

*Lease 589*

NEW MEXICO  
OIL CONSERVATION COMMISSION

Gas Well Plat

Date \_\_\_\_\_

Operator \_\_\_\_\_ Lease \_\_\_\_\_ Well No. \_\_\_\_\_

Name of Producing Formation \_\_\_\_\_ Pool \_\_\_\_\_

No. Acres Dedicated to the Well \_\_\_\_\_

SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_


I hereby certify that the information given above is true and complete to the best of my knowledge.

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Representing \_\_\_\_\_  
Address \_\_\_\_\_

*Exhibit 4*

(over)