                                                                                                                                                                                                                                | 1000 31010 000                                                                 | Dedicated Acreage:                                                                                                             |
| 3462' DF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | TUBB & DRINKARD                                                                                                            | TUBB OIL & GAS AND                                                                                                                                                                                                                  | DRINKARD                                                                       | 40 Acres                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | ted to the subject well by cold                                                                                            | red peacil or hachure marks on the pl                                                                                                                                                                                               | at below.                                                                      | 7,000                                                                                                                          |
| 3. If most unitization in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the | e than one lease of otion, force-pooling, Yes is "so" list the own if necessary.  able will be assigne | different ownership is dedicate etc.?  No If answer is " hers and tract descriptions which to the well until all interests | ach and identify the ownership thereof<br>d to the well, have the interest of all o<br>yes" type of consolidation<br>th have actually been consolidated. (I<br>have been consolidated (by communi-<br>nen approved by the Division. | where been consolidated by  Jac severse side of  ization, unitization, forced- | communitization,                                                                                                               |
| ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 980'                                                                                                   | 760-                                                                                                                       |                                                                                                                                                                                                                                     | contained best of my Signature Printed Na W. F. I Position DIV. EN Company     | treby certify that the information herein in true and complete to the browledge and belief.  THE STEER PROPERTY INC.  10/31/91 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                                                            |                                                                                                                                                                                                                                     | I hereby on this plactual su supervison correct to ballef.  Date Surve         |                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                                                            |                                                                                                                                                                                                                                     | Certificate                                                                    | No.                                                                                                                            |

State of New Mexico nergy, Minerals and Natural Resources Depar

Form C-102 Revised October 18, 1994 Instruction on Back

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

## District II

P O Drawer DD, Artesia, NM 88210

District III

## **OIL CONSERVATION DIVISION**

2040 S. Pacheco

Santa Fe, New Mexico 87505

| 1000 Rio Brazo<br>District IV | s Rd., Azte  | c, NM 87410         | ļ            |               |                   |                           |                            | LJ AN                                                    | MENDED REPORT                                                                            |
|-------------------------------|--------------|---------------------|--------------|---------------|-------------------|---------------------------|----------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2040 South Paci               |              | Fe, NM 875          | 2 Pool       | WELL          | LOCATION A        | ND ACREAGE 3 Pool Name    | DEDICATION                 | ON PLAT                                                  |                                                                                          |
| 30-025                        |              |                     | 1 (2)        | 764           | 80                |                           | mont: Yates -              | 7 Rvrs - Queen                                           | (Pro Gas)                                                                                |
| 4 Property Cod<br>231         |              | <sup>5</sup> Proper | rty Name     |               | Rinewalt          |                           | ,,,,                       |                                                          | Well Number 5                                                                            |
| 7 OGRID No.                   |              | 8 Operat            | tor Name     |               | T III IS TYGIS    |                           |                            | 9                                                        | Elevation                                                                                |
| 0000                          | 873          |                     |              |               | Apache Corr       | poration                  |                            |                                                          | 3450                                                                                     |
|                               |              |                     |              |               | 10 Surf           | face Location             |                            |                                                          |                                                                                          |
| UL or Lot No.                 | Section<br>4 | Township<br>22S     | Range<br>37E | Lot Idn       | Feet from the 510 | North/South line<br>North | Feet from the<br>1980      | East/West line<br>Westt                                  | County<br>Lea                                                                            |
|                               |              |                     |              | " B           | ottom Hole Lo     | cation If Differe         | ent From Sur               |                                                          |                                                                                          |
| UL or Lot No.                 | Section      | Township            | Range        | Lot Idn       | Feet from the     | North/South line          | Feet from the              | East/West line                                           | County                                                                                   |
| 12 Dedicated Ac               | eres 13 Join | t or infill 14      | Consolidati  | ion Code 14 ( | Order No.         |                           |                            |                                                          |                                                                                          |
|                               | LOWAB        | LE WILL             | BE ASSIC     | GNED TO       | THIS COMPLET      | ION UNTIL ALL I           | INTERESTS H.               | AVE BEEN CON                                             | SOLIDATED                                                                                |
|                               |              |                     |              |               |                   | EEN APPROVED              |                            |                                                          |                                                                                          |
| 16                            |              |                     | ***          |               |                   |                           | " OPI                      | ERATOR CER                                               | TIFICATION                                                                               |
|                               |              | 3                   | 510'         |               |                   |                           | I hereby                   | certify that the informat                                |                                                                                          |
| -                             |              |                     | oi .         |               |                   | 1                         |                            |                                                          |                                                                                          |
|                               | 1980'        | i                   | _            |               |                   | <u>.</u>                  |                            |                                                          |                                                                                          |
|                               |              | 3                   |              |               |                   | İ                         |                            |                                                          |                                                                                          |
|                               |              | 3                   |              |               |                   | 1                         | Signan                     | The second                                               | 0.1124                                                                                   |
|                               |              | - #<br>)            |              | +-            |                   | <del>+</del>              | Printed                    |                                                          | Merc Mary                                                                                |
|                               |              | 1                   |              |               |                   | İ                         | Title                      | Debra y. Ar                                              |                                                                                          |
|                               |              |                     |              |               |                   |                           | Date                       | Sr. Enginee                                              | ring Technician                                                                          |
|                               |              |                     |              |               |                   | 1                         | Date                       | 6/22/00                                                  |                                                                                          |
|                               |              | ]<br>               |              |               |                   | 1                         | " SUF                      | EVEYOR CER                                               | RTIFICATION                                                                              |
|                               |              | 1                   |              |               |                   | 1                         | I herei<br>was pi<br>or un | by certify that the well lo<br>lotted from field notes o | cation shown on this plat<br>of actual serveys made by me<br>I that the same is true and |
|                               |              | į                   |              |               |                   | i<br>I                    | Date St                    | urveyed                                                  |                                                                                          |
|                               |              | 1                   |              |               |                   | †<br>                     | Signatu                    | ire and Seal of Profes                                   | sional Surveyor                                                                          |
|                               |              | - <del> </del>      |              |               |                   | <u> </u>                  |                            |                                                          |                                                                                          |
|                               |              | 1                   |              |               | 1                 | •                         |                            |                                                          |                                                                                          |
|                               |              |                     |              |               |                   | 1                         |                            |                                                          |                                                                                          |
| Į.                            |              | 1                   |              |               | 1                 | 1<br>1                    |                            |                                                          |                                                                                          |
|                               |              | 1                   |              |               | 1                 | 1                         |                            |                                                          |                                                                                          |
|                               |              | •                   |              |               |                   |                           |                            |                                                          |                                                                                          |

