Fax:1-505-397-6252

Dec 19-'97

P. 02

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DISTRICT [P.O. Box 1980, Nabbs, NK 80240

State of New Mexico
Energy, Minerals and Matural Recourses Department

Form C-102
Revised Pobrusty 10, 1994
Instruction on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lesse - 5 Copies

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DISTRICT 11 P.G. Orawer DB, Artesia, NM 86210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III P.O. Box 2088
1000 Rio Brazon Rd., Autoc, NR 87410 Santa Fe, New Mexico 87504-2088

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

										
AFI Number			1	Pool Code		Pool Name				
Property Code		Ţ	Property Name						Well Number	
•			Mobil	. Fee "5	" #1			_		
OGRID No.		 	~~ ~~	Elevation						
			3518							
		<u> </u>			Surface Loc	ation				
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
F	5	205	25E		1980	NORTH	1880	WEST	EDDY	
	J	.l <u></u>	Bottom	Hole Loc	sation If Diffe	rent From Sur	face			
UL or lot No.	Section	Township	Range	Lot Idn	feet from the	North/South line	Feet from the	Enst/West line	County	
									<u> </u>	
Dedicated Aore	Joint	or Infill Co	neolidation	Code Or	der No.	y to the				
Dedicated Acre	Joint (or Infill Co	nsolidation	Code Or	der No.					

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

	107 106		· · · · · · · · · · · · · · · · · · ·	
40.84 ed.	40.11ac.		 	OPERATOR CERTIFICATION i hereby certify the the information contained herein is true and complete to the best of my knowledge and beltef.
	Fee		 	Signature
1880'-				Printed Name Title
- Fee	- Ex	<u>, </u>		SURVEYOR CERTIFICATION
		•		I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervison, and that the same is true and correct to the bast of my boilef.
 			 	10/22/97 Date Surveys Signature Professional Serveys MEDICAL
:				Certificate Minimum Company