

COG OPERATING LLC
SCOOTER FEDERAL COM #2H HEARING
SECTION 23 – T18S – R33E

Lea County, New Mexico



DISTRICT I
1825 N. WHELAN DR., SUCROS, NM 88240
Phone: (575) 323-8181 Fax: (575) 323-8728

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 748-1823 Fax: (575) 748-9726

DISTRICT III
1600 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-8179 Fax: (505) 334-8179

DISTRICT IV
1825 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
Property Code	Property Name SCOOTER FEDERAL COM	Well Number 2H
OGRID No.	Operator Name COG OPERATING, LLC	Elevation 3898.4

Surface Location

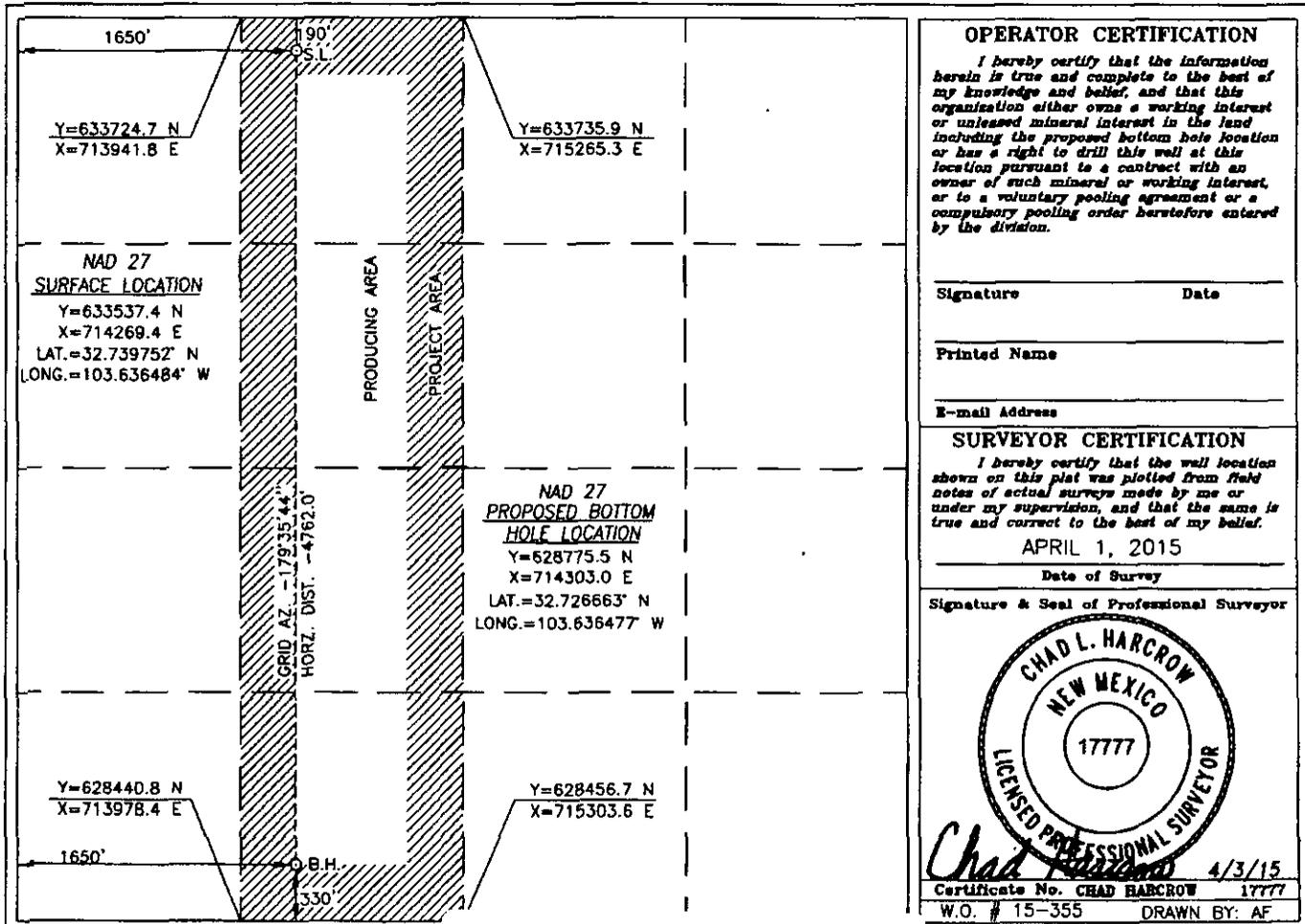
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	23	18-S	33-E		190	NORTH	1650	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	23	18-S	33-E		330	SOUTH	1650	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
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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



BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 1
Submitted by: COG OPERATING LLC
Hearing Date: June 25, 2015

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 unless 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 compulsory pooling order heretofore entered by the division.

Signature _____ Date _____
Printed Name _____
E-mail Address _____

SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

APRIL 1, 2015
Date of Survey _____
Signature & Seal of Professional Surveyor

CHAD L. HARCROW
NEW MEXICO
17777
LICENSED PROFESSIONAL SURVEYOR

Chad L. Harcrow 4/3/15
Certificate No. CHAD HARCROW 17777
W.O. # 15-355 DRAWN BY: AF