State of New Mexico nergy, Minerals and Natural Resources Depar

Form C-102 Revised October 18, 1994 Instruction on Back

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

## District II

P O Drawer DD, Artesia, NM 88210

District III

## **OIL CONSERVATION DIVISION**

2040 S. Pacheco

Santa Fe, New Mexico 87505

| 1000 Rio Brazo<br>District IV | s Rd., Azte  | c, NM 87410         | ļ            |               |                   |                           |                            | LJ AN                                                    | MENDED REPORT                                                                            |
|-------------------------------|--------------|---------------------|--------------|---------------|-------------------|---------------------------|----------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2040 South Paci               |              | Fe, NM 875          | 2 Pool       | WELL          | LOCATION A        | ND ACREAGE 3 Pool Name    | DEDICATION                 | ON PLAT                                                  |                                                                                          |
| 30-025                        |              |                     | 1 (2)        | 764           | 80                |                           | mont: Yates -              | 7 Rvrs - Queen                                           | (Pro Gas)                                                                                |
| 4 Property Cod<br>231         |              | <sup>5</sup> Proper | rty Name     |               | Rinewalt          |                           | ,,,,                       |                                                          | Well Number 5                                                                            |
| 7 OGRID No.                   |              | 8 Operat            | tor Name     |               | T III IS TYGIS    |                           |                            | 9                                                        | Elevation                                                                                |
| 0000                          | 873          |                     |              |               | Apache Corr       | poration                  |                            |                                                          | 3450                                                                                     |
|                               |              |                     |              |               | 10 Surf           | face Location             |                            |                                                          |                                                                                          |
| UL or Lot No.                 | Section<br>4 | Township<br>22S     | Range<br>37E | Lot Idn       | Feet from the 510 | North/South line<br>North | Feet from the<br>1980      | East/West line<br>Westt                                  | County<br>Lea                                                                            |
|                               |              |                     |              | " B           | ottom Hole Lo     | cation If Differe         | ent From Sur               |                                                          |                                                                                          |
| UL or Lot No.                 | Section      | Township            | Range        | Lot Idn       | Feet from the     | North/South line          | Feet from the              | East/West line                                           | County                                                                                   |
| 12 Dedicated Ac               | eres 13 Join | t or infill 14      | Consolidati  | ion Code 14 ( | Order No.         |                           |                            |                                                          |                                                                                          |
|                               | LOWAB        | LE WILL             | BE ASSIC     | GNED TO       | THIS COMPLET      | ION UNTIL ALL I           | INTERESTS H.               | AVE BEEN CON                                             | SOLIDATED                                                                                |
|                               |              |                     |              |               |                   | EEN APPROVED              |                            |                                                          |                                                                                          |
| 16                            |              |                     | ***          |               |                   |                           | " OPI                      | ERATOR CER                                               | TIFICATION                                                                               |
|                               |              | 3                   | 510'         |               |                   |                           | I hereby                   | certify that the informat                                |                                                                                          |
| -                             |              |                     | oi .         |               |                   | 1                         |                            |                                                          |                                                                                          |
|                               | 1980'        | i                   | _            |               |                   | <u>.</u>                  |                            |                                                          |                                                                                          |
|                               |              | 3                   |              |               |                   | İ                         |                            |                                                          |                                                                                          |
|                               |              | 3                   |              |               |                   | 1                         | Signan                     | The second                                               | 0.1124                                                                                   |
|                               |              | - #<br>)            |              | +-            |                   | <del>+</del>              | Printed                    |                                                          | Merc Mary                                                                                |
|                               |              | 1                   |              |               |                   | İ                         | Title                      | Debra y. Ar                                              |                                                                                          |
|                               |              |                     |              |               |                   |                           | Date                       | Sr. Enginee                                              | ring Technician                                                                          |
|                               |              |                     |              |               |                   | 1                         | Date                       | 6/22/00                                                  |                                                                                          |
|                               |              | ]<br>               |              |               |                   | 1                         | " SUF                      | EVEYOR CER                                               | RTIFICATION                                                                              |
|                               |              | 1                   |              |               |                   | 1                         | I herei<br>was pi<br>or un | by certify that the well lo<br>lotted from field notes o | cation shown on this plat<br>of actual serveys made by me<br>I that the same is true and |
|                               |              | į                   |              |               |                   | i<br>I                    | Date St                    | urveyed                                                  |                                                                                          |
|                               |              | 1                   |              |               |                   | †<br>                     | Signatu                    | ire and Seal of Profes                                   | sional Surveyor                                                                          |
|                               |              | - <del> </del>      |              |               |                   | <u> </u>                  |                            |                                                          |                                                                                          |
|                               |              | 1                   |              |               | 1                 | •                         |                            |                                                          |                                                                                          |
|                               |              |                     |              |               |                   | 1                         |                            |                                                          |                                                                                          |
| Į.                            |              | 1                   |              |               | 1                 | 1<br>1                    |                            |                                                          |                                                                                          |
|                               |              | 1                   |              |               | 1                 | 1                         |                            |                                                          |                                                                                          |
|                               |              | •                   |              |               |                   |                           |                            |                                                          |                                                                                          |

