DISTRICT 1 P. O. Box 1980 Hobbs, NM 88241-1980

State of New Mexico

partment

Form C=102 Revised 02=10-94

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

DISTRICT III 1000 Rio Brazos Rd. Aztec, NM 87410

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

AMENDED REPORT

DISTRICT IV P. O. Box 2088 Santa Fe, NM 87507-2088 WELL.

API Number		307-2088 WI	Pool Code				DICATION	P	LAT			
- 1001 Cadi				•	7 70	ol Name Springs	Morron					
Property Code Property Name												
		BR	ANTLE	Y FE	DERAL 2	7 COM		•	• Well Numbe	r		
OGRID No.	a Operator	Name						³ Elevation	1 Floreston			
014245		MA	ADOR OPERATING COMPANY					(3226*			
				" SU	RFACE	LOCATION	<u> </u>					
or lot no.	Section 34		Ran		Lot Ida	Feet from the	North/South	line	Peet from the	East/West line	Carrie	
	34	20 SOUTH				547'	NORTH		1648'	WEST	County	
		"BOTT	om hole	LOCAT	ION IF	DIFFERE	NT FROM	SI	IRFACE	· · · · · · · · · · · · · · · · · · ·		
er lot no.		Township	Ran	Ee.	Lot ide				Feet from the			
N	27	20 SOUTH	1		l	660'	SOUTH		1500'	East/West line WEST	County	
3 2 0	1760 13 ·	Joint or Infili	M Consolidat	lon Code	* Order		<u></u> -				EDDI	
20	NO 1	******	274242		Non-standard surfac		e 1	location	pending			
	NO A	LLOWABLE WI	ELL BE ASS	SIGNED TO	o this	COMPLETION	UNTIL ALI	. IN	TERESTS HA	VE BEEN		
		Onsolidated	OK A NOI	4-21VIAN	IRD UNI	T HAS BEEN	APPROVED	B	THE DIVISI	ON		
•		į						٦ [OPERATO	R CERTIFIC	TION	
		1	i 			!		OPERATOR CERTIFICATION I hereby certify that the information				
		ł			•		:	Contained herein is true and complete				
						į		11	to the best of my knowledge and belief.			
		!	1		j 1			Ш	Staneture Sell			
		i		1		į			Printed Name	,		
				<u> </u>				J ├-	John W	. Bell		
1500'		į	BOTTOM HOLE LOCATION 660'			!		Drilling Manager				
		i						$ \Gamma $	Date			
								=	April	13, 1999		
		į				İ		$\ \ $	SURVEYOR CERTIFICATION			
		660'										
					SECTION 27				I heraby certify that the well location shown on this plot was			
		_		SECT	ION 34			11.	plotted from	field notes of	octual	
1648'		!)5	547' SURFACE			i		1)	my supervis	le by me or	t the	
		i - SURI				i		11.	my supervision, and that the same is true and correct to the best of my belief.			
			ATION			!		'	essi ui my l	vener.		
		į						-	Date of Survey			
		1	į					MARCH 16, 1999 Signature and Seal of Professional Survayor				
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		i							Certificate No.			
			<u>_</u>							BBINS P.S.		
								I J	OB #62860-	1 / 72 SE /	V.H.R.	