Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

State of New Mexico Energy, Minerals and Natural Resources Department.

Form C-102 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

660

990

1320

1650

1980 2310 2640

2000

1500

1000

500

0

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 WELL LOCATION AND ACREAGE DEDICATION PLAT 1000 Rio Brazos Rd., Aztec, NM 87410 All Distances must be from the outer boundaries of the section 575 Well No. Operator SDX RESOURCES, INC. Dunn B Federal 199• 37 Range Unit Letter Section Township County 10 18 South 28 East Ε Eddy County, N.M. **NMPM** Actual Footage Location of Well: West line 1550 North 660 feet from the line and feet from the Ground level Elev. Producing Formation Pool Dedicated Acreage: 3643.3 Qn-Gb-Sa Art.-Qn-Gb-Sa 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 interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? ∐ No Yes 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 neccessary. 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 interest, has been approved by the Division. OPERATOR CERTIFICATION I hereby certify that the information contained herein in true and complete to the best of my knowledge and belief. Signature Printed Name Position 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 my supervison, and that the same is true and correct to the best of my knowledge and belief. Date Surveyed Signature & Seal of Professional Surveyor Certificate No.