P O Drawer DD, Artesia, NM 88210

District II

District III

State of New Mexico nergy, Minerals and Natural Resources Depar. Int

**OIL CONSERVATION DIVISION** 

2040 S. Pacheco Santa Fe, New Mexico 87505

Form C-102 Revised October 18, 1994

Instruction on Back

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

| AMENDED | REPORT' |
|---------|---------|

| 1000 Rio Brazo                    | s Rd., Azte            | c, NM 87410         | מ                            |                 |               |                                 |                |                                       |                                           | AME                                       | NDED REPORT                                                               |
|-----------------------------------|------------------------|---------------------|------------------------------|-----------------|---------------|---------------------------------|----------------|---------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------|
| District IV<br>2040 South Pac     | heco, Santa            | a Fc, NM 875        | 505                          | WELLI           | OCATION A     | ND ACREAGE                      | DED            | ATC ATTO                              | N DI AT                                   |                                           |                                                                           |
| <sup>1</sup> API Number<br>30-025 |                        |                     | <sup>2</sup> P <sub>00</sub> | 1 Code 503      |               | <sup>3</sup> Pool Name          |                |                                       |                                           |                                           |                                                                           |
| <sup>4</sup> Property Cod<br>231  | le                     | <sup>5</sup> Proper | rty Name                     |                 | Rinewalt      | F                               | 3111039        | : Skelly (C                           | rayburg)                                  | 6 Well                                    | Number                                                                    |
| 7 OGRID No.                       |                        | 8 Operat            | or Name                      |                 | Timovent      |                                 |                |                                       |                                           | 9                                         | 5                                                                         |
| 0008                              | 373                    |                     |                              |                 | Apache Cor    | noration                        |                |                                       |                                           |                                           | Elevation                                                                 |
|                                   |                        |                     |                              |                 |               | ace Location                    |                |                                       |                                           |                                           | 3450                                                                      |
| UL or Lot No.                     | Section                | Township            | Range                        | Lot Idn         | Feet from the | North/South line                | Goot           | from the                              | East/West liv                             | . 1                                       |                                                                           |
| 3                                 | 4                      | 225                 | 37E                          |                 | 510           | North                           |                | 980                                   |                                           |                                           | County                                                                    |
|                                   |                        |                     |                              | <sup>II</sup> R |               | cation If Differen              |                |                                       | Westt                                     |                                           | Lea                                                                       |
| UL or Lot No.                     | Section                | Township            | Range                        | Lot Ida         | Feet from the | North/South line                |                | from the                              | East/West lin                             | nc                                        | County                                                                    |
| 12 Dedicated Ac                   | res <sup>13</sup> Join | t or Infill 14      | Consolidati                  | on Code 14 C    | Order No.     |                                 |                | · · · · · · · · · · · · · · · · · · · |                                           |                                           |                                                                           |
|                                   | LOWAB                  | LE WILL I           | BE ASSIC                     | GNED TO T       | HIS COMPLET   | ION UNTIL ALL I<br>EEN APPROVED | INTER<br>BY TI | ESTS HAV                              | /E BEEN CO                                | ONSO                                      | LIDATED                                                                   |
| 16                                |                        |                     |                              |                 |               |                                 |                | 1.0                                   |                                           | ZDTI                                      | EIC ATION                                                                 |
|                                   |                        |                     | 510                          |                 |               | 1                               |                | I hereby ce                           | rtify that the infor                      | mation c                                  | FICATION contained herein is nowledge and belief.                         |
| 1                                 | 1980'                  | 1                   |                              |                 |               | :<br>!                          |                |                                       |                                           |                                           |                                                                           |
|                                   |                        | i<br>- 1            | ~ ~ ~ ~                      |                 |               | :<br> <br><del> </del>          |                | Signature                             | Sval                                      | du                                        | 20 Milos                                                                  |
|                                   |                        | 1                   |                              |                 |               | !<br>!                          |                | Printed No                            | Debra J.                                  |                                           |                                                                           |
|                                   |                        |                     |                              |                 | :             |                                 |                | Title<br>Date                         | Sr. Engine                                | eering                                    | Technician                                                                |
|                                   |                        | i                   |                              |                 | 1             |                                 |                | Date                                  | 6/22/00                                   |                                           |                                                                           |
|                                   |                        | <br>                |                              | P               |               |                                 |                | i hereby c<br>was plotte<br>or under  | ertify that the well<br>d from field note | l location<br>is of actuant<br>and that t | FICATION  I shown on this plat at serveys made by me the same is true and |
|                                   |                        | 1<br>1              |                              |                 |               |                                 |                | Date Surve                            |                                           |                                           |                                                                           |
|                                   |                        | -                   |                              |                 |               |                                 |                | Signature :                           | and Scal of Pro                           | fessiona                                  | il Surveyor                                                               |
|                                   |                        | <br>                |                              |                 | <br>          |                                 |                |                                       |                                           |                                           |                                                                           |
|                                   |                        | <br>                |                              |                 | <br>          |                                 |                |                                       |                                           |                                           |                                                                           |
|                                   |                        | <del>,,,,,</del>    |                              |                 |               |                                 |                |                                       |                                           |                                           |                                                                           |

