

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

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

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

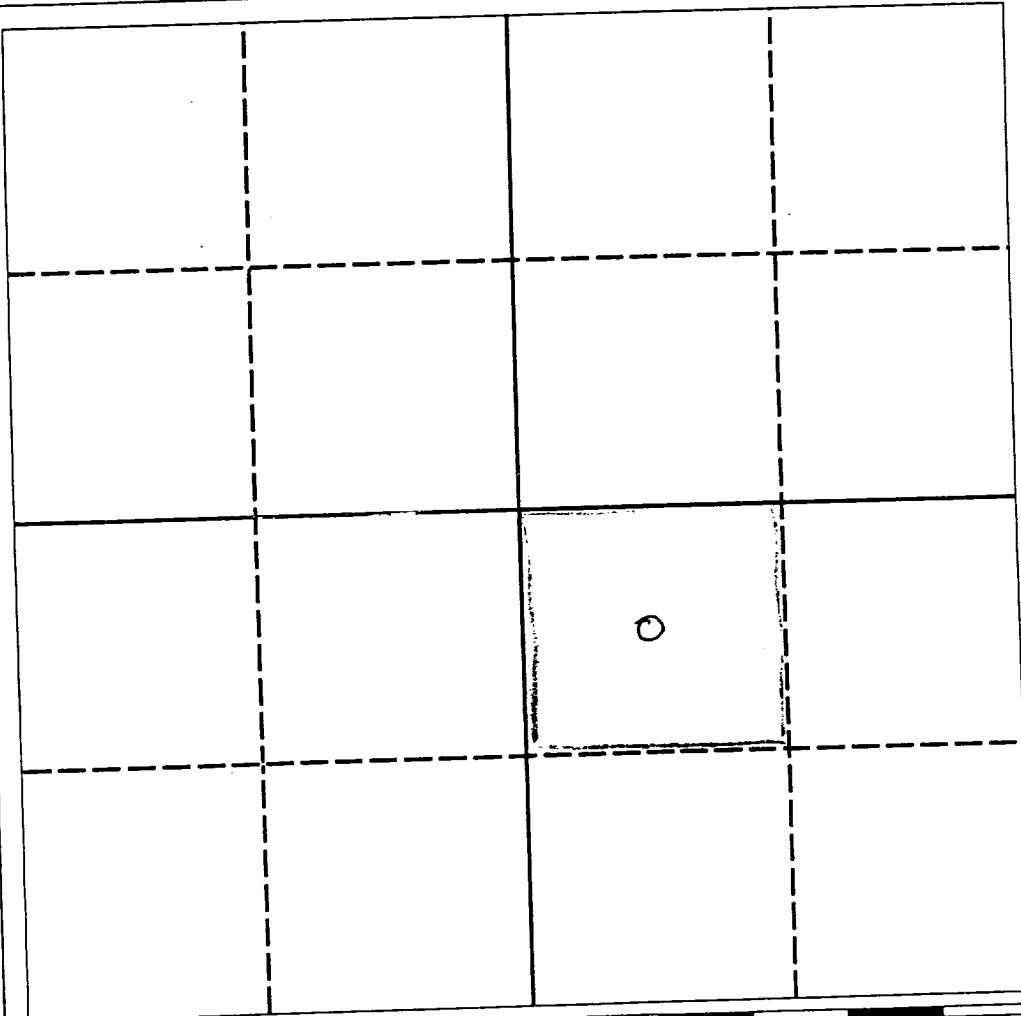
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT
All Distances must be from the outer boundaries of the section

Operator <u>Citi Operations, Inc</u>			Lease <u>STATE</u>		Well No. <u>23-1</u>
Unit Letter <u>J</u>	Section <u>23</u>	Township <u>19-S</u>	Range <u>29-E</u>	County <u>EDDY</u>	NMPM
Actual Footage Location of Well: <u>1980</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>EAST</u> line					
Ground level Elev. <u>3319.2</u>	Producing Formation <u>BONE SPRINGS</u>		Pool <u>PARKWAY BONE SPRINGS</u>		Dedicated Acreage: <u>40</u> Acres

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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.?
☐ 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 interest, has been approved by the Division.



0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

OPERATOR CERTIFICATION

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

Signature <u>[Signature]</u>
Printed Name <u>DAVID H HARRISON</u>
Position <u>PRESIDENT</u>
Company <u>Citi Operations, Inc</u>
Date <u>10/30/92</u>

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 knowledge and belief.

Date Surveyed _____
Signature & Seal of Professional Surveyor _____

Certificate No. _____
