

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

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

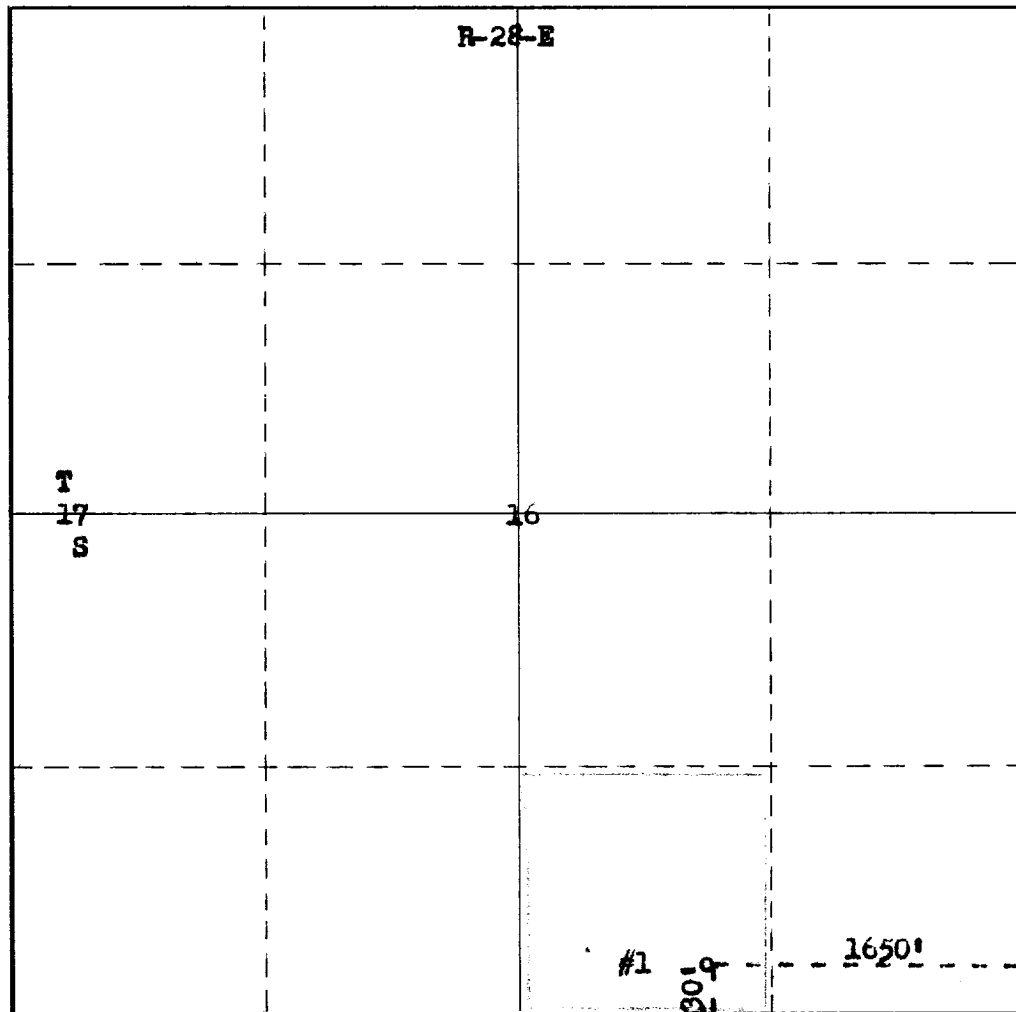
Operator R. D. Collier		Lease Atlantic State		Well No. 1
Unit Letter 0	Section 16	Township T-17-S	Range R-28-E	County Eddy
Actual Footage Location of Well:				
1650 feet from the East line and		330 feet from the South line		
Ground Level Elev: 3590	Producing Formation <i>Seven Rivers</i>	Pool <i>Andrew S. Red Lake SR</i>	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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?

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☐ Yes ☐ No If answer is "yes," type of consolidation _____ **APR 14 1966**
If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) **D. C. C.**
ARTESIA, OFFICE

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.



CERTIFICATION

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

James O. Hammond
Name

James O. Hammond

Position

Agent

Company

R. D. Collier

Date

April 11 66

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

April 11, 1966

Registered Professional Engineer and/or Land Surveyor

James H. Evans
Certificate No.

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