#### DISTRICT I 1625 M. PRINCE DR., BORRS, NM 66240

#### State of New Mexico





Form C-102 Revised JUNE 10, 2003

State Lease - 4 Copies Fee Lease - 3 Copies

Submit to Appropriate District Office

#### DISTRICT II 1301 W. GRAND AVENUE, ARTESIA, NIK 68210

DISTRICT III

1000 Rio Brazos Rd., Astec, NM 87410

#### OIL CONSERVATION DIVISION 1220 SOUTH ST. FRANCIS DR. Santa Fe, New Mexico 87505

| DISTRICT IV 1220 S. ST. FRANCIS DR., SANTA FE, NW 87505 | WELL LOCATION AND | ACREAGE DEDICATION PLAT  | □ AMENDED REPORT |
|---------------------------------------------------------|-------------------|--------------------------|------------------|
| API Number                                              | Pool Code         | Pool Name                |                  |
| 30-025-37325                                            | 50350             | Penrose Skelly: Grayburg |                  |
| Property Code                                           | Prop              | erty Name                | Well Number      |
| 23110                                                   | RIN               | EWALT                    | 6                |
| OGRID No.                                               |                   | ator Name                | Elevation        |
| 00873                                                   | APACHE (          | CORPORATION              | 3457'            |

#### Surface Location

| UL or lot No. | Section | Township | Range | Lot idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| F             | 4       | 22-S     | 37-E  |         | 2310          | NORTH            | 1650          | WEST           | LEA    |

#### Bottom Hole Location If Different From Surface

|   | bottom dole tocation in billerent From Surface |         |             |             |         |               |                  |               |                |        |
|---|------------------------------------------------|---------|-------------|-------------|---------|---------------|------------------|---------------|----------------|--------|
| ſ | UL or lot No.                                  | Section | Township    | Range       | Lot ldn | Feet from the | North/South line | Feet from the | East/West line | County |
| 1 |                                                |         |             |             |         |               |                  |               |                |        |
| L |                                                |         |             |             |         |               |                  |               |                |        |
| 1 | Dedicated Acres                                | Joint o | г Івдііі Со | nsolidation | Code On | der No.       |                  |               | ·              |        |
| 1 | HI                                             |         |             |             |         |               |                  |               |                |        |
| L | てし                                             |         |             |             |         |               |                  | 60            |                |        |

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

| LOT 4 LOT 3                                   | LOT 2                 | LOT 1    | OPERATOR CERTIFICATION  I hereby certify the the information contained herein is true and complete to the best of my knowledge and bettef.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------|-----------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 39.91 AC 39.86 AC _                           | 39.80 AC              | 39.75 AC | Estaine Linton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1650                                          |                       |          | Elaine Linton Printed Name Eng. Technician  7146  8/29/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NAD 2                                         |                       |          | SURVEYOR CERTIFICATION  I hereby certify that the well location shown that plat was plotted from field notes of actual surveys made by me or under my                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Y=5190<br>X=8587<br>LAT.=32*25<br>LONG.=103*1 | 741.1 E<br>5'17.96" N |          | supervison, and that the same is true and correct to the best of my belief.  DECEMBER 16, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                               |                       | ă.       | Date Surveyor DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a Sea) of DO DEL Signature (a |
|                                               |                       |          | Certificate No. GARY-RIDSON 12841                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

#### DISTRICT I 1825 N. FERNCE DR., BORBE, NW 88240

#### State of New Mexico

Energy, Minerals and Natural Resources Department

DISTRICT II

OIL CONSERVATION DIVISION 1220 SOUTH ST. FRANCIS DR. Santa Fe, New Mexico 87505 Form C-102

Revised JUNE 10, 2003

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

DISTRICT III 1000 Bio Brazos Rd., Axtee, NM 87410

DISTRICT IV WELL LOCATION AND ACREAGE DEDICATION PLAT ☐ AMENDED REPORT LEDO S. ST. FRANCIS DS., SANTA FE, NM 87805 Pool Code API Number Pool Name 30-025-37750 50350 Penrose Skelly; Grayburg Property Code Property Name Well Number RINEWALT 23110 7 OCRID No. Operator Name Elevation APACHE CORPORATION 00873 3456

#### Surface Location

| UL or lot No. | Section | Township | Range | Lot idn | Feet from the | North/South line | Feet from the | Bast/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 3             | 4       | 22-S     | 37-E  |         | 1090          | NORTH            | 1810          | WEST           | LEA    |

