

All distances must be from the outer boundaries of the Section.

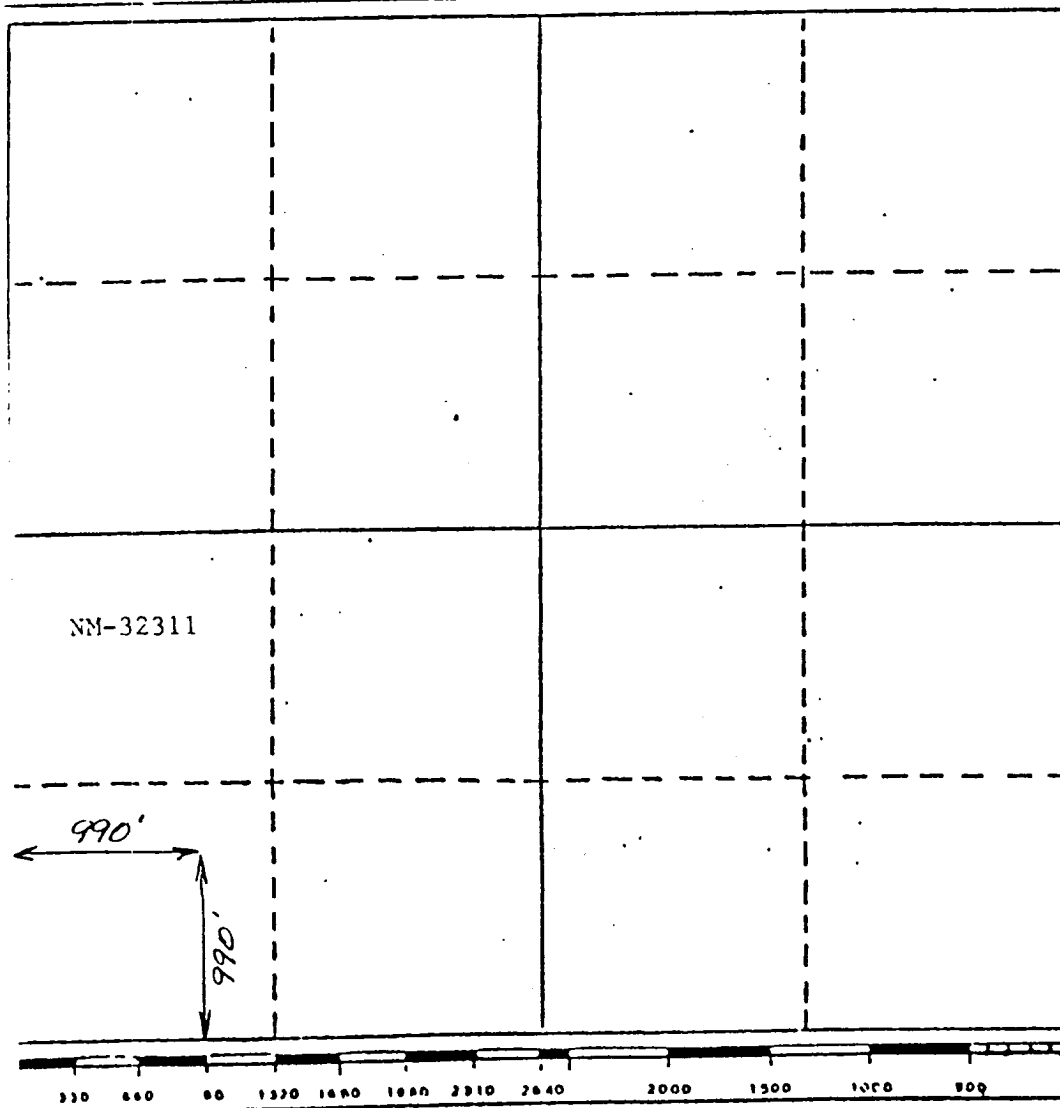
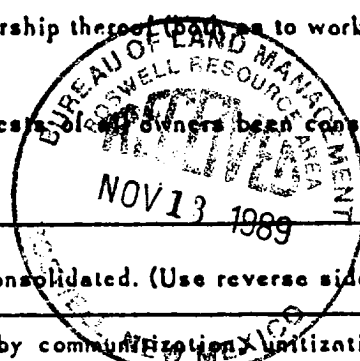
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|---|-----------------------------------|--|-----------------------------------|---------------------------------------|
| Operator McKay Oil Corporation | | Lease West Fork Federal Unit | | Well No. #6 |
| Unit Letter M | Section 19 | Township 5 South | Range 22 East | County Chaves |
| Actual Footage Location of Well: 990 feet feet from the South line and 990 feet feet from the West line | | | | |
| Ground Level Elev. 4275 | Producing Formation Abo | | Pool W. Pecos Slope Abo | Dedicated Acreage 160 Acres |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division



CERTIFICATION

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

Name

Sam Shackelford

Position

Agent

Company

McKay Oil Corp.

Date

12-15-86

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

December 15, 1986

Date Surveyed

John D. Jacques

Registered Professional Engineer and/or Land Surveyor

#6290

Certificate No.

