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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C-102 Revised 1-1-89

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

DISTRICT II P.O. Drawer DD, Artesia, NM 66210

DISTRICT III

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1000 Rio Brazos Rd., Aztec, NM 87410

## P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| Deerator<br>READ & STEVENS, INC.                                                                                                                                                                                                             |                    |                       |          | SUSIE FEDERAL |                       |           |                         | Well No.                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|----------|---------------|-----------------------|-----------|-------------------------|------------------------------------------------------------|--|
| Unit Letter                                                                                                                                                                                                                                  | Section            | Township              | Range    |               |                       |           | County                  |                                                            |  |
| F                                                                                                                                                                                                                                            | 1                  | 18 SOU                | 1 -      |               | 0 EAST                | NMPM      |                         | EDDY                                                       |  |
| Actual Footage Loca                                                                                                                                                                                                                          | ation of Well:     | 1                     | <u> </u> |               |                       |           | <b>.</b>                |                                                            |  |
| 990' <u>feet</u>                                                                                                                                                                                                                             |                    | ST line and           |          | 1980'         |                       | feet from | the NORT                |                                                            |  |
| Ground Level Elev.                                                                                                                                                                                                                           |                    |                       | Pool     |               | toneted               | WELDCK    | +7                      | Dedicated Acreage:<br>320                                  |  |
| 3568.0'                                                                                                                                                                                                                                      | ·                  | onian                 | L        | ·····         |                       |           |                         | 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,<br>unitization, force-pooling, etc.?                                                        |                    |                       |          |               |                       |           |                         |                                                            |  |
| Yes No If answer is "yes" type of consolidation                                                                                                                                                                                              |                    |                       |          |               |                       |           |                         |                                                            |  |
| If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.                                                                                                     |                    |                       |          |               |                       |           |                         |                                                            |  |
| No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. |                    |                       |          |               |                       |           |                         |                                                            |  |
| LC-0476                                                                                                                                                                                                                                      |                    |                       |          | <u> </u>      | . 1999, 1996, 1996, S |           | OPERA                   | FOR CERTIFICATION                                          |  |
|                                                                                                                                                                                                                                              | Stevens, Ind       | 100%                  |          |               |                       |           | -                       | certify the the information                                |  |
| Kead &                                                                                                                                                                                                                                       | Stevens, In        | $C_{\bullet} = 100\%$ |          | 1             |                       |           |                         | rein is true and complete to the<br>nowledge and belief.   |  |
| ļ                                                                                                                                                                                                                                            | 1                  |                       |          | 1             |                       |           |                         |                                                            |  |
|                                                                                                                                                                                                                                              |                    |                       |          | Í             |                       |           | Signature               | $\cap I$ ,                                                 |  |
|                                                                                                                                                                                                                                              |                    |                       |          | i             |                       |           | Dec.                    |                                                            |  |
| ł                                                                                                                                                                                                                                            | 6                  |                       |          | i             |                       |           | Printed Na              | ,                                                          |  |
| 1                                                                                                                                                                                                                                            |                    |                       |          |               |                       | !         |                         | R. Smith                                                   |  |
| ſ                                                                                                                                                                                                                                            | <u> </u> <b>-</b>  |                       |          | 1             |                       |           | Position<br>Agent i     | for                                                        |  |
|                                                                                                                                                                                                                                              |                    |                       |          | l i           |                       |           |                         |                                                            |  |
| 3568.2                                                                                                                                                                                                                                       |                    |                       |          |               |                       |           | Read &                  | Stevens, Inc.                                              |  |
| 990'                                                                                                                                                                                                                                         | -0                 |                       |          | 1             |                       |           | Date                    |                                                            |  |
| 3564.8                                                                                                                                                                                                                                       | 3570.8             |                       |          |               |                       |           | August                  | 13, 1993                                                   |  |
|                                                                                                                                                                                                                                              |                    |                       |          | 1             |                       |           | SURVEY                  | YOR CERTIFICATION                                          |  |
|                                                                                                                                                                                                                                              |                    |                       |          |               |                       | ·         | I hereby cert           | ify that the well location shown                           |  |
|                                                                                                                                                                                                                                              | 1                  |                       |          | ļ             |                       |           | -                       | was plotted from field notes of                            |  |
|                                                                                                                                                                                                                                              | 1                  |                       |          |               |                       |           |                         | ys made by me or under my<br>and that the same is true and |  |
|                                                                                                                                                                                                                                              |                    |                       |          |               |                       | -         | correct to<br>belief.   | the best of my knowledge and                               |  |
|                                                                                                                                                                                                                                              |                    |                       |          | 1             |                       |           | Date Surve              | eyed<br>JULY 27, 1993                                      |  |
|                                                                                                                                                                                                                                              | <br>               |                       |          | <br>          |                       |           | Signature<br>Profession | & Seal of                                                  |  |
|                                                                                                                                                                                                                                              | +                  |                       |          |               |                       |           | Protession              | GARY L. JONES                                              |  |
|                                                                                                                                                                                                                                              |                    |                       |          |               |                       |           |                         | HEW MEXICO                                                 |  |
|                                                                                                                                                                                                                                              | 1                  |                       |          | I             |                       |           | Certific                | PROFESSION 3230                                            |  |
|                                                                                                                                                                                                                                              |                    |                       |          |               |                       |           |                         | TOTISSIONARY LOONES. 7817                                  |  |
| 0 330 660                                                                                                                                                                                                                                    | <b>990 1320 16</b> | 50 1980 2310 264      | 10 2000  | 1500          | 1000 5                | 00 0      |                         | 93-11-1422                                                 |  |