#### Bottom Hole Location If Different From Surface

| UL or lot No.   | Section | Township    | Range       | Lot Idn | Feet from the | North/South line | Peet from the | Bast/West line | County |
|-----------------|---------|-------------|-------------|---------|---------------|------------------|---------------|----------------|--------|
| Dedicated Acres | Joint o | r Infill Co | nsolidation | ode Or  | der No.       |                  |               | I              |        |
| 40              |         |             |             | /       | VSL-534       | 16(50)           |               |                |        |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL ÍNTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

| LOT 4 LO                                     | 13       | LOT 2    | LOT 1     | OPERATOR CERTIFICATION                                                                                               |
|----------------------------------------------|----------|----------|-----------|----------------------------------------------------------------------------------------------------------------------|
| .060<br>                                     |          | = =      | 77 a. **  | I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.   |
| 39.91 AC 39.0                                | B6 AC    | 39.80 AC | 39 (5.AC. | Signature Linton                                                                                                     |
|                                              |          | 120      |           | Elaine Linton Printed Name                                                                                           |
|                                              |          |          | Con and   | Engineering Tech.                                                                                                    |
|                                              |          |          | 4         | 3/28/2006<br>Date                                                                                                    |
|                                              | ·        |          |           | SURVEYOR CERTIFICATION                                                                                               |
| GEODETIC COORDINATES<br>NAD 27 NME           | , I<br>I | 9        |           | I hereby certify that the well location show<br>on this plat was plotted from field notes of                         |
| Y=520285.6 N<br>X=858890.6 E                 | ,<br>    |          |           | actual surveys made by me or under a<br>supervisor, and that the same is true a<br>correct to the best of my bolisf. |
| LAT.=32°25'30.03" N<br>LONG.=103°10'12.86" W | , l      | <br>     |           | JANUARY 3, 2006                                                                                                      |
|                                              |          |          |           | Date Surveyed Seal of Professional Surveyor                                                                          |
| ļ                                            | <br>     |          |           | 105.11.2031                                                                                                          |
|                                              |          | # 1      |           | Certificate No. CARY RIDSON 128                                                                                      |

#### DISTRICT I LOSS N. PRENCE DR., HORRS, NM 85240

THE RESIDENCE OF STREET STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET

