

All distances must be from the outer boundaries of the Section.

Operator <b>Ralph Nix</b>		Lease <b>Cherry</b>		Well No. <b>1</b>
Unit Letter <b>'M'</b>	Section <b>22</b>	Township <b>10 South</b>	Range <b>27 East</b>	County <b>Chaves</b>
Actual Footage Location of Well: <b>330</b> feet from the <b>South</b> line and <b>330</b> feet from the <b>West</b> line				
Ground Level Elev. <b>3845</b>	Producing Formation <b>San Andres</b>	Pool <b>Diablo-San Andres</b>	Dedicated Acreage: <b>40</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

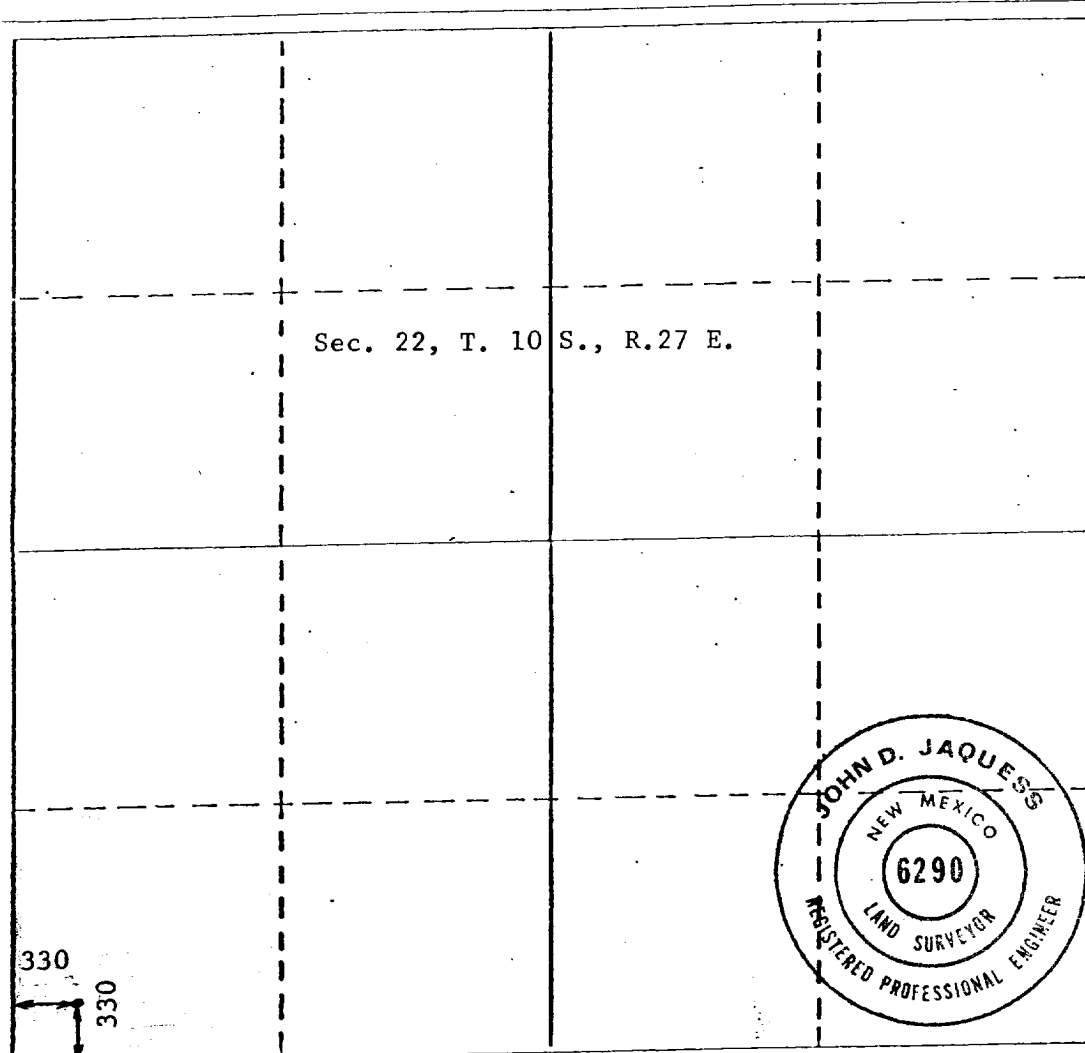
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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 ☐ No 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 Division.



#### CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name Ralph Nix

Position \_\_\_\_\_

Company \_\_\_\_\_

Ralph Nix

Date \_\_\_\_\_

March 24, 1981

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 \_\_\_\_\_

March 18, 1981

Registered Professional Engineer and/or Land Surveyor

John D. Jaquess  
John D. Jaquess, P.E. & L.S.  
Certificate No. \_\_\_\_\_

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