State of New Mexico

Form C-102

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

12 Dedicated Acres

40

1220 S. St. Francis Dr., Santa Fe, NM 87505

13 Joint or Infill

4 Consolidation Code

Energy, Minerals & Natural Resources Department EIVE 1220 South St. Francis Dr.

MAR 22 2010

Revised October 15,2009

one copy to appropriate

District Office

NMOCD ARTESIA

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

Santa Fe, NM 87505

API Number				* Pool Code		Pool Name						
30-015-32862			5200		Und	Undes. Benson; Bone Spring						
⁴ Property Code		⁵ Property Name								⁶ Well Number		
301463		State 2										
OGRID No.		⁸ Operator Name								⁹ Elevation		
147179 Chesape			eake-Operating, Inc.							3428' GR		
					10 Surface	Location						
UL or lot no.	Section	n Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	he East/West line			County	
N	2	198	30E		660'	South	1980'	West		Eddy		
			11 Botte	om Hole	e Location If	Different Fro	m Surface					
III or let oo	Contin	a Taunahin	Danco	Lot Ida	East from the	Morth/Couth line	Fact from the		NA/ant line		Cauatic	

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the

15 Order No.

				·
16				17 OPERATOR CERTIFICATION
				I hereby certify that the information contained 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
		Ser proge		bottom hole location or has a right to drill this well at this location pursuant to
		and the state of		a contract with an owner of such a mineral or working interest, or to a
				voluntary pooling agreement or a compulsory pooling order heretofore entered
				by the division
				03/17/2010
				Signature Date
				Bryan Arrant
				Printed Name
*	,			
				18 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
				1
				my supervision, and that the same is true and correct to the
				best of my belief
				Date of Survey
				Signature and Seal of Professional Surveyor
1980'				
1900	g g		,	Disease Defends Ocial at Dist
				Please Refer to Original Plat
	,099			
	·			Certificate Number
		<u> </u>	1	