#### State of New Mexico

Energy, Minerals and Natural Resources Department

DISTRICT II
1301 W. GRAND AVENUE, ARTESIA, MK BARLO

DISTRICT III 1000 Rio Brazon Rd., Axtec, NM 67410

## OIL CONSERVATION DIVISION 1220 SOUTH ST. FRANCIS DR. Santa Fe, New Mexico 87505

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

| DISTRICT IV<br>1220 S. ST. FRANCIS I | O CANTA PE    |              | WELL LO     | CATION    | AND ACREA                        | AGE DEDICATI     | ON PLAT         | □ AMENDI                                                                                                                                                                                | ED REPO     |  |
|--------------------------------------|---------------|--------------|-------------|-----------|----------------------------------|------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
|                                      | Number        | 1.7 21000    |             | Pool Code |                                  |                  | Pool Name       |                                                                                                                                                                                         |             |  |
| 30-025-3                             | 8224          |              | 6660        |           | B1<br>Property Nam               | inebry Oil &     | Gas (011)       |                                                                                                                                                                                         |             |  |
|                                      | Property Code |              |             |           |                                  | Well Num         | aper            |                                                                                                                                                                                         |             |  |
| 23110                                |               |              |             |           | RINEWAL                          |                  |                 | 8                                                                                                                                                                                       |             |  |
| OGRID N                              | ٥.            |              |             | 470.4     | Operator Nam                     |                  |                 | Elevation                                                                                                                                                                               |             |  |
| 873                                  |               |              |             | A.PA      | CHE CORPO                        | RATION           |                 | 3456                                                                                                                                                                                    | <u> </u>    |  |
|                                      |               |              |             |           | Surface Loc                      | ation            |                 |                                                                                                                                                                                         |             |  |
| UL or lot No.                        | Section       | Township     | Range       | Lot Idn   | Peet from the                    | North/South line | Feet from the   | East/West line                                                                                                                                                                          | County      |  |
| 3                                    | 4             | 22-S         | 37-E        |           | 1290                             | NORTH            | 2580            | WEST                                                                                                                                                                                    | LEA         |  |
|                                      |               |              | Bottom      | Hole Lo   | cation If Diffe                  | erent From Sur   | face            |                                                                                                                                                                                         |             |  |
| UL or lot No.                        | Section       | Township     | Range       | Lot Idn   | Feet from the                    | North/South line | Feet from the   | East/West line                                                                                                                                                                          | County      |  |
|                                      |               |              |             |           |                                  |                  |                 |                                                                                                                                                                                         |             |  |
| Dedicated Acre                       | a Joint       | or Infili Co | nsolidation | Code Or   | der No.                          | <u> </u>         | ·               |                                                                                                                                                                                         |             |  |
| 39.86                                |               |              |             |           |                                  |                  |                 |                                                                                                                                                                                         |             |  |
|                                      | WABLE 1       | TILL BE A    | SSIGNED     | TO THIS   | COMPLETION                       | UNTIL ALL INTE   | RESTS HAVE BE   | EN CONSOLIDA                                                                                                                                                                            | ATED        |  |
|                                      |               |              |             |           |                                  | APPROVED BY      |                 |                                                                                                                                                                                         |             |  |
| LOT                                  | 4             | 10           | гз (        |           | LOT 2                            | LOT 1            | 22224           | D APPRICA                                                                                                                                                                               |             |  |
