| District I                             | State o                | Form C-102                            |                |  |
|--|------------------------|---------------------------------------|----------------|--|
| 1625 N. French Dr., Hobbs, NM 88240    | Energy, Minera         | Revised March 17, 1999                |                |  |
| District II                            |                        |                                       | ,              |  |
| 811 South First, Artesia, NM 88210     | OIL CONSER             | Submit to Appropriate District Office |                |  |
| District III                           | 2040 \$                | State Lease - 4 Copies                |                |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | Santa I                | Fee Lease - 3 Copies                  |                |  |
| District IV                            |                        | ,                                     |                |  |
| 2040 South Pacheco, Santa Fe, NM 87505 |                        |                                       | AMENDED REPORT |  |
|  | WELL LOCATION AND      | ACREAGE DEDICATION PLAT               |                |  |
| <sup>1</sup> API Number                | <sup>2</sup> Pool Code | ° Pa                                  | ol Name        |  |
| 30-015-31232                           |                        | Bone Springs Carbonate                |                |  |

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|                                |         |  |       |         |               |                  | bolle oprings ( | alionate       |                                |  |
|--------------------------------|---------|--|-------|---------|---------------|------------------|-----------------|----------------|--------------------------------|--|
| 4 Property<br>12958            |         | <sup>5</sup> Property Name<br>Loco Hills Welch |       |         |               |                  |                 | 6              | <sup>6</sup> Well Number<br>#5 |  |
| <sup>7</sup> OGRID<br>01017    |         | * Operator Name<br>Harvey E. Yates Company     |       |         |               |                  |                 |                | <sup>°</sup> Elevation<br>3525 |  |
| <sup>10</sup> Surface Location |         |  |       |         |               |                  |                 |                |                                |  |
| UL or lot no.                  | Section | Township                                       | Range | Lot Idn | Feet from the | North/South line | Feet from the   | East/West line | County                         |  |
| L                              | 4       | 185  | 29E   |         | 1,450         | South            | 660             | West           | Eddy                           |  |

<sup>11</sup> Bottom Hole Location If Different From Surface

| UL or lot no.                 | Section | Township                 | Range         | Lot Idn               | Feet from the | North/South line | Feet from the | East/West line | County |
|-------------------------------|---------|--------------------------|---------------|-----------------------|---------------|------------------|---------------|----------------|--------|
|                               |         |                          |               |                       |               |                  | ·             |                |        |
| <sup>12</sup> Dedicated Acres | Joint o | r Infill <sup>14</sup> ( | Consolidation | Code <sup>15</sup> Or | der No.       |                  |               |                |        |
| 40                            |         |                          |               |                       |               |                  |               |                |        |

## NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

| 16             |   |   | <sup>17</sup> OPERATOR CERTIFICATION   |
|----------------|---|---|--|
|                | c   |   | I hereby certify that the information contained herein is true and complete to the |
|                |   |   | best of my knowledge and belief  |
|                |   |   |  |
|                |   | A Charles   |  |
|                |   |   |  |
|                |   | A 34  |  |
|                | <br>· · · · · · · · · · · · · · · · · · · |   |  |
|                |   | RECEIVED<br>OCD - ARTESIA   | ALLALA XAGULI Signature  |
|                |   | RELEIVESIA  |  |
|                |   | OCD - ANTE  | Dianna Rodgers Printed Name  |
|                |   |   | Production Analyst Title   |
|                |   |   |  |
|                |   |   | 9/4/2001 Date  |
|                |   | Contraction of the second s |  |
|                |   |   | <sup>18</sup> 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 supervision, and that the same is true and correct to the best of my   |
|                |   |   | belief.  |
|                |   |   |  |
| <b>€</b> 660'→ |   |   |  |
|                |   |   | Date of Survey   |
|                |   |   | X  |
|                |   |   | Signature and Seal of Professional Surveyer:                                       |
|                |   |   |  |
| <b>н</b>       |   |   |  |
| 4              |   |   |  |
| 50             |   |   |  |
|                |   |   |  |
|                |   |   | Certificate  |
|                |   |   | Muniber  |