DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone: (375) 393-6161 Fax: (575) 393-0720
DISTRICT II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (375) 748-9720
DISTRICT III
1000 Rio Birazos Road, Azicc, NM 87410
Phone: (305) 334-6178 Fax: (305) 334-6170
DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (305) 476-3460 Pax: (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

| A1  | PI Number                    |                                     |                      | Pool Code           |               | r                         |                  | Po   | ol Name                   |   |                    |
|---|------------------------------|-------------------------------------|----------------------|---------------------|---------------|---------------------------|------------------|--|---------------------------|---|--------------------|
| 30-015 <b>-30325</b>  |                              |                                     | 97866 MAR LOCO; GLOR |                     |               |                           |                  |  |                           | ESO   |                    |
| Property Code   |                              |                                     | Property Name        |                     |               |                           |                  |  | Well Number               |   |                    |
| 302477  |                              |                                     | DEXTER FEDERAL       |                     |               |                           |                  |  |                           | 6   |                    |
| OGRID N   | Operator Name                |                                     |                      |                     |               |                           |                  |  | <b>I</b>                  | Elevation   |                    |
| 229137  |                              | COG OPERATING, LLC Surface Location |                      |                     |               |                           |                  |  |                           |   | 656                |
| UL or lot No. Section Township  |                              |                                     |                      |                     |               | from the North/South line |                  | Feet from the  |                           | East/West line  | County             |
| J   | 22                           | 175                                 | 30E                  |                     | 231           | O                         | South            | 2310   | ,                         | East  | EDDY               |
|   |                              |                                     | 1 303                | Bottom Hole Locatio |               |                           |                  |  |                           |   |                    |
| UL or lot No.   | r lot No. Section Township R |                                     | Range                | Lot Idn             | Feet from the |                           | North/South line | Feet from the  |                           | East/West line  | County             |
|   |                              |                                     |                      |                     |               |                           |                  |  |                           |   |                    |
| Penetration Point Location  UL or lot No.   Section   Township   Range   Lot Idn   Feet from the   North/South line   Feet from the   East/West line   County |                              |                                     |                      |                     |               |                           |                  |  |                           |   |                    |
| UL or lot No.   | UL or lot No. Section        |                                     | Township Range       |                     | Feet fr       | from the                  | North/South line | Feet from  | Feet from the East/       |   | County             |
|   |                              |                                     |                      |                     |               |                           |                  |  |                           |   |                    |
| Dedicated Acres   | Joint or                     | Infill (                            | Consolidation C      | Code Ord            | et No.        |                           |                  |  |                           |   |                    |
| 40  |                              |                                     |                      |                     |               |                           |                  |  |                           |   |                    |
| 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          |                              |                                     |                      |                     |               |                           |                  |  |                           |   |                    |
| OPERATOR CERTIFICATION  |                              |                                     |                      |                     |               |                           |                  |  |                           |   |                    |
|   | 1                            |                                     |                      | 1                   |               | ı                         | 1                | 16   | creby certify             | that the information l  | berein is true and |
|   | complete to the best o       |                                     |                      |                     |               |                           |                  |  |                           | of my knowledge and belief, and<br>either owns a working interest or                |                    |
|   | 1                            |                                     |                      | 1                   |               | 1                         |                  | un   | leased miner              | ral interest in the land  | including the      |
| proposed bottom hole well at this location pu   |                              |                                     |                      |                     |               |                           |                  | atron pursuant to a cor                                    | tract with an owner       |   |                    |
|   | 1                            |                                     | 1                    |                     |               |                           | pooling ago      |  |                           | eral or working interest, or to a voluntary<br>cement or a compulsory pooling order |                    |
|   |                              |                                     |                      | <u> </u>            |               |                           |                  | be   | retofore ente             | ered by the division.   |                    |
| <b>{                                    </b>  | +                            |                                     |                      |                     |               |                           |                  |  | V                         | A 11  | _                  |
|   |                              |                                     |                      |                     | -             |                           |                  | neu  | Connall                   | 4 3-13-12   |                    |
|   | 1                            |                                     |                      |                     |               | 1                         |                  | 11   | grature                   |   | Date               |
|   | 1                            |                                     |                      | •                   |               | İ                         |                  |  | acie                      | Conna N   | <u> </u>           |
|   |                              |                                     |                      |                     |               |                           |                  | 11   |                           |   |                    |
|   |                              |                                     |                      |                     |               |                           |                  | Kconnally@concho.com E-mail Address                        |                           |   |                    |
| <u>                                     </u>  |                              | ·                                   |                      | <u> </u>            |               | _                         | <del></del>      | -  | 7.001                     |   |                    |
|   | ŀ                            |                                     |                      | 1                   |               | 7211                      | n                | }  | SURVE                     | YOR CERTIF  | ICATION            |
| 2310  |                              |                                     |                      |                     |               |                           |                  | I hereby certify that the well location shown on this plat |                           |   |                    |
|   | ı                            |                                     |                      | '                   |               | ı                         |                  |  |                           | om field notes of actua<br>ny supervision, and tha                                  |                    |
|   |                              |                                     |                      |                     |               |                           |                  |  |                           | the best of my belief   |                    |
|   | Į.                           |                                     |                      |                     |               | ŀ                         |                  |  |                           |   |                    |
|   |                              |                                     | 1                    |                     |               |                           |                  | ate of Survi   | ey<br>Seal of Professions | d Surveyor:   |                    |
|   |                              |                                     |                      |                     |               |                           |                  | "  |                           |   |                    |
|   |                              |                                     |                      | 3310                |               |                           |                  |  |                           |   |                    |
|   | ,                            |                                     |                      | $\mathcal{Z}$       |               | ,                         | 4                |  |                           |   |                    |
|   |                              |                                     |                      | 1                   |               |                           |                  |  |                           |   |                    |
|   | ,                            |                                     |                      | <u> </u>            |               | 1                         |                  |  |                           |   |                    |
|   |                              |                                     |                      |                     |               |                           |                  |  |                           |   |                    |
|   | ·                            |                                     |                      |                     |               | ,                         |                  |  |                           |   |                    |
|   |                              |                                     |                      |                     |               |                           |                  | 11   |                           |   |                    |