|                                      | ì l           |              |             |           |                                  | 1                |                 | OR CERTIFICAT                                                                                                                                                                           |             |  |
|                                      |               |              |             |           |                                  |                  | herein is true  | certify that the inf<br>and complete to th<br>and belief, and tha<br>ther owns a working<br>ineral interest in th                                                                       | e best of   |  |
|                                      |               |              | ģ           |           |                                  |                  | arganization ei | ther owns a working                                                                                                                                                                     | interest    |  |
|                                      |               |              | î           | 1         | 1                                |                  | including the   | proposed bottom ho<br>to drill this well a                                                                                                                                              | le locatio  |  |
|                                      |               |              |             |           | 1                                |                  | location pursu  | ant to a contract w                                                                                                                                                                     | fth at      |  |
|                                      |               |              |             |           |                                  |                  | or to a volunt  | location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entere by the division. |             |  |
| 39.91                                | AC            | 2580'39.8    | 6 AC        | 3         | 9.80 AC                          | 39.75 AC         | by the dirizion |                                                                                                                                                                                         | 18 871410   |  |
|                                      |               |              |             |           | EODETIC COOR                     | DIMATEC          | 11              | kay 9/6/2                                                                                                                                                                               | 007         |  |
|                                      | ,             |              |             |           | NAD 27 NI                        |                  | Signature       |                                                                                                                                                                                         | te          |  |
|                                      |               |              |             |           | V 5000075                        | - A/             | Sophie          | Mackay                                                                                                                                                                                  |             |  |
|                                      |               |              |             | 1         | Y=520093.5<br>X=859662.1         |                  | Printed Nam     |                                                                                                                                                                                         |             |  |
|                                      |               |              |             |           | 14T 70 4044                      | 67° N 33         |                 |                                                                                                                                                                                         |             |  |
|                                      |               |              |             | 4         | LAT,=32.4244.<br>ONG.=103.167.   |                  | SURVEYO         | OR CERTIFICAT                                                                                                                                                                           | TION        |  |
|                                      |               |              |             |           | LAT.=32°25'28.                   | 05" N            | / hereby        | cestify that the we                                                                                                                                                                     | li locatio: |  |
|                                      | 1             |              |             | 1         | DK1.=32 23 28.<br>ONG.=103°10°0. |                  | shown on this   | plat was plotted fro<br>surveys made by i<br>crision, and that th                                                                                                                       | me or       |  |
|                                      | +             |              |             | I -       |                                  |                  | under my supe   | ervision, and that the<br>cl to the best of m                                                                                                                                           | y belief.   |  |
|                                      | ■ 1           |              |             |           |                                  |                  |                 |                                                                                                                                                                                         |             |  |

JUNE 16, 2006

Date Surveyed white the land Signature & Scal of . Professional Surveyor

Certificate No. GARY BIDSON RONALD TRIDSON

12641 3239

12

#### State of New Mexico

DISTRICT I 1625 N. FRENCE DR., HOBBS, NW 66240

AL DESIGN CONTRACT AND A CONTRACT OF A CONTRACT OF A CONTRACT OF

Energy, Minerals and Natural Resources Department

DISTRICT II

1301 W. GRAND AVENUE, ARTESIA, NW 86210

DISTRICT III 1000 Rio Brazos Rd., Axtoc, NM 87410

#### OIL CONSERVATION DIVISION 1220 SOUTH ST. FRANCIS DR. Santa Fe, New Mexico 87505

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

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA PR. NO. 67505

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

| API Number    | Pool Code | Pool Name            |           |
|---------------|-----------|----------------------|-----------|
| 30-025-38224  | 60240     | Tubb 0il & Gas (0il) |           |
| Property Code | Prop      | Well Number          |           |
| 23110         | RIN       | 8                    |           |
| OGRID No.     |           | ator Name            | Elevation |
| 873           | APACHE (  | CORPORATION          | 3456'     |

