Dătrict I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fc, NM 87504-2088

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## State of New Mexico Energy, Minerals & Natural Resources Department

## OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Form C-102 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

|  |                        |                | ELL LO                      | CATION                     | N AND   | AC                                       | REAGE DEDI                            | CATION PI  | LAT                             |              |                                       |  |
|--|------------------------|----------------|-----------------------------|----------------------------|---|--|---------------------------------------|--|---------------------------------|--------------|---------------------------------------|--|
| ' API Number   |                        |                |                             | <sup>1</sup> Pool Code     |   |  | ' Pool Name                           |  |                                 |              |                                       |  |
| 30-015-26907   |                        |                |                             |                            |   | ndesignated N                            | Wolfcamp                              |  |                                 |              |                                       |  |
| * Property Code  |                        |                |                             | <sup>4</sup> Property Name |   |  |                                       |  | • Well Number                   |              |                                       |  |
| 12621 Palo V<br>'OGRID No.   |                        | Verde          | Verde AJV Federal Com       |                            |   |  |                                       | 1  |                                 |              |                                       |  |
|  |                        | Va             | <sup>1</sup> Operator Name  |                            |   |  |                                       | ' Elevation  |                                 |              |                                       |  |
| 023373   |                        |                | Yates Petroleum Corporation |                            |   |  |                                       |  | 3639' GR                        |              |                                       |  |
| <sup>10</sup> Surface Location<br>UL or lot no. Section Township Range Lot Ida Feet from the North/South line Feet from the Faet/West line F |                        |                |                             |                            |   |  |                                       |  |                                 |              |                                       |  |
|  |                        |                |                             |                            |   |  | North/South line                      | Feet from the  | East/West line County           |              | County                                |  |
| M 24 20S   |                        |                | 24E                         | tom Hole Location          |   | on I                                     | South<br>f Different Err              | 660 Wes  |                                 | t Eddy       |                                       |  |
| UL or lot no.  | Section                | Township       | Range                       |                            |   | _  | North/South line                      |  |                                 |              |                                       |  |
|  |                        |                |                             |                            | Feet from   | 100                                      | 110/14/30016 066                      | Feet from the  | East/West                       | line         | County                                |  |
| 12 Dedicated Acr   | es <sup>13</sup> Joint | or Infill 14 C | Consolidation               | a Code 1º O                | rder No.  |  | I                                     |  | l                               |              |                                       |  |
| 320  |                        |                |                             |                            |   |  |                                       |  |                                 |              |                                       |  |
| 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> OPER                                       | ATOR                            | CERT         | TIFICATION                            |  |
|  |                        |                |                             |                            | I hereby certify that the information contained herein is |  |                                       |  |                                 |              |                                       |  |
|  |                        |                |                             |                            |   |  | Irue and comp                         | true and complete to the best of my knowledge and belief |                                 |              |                                       |  |
|  |                        |                |                             |                            |   |  |                                       |  |                                 |              |                                       |  |
|  |                        |                |                             |                            |   |  |                                       |  |                                 |              |                                       |  |
|  |                        | ·              |                             |                            |   |  |                                       | $-\mathcal{H}_{us}$                                      | F.) 9                           | $\mathbb{K}$ | )                                     |  |
|  |                        |                |                             |                            | Signature VI  |  |                                       |  | m                               |              |                                       |  |
|  |                        |                |                             |                            |   |  | 1                                     | Rusty Klein<br>Printed Name                              |                                 |              |                                       |  |
|  |                        |                |                             |                            |   |  |                                       | Operations Technician                                    |                                 |              |                                       |  |
|  |                        |                |                             |                            |   |  | Title                                 |  |                                 |              |                                       |  |
|  |                        | ł.             |                             |                            |   |  | January 28, 1998<br>Date              |  |                                 |              |                                       |  |
|  | /                      | /              |                             |                            |   |  | · · · · · · · · · · · · · · · · · · · | 18 00 000  |                                 |              |                                       |  |
|  | i i                    |                |                             |                            |   |  |                                       |  |                                 |              | IFICATION                             |  |
|  |                        | . /            |                             |                            |   |  |                                       | I hereby certify<br>was plotted fro                      | y that the wel<br>m field notes | l location   | shown on this plat<br>surveys made by |  |
|  |                        | 1112           |                             |                            |   |  |                                       | me or under m  | iy supervision                  | , and tha    | t the same is true                    |  |
| $\rho$   |                        | 901-           |                             |                            |   |  |                                       | and correct to   |                                 |              | TAM                                   |  |
| R-   |                        |                |                             |                            |   | REFER TO ORIGINAL PLAT<br>Date of Survey |                                       |  |                                 | LAT          |                                       |  |
| ·  |                        |                | /                           |                            |   |  | ·                                     |  | Scal of Profes                  | ssional Su   | rveyer:                               |  |
|  |                        |                |                             |                            |   |  |                                       |  |                                 |              |                                       |  |
| 660  |                        |                | • •                         |                            |   |  |                                       |  |                                 |              |                                       |  |
|  |                        |                |                             |                            |   |  |                                       |  |                                 |              |                                       |  |
| Ś  |                        |                |                             |                            |   |  |                                       |  |                                 |              |                                       |  |
| 76   |                        |                |                             |                            |   |  |                                       | Certificate Nur  | nbcr                            | ·            |                                       |  |
|  | 71                     |                |                             |                            |   |  |                                       |  |                                 |              | <u> </u>                              |  |