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

Operato				All distances must be i	Lease	oundaries of	" D	11	Well No.
Unit Letter Section Township					Rango	oraj-,ili	B B	Fed.	/ 1
Oint Le	0	Coction	IJ	Township 15 South	Range	29 Bast	County	Chaves	
<u>  چې</u> ا	460	ation of Well: feet from th		line and	1650	feet	from the	issi	line
Ground	Level Elev. 3950	1	ing Form کارو		Pool .		J1	1000m	Dedicated Acreage:
1.	Outline th		,	ed to the subject we		d pencil or	hachure	marks on t	
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 Commission.									
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				e <b>2</b> 9 e	!				CERTIFICATION
		İ					ĺ	I hereby	certify that the information con-
		1			1			l .	rein is true and complete to the
		į			l İ			best of m	y knowledge and belief.
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		1						Date Date	all L. McClellan
				IJ				Uc Cc	+4,19(8
					! !				certify that the well location this plat was plotted from field
		i I						1	actual surveys made by me or
					į				supervision, and that the same and correct to the best of my
<u> </u>		1						1	e and belief.
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