#### Surface Location

| 1 | UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 1 | 3             | 4       | 22-S     | 37-E  |         | 1290          | NORTH            | 2580          | WEST           | LEA    |

#### Bottom Hole Location If Different From Surface

| UL or lot No.   | Section | Township     | Range         | Lot Idn | Peet from the | North/South line | Feet from the | East/West line | County |
|-----------------|---------|--------------|---------------|---------|---------------|------------------|---------------|----------------|--------|
| Dedicated Acres | Joint o | r Infili Co: | asolidation ( | Code Or | der No.       |                  |               |                |        |

## 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

|          | OR R HOW BIRNES | IND UNIT IING DED | - ALTROVED DI I                                     | dd Diribion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------|-----------------|-------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOT 4    | LOT 3           | LOT 2             | LOT 1                                               | OPERATOR CERTIFICATION  I hereby certify that the information 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 purrount to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order herstofore entered |
| 39.91 AC | 2580' 39.86 AC  | 39.80 AC          | NME<br>.5 N<br>.2 E<br>457' N<br>7746' W<br>8.05" N | Surveyor Certification  June 16, 2006  Date Surveyed to the best of my belief.  JUNE 16, 2006  Date Surveyed LA  Signature and certest of the best of my belief.  Certificate No. GARY HISTIN 12841  ROYALD A. EDSON 3239                                                                                                                                                                                                                                                                          |

#### State of New Mexico

Energy, Minerals and Natural Resources Department

DISTRICT I

DISTRICT II
1301 W. GRAND AVENUE, ARTESIA, NN 06210

A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR

DISTRICT III 1000 No Brazos Rd., Azteo, NM 87410 OIL CONSERVATION DIVISION 1220 SOUTH ST. FRANCIS DR. Santa Fe, New Mexico 87505 Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Coples
Fee Lease - 3 Coples

Secretarial to the manager of the finish State .

DISTRICT IV WELL LOCATION AND ACREAGE DEDICATION PLAT ☐ AMENDED REPORT 1220 S. ST. FRANCIS DR., SANTA PE, NW 87505 Pool Name Pool Code API Number 30-025-38224 19190 Drinkard Well Number Property Name Property Code RINEWALT 23110 Operator Name Elevation OGRID No. APACHE CORPORATION 3456 873 Surface Location North/South line Feet from the . Bast/West line UL or lot No. Section Township Range Lot Idn Feet from the County 1290 NORTH 2580 WEST LEA 3 22-S 37-E 4 Bottom Hole Location If Different From Surface Lot Idn Feet from the North/South line Feet from the East/West line County UL or lot No. Section Township Range Order No. Joint or Infill Consolidation Code Dedicated Acres 39.86

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

| LOT 4    | LOT 3          | LOT 2                           | LOT 1    | OPERATOR CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------|----------------|---------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | 1290,          |                                 |          | I hereby certify that the information herein is true and complete to the best of my inowiedge 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 mineral or working interest, or to a voluntary pooling agreement or a |
| 39.91 AC | 2580: 39.86 AC | 39.80 AC                        | 39.75 AC | compulsory pooling order heretofore entered by the division.                                                                                                                                                                                                                                                                                                                                                                   |
|          | ]              | GEODETIC COOI<br>NAD 27 M       |          | S. Mukay 9/6/2007<br>Signature Date                                                                                                                                                                                                                                                                                                                                                                                            |
|          | <u>}</u><br>1  | Y=520093.<br>X=859662.          |          | Sophie Mackay Printed Name                                                                                                                                                                                                                                                                                                                                                                                                     |
|          | <br>           | LAT.=32.4244<br>LONG.=103.16    | . —      | SURVEYOR CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                         |
|          |                | LAT.=32°25°28<br>LONG.=103°10°0 |          | I bereby 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.                                                                                                                                                                                                                  |
|          |                |                                 |          | JUNE 16, 2006                                                                                                                                                                                                                                                                                                                                                                                                                  |
|          | _ = = _        | <u> </u>                        |          | Date Surveyed LA Signature & Seal River Professional Surveyor                                                                                                                                                                                                                                                                                                                                                                  |
|          |                |                                 |          | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                          |
|          | <br>           | ĺ                               |          | Certificate No. GARY EDISON 1264  BONALD C BEDSON 323                                                                                                                                                                                                                                                                                                                                                                          |