DISTRICT I P.O. Box 1960, Hobbs, NM 68241-1980

DISTRICT II P.O. Drawer DD. Artesia, NM 88211-0719

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

DISTRICT IV P.O. BOX 2088, SANTA FE, N.M. 87504-2088

API Number

State of New Mexico

at

Energy, Minerals and Natural Resources Dep

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

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

□ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT Pool Code Pool Name

| 30-015-29378                                                                                                                                            |                                       |                        | 8   | 29345         |         |     |                | Uno                                                                                   | designated B     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
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| Property                                                                                                                                                |                                       | Property Name STATE 32 |     |               |         |     |                |                                                                                       |                  | Well Number                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| OGRID N                                                                                                                                                 | <u> </u>                              | Operator Name          |     |               |         |     |                |                                                                                       |                  |                                               | Elevation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |  |
|                                                                                                                                                         | İ.                                    | HANLEY PETROLEUM INC.  |     |               |         |     |                |                                                                                       |                  |                                               | 3461                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |  |
|                                                                                                                                                         | Surface Location                      |                        |     |               |         |     |                |                                                                                       |                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| UL or lot No.                                                                                                                                           | Section                               |                        |     | Range         | -       |     | Feet from the  |                                                                                       | North/South line | Feet from the                                 | East/West line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County        |  |
| D 32                                                                                                                                                    |                                       | 19 S 31 E              |     |               |         | 66  | 0              | NORTH                                                                                 | 660              | WEST                                          | EDDY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |  |
| Bottom Hole Location If Different From Surface                                                                                                          |                                       |                        |     |               |         |     |                |                                                                                       |                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| UL or lot No.                                                                                                                                           | Section                               | Township Range         |     | Range         | Lot Idn |     | Feet fro       | m the                                                                                 | North/South line | Feet from the                                 | East/West line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County        |  |
|                                                                                                                                                         |                                       |                        |     |               |         | ·   |                |                                                                                       |                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| Dedicated Acres                                                                                                                                         | s Joint o                             | r Infill               | Con | nsolidation ( | Code    | Ore | ler No.        |                                                                                       |                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
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| NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED<br>OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION |                                       |                        |     |               |         |     |                |                                                                                       |                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|                                                                                                                                                         | · · · · · · · · · · · · · · · · · · · |                        |     |               |         |     |                |                                                                                       |                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     |                |                                                                                       |                  | R CERTIFICAT                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| - 9                                                                                                                                                     |                                       |                        |     |               |         |     | I.             |                                                                                       | contained hereis | y certify the the inj<br>n is true and comple |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     |                |                                                                                       | best of my know  | viedge and belief.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| N-590336.77                                                                                                                                             |                                       |                        |     |               |         |     |                |                                                                                       |                  | I H                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /             |  |
| N-634260.32<br>NAD 29 NME                                                                                                                               |                                       |                        |     |               |         |     |                |                                                                                       |                  | 1 Lee                                         | wl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | er            |  |
|                                                                                                                                                         |                                       | -                      |     |               |         |     |                |                                                                                       | Signature        | 1                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     |                |                                                                                       |                  | Greg Wi<br>Printed Name                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|                                                                                                                                                         | ł                                     |                        |     |               |         |     |                |                                                                                       |                  |                                               | Chief Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |
|                                                                                                                                                         | 1                                     |                        |     |               |         |     |                | I                                                                                     |                  | Title 02/12/0                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     |                |                                                                                       |                  | Date                                          | <u>02/12/97</u><br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     |                |                                                                                       |                  | SURVEYO                                       | SURVEYOR CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |  |
|                                                                                                                                                         | 1                                     |                        |     |               |         |     |                | 1                                                                                     |                  |                                               | that the well locati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     | ectual surveys | on this plat was plotted from field notes of<br>actual surveys made by me or under my |                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|                                                                                                                                                         | Į                                     |                        |     |               |         |     |                |                                                                                       |                  | 11 *                                          | i that the some is<br>best of my belief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11            |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     |                |                                                                                       |                  | JAL                                           | N. 16, 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |  |
|                                                                                                                                                         |                                       |                        | _   |               |         |     |                |                                                                                       |                  | Date Surveye<br>Signature a<br>Professional   | Selation and the selation of t | DMCC          |  |
|                                                                                                                                                         | Т                                     |                        | -   |               |         |     |                | Г                                                                                     |                  | THE FATTER                                    | Sarveyoo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     |                |                                                                                       |                  | Annie Annie                                   | Re Paris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20.97         |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     |                |                                                                                       |                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|                                                                                                                                                         | ł                                     |                        |     |               |         |     |                | ł                                                                                     |                  | Cettingerte No                                | ROINALD E EIDSOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 676<br>N 3239 |  |
|                                                                                                                                                         |                                       |                        |     |               |         |     |                |                                                                                       |                  |                                               | SSENT SOSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12641         |  |