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

## State of New Mexico

Energy, Minerals and Natural Resources Departmen

Form C-102
Revised February 10, 1994
Submit to Appropriate District Office

Pool Name

DELaware

State Lease - 4 Copies Fee Lease - 3 Copies

DISTRICT II P.O. Drawer DD, Artesia, NN 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

Property Code

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

□ AMENDED REPORT

Well Number

## WELL LOCATION AND ACREAGE DEDICATION PLAT

Property Name
MESQUITE "16" STATE

Pool Code

50389

|                 |         | 1                                       |               |                                       | 40.1.2           | •                |                 | 1  |              |  |
|-----------------|---------|---|---------------|---------------------------------------|------------------|------------------|-----------------|--|--------------|--|
| OGRID No        | ).<br>7 | Operator Name SONAT EXPLORATION COMPANY |               |                                       |                  |                  |                 | Elevation<br>3486  |              |  |
| 10447           | 0 [     | <u></u>                                 |               | CIART L                               | Surface Loc      |                  |                 | 1 340  |              |  |
| UL or lot No.   | Section | Township                                | Para          | Lot Idn                               | Feet from the    | North/South line | Feet from the   | East/West line   | County       |  |
| A A             | 16      | 24 S                                    | Range<br>31 E | Loc len                               | 660              | NORTH            | 660             | EAST   | EDDY         |  |
|                 |         |   | l             | <u> </u>                              | l                |                  |                 |  | 1200.        |  |
|                 |         | lm 1.                                   |               | · · · · · · · · · · · · · · · · · · · | ,                | erent From Sur   | ····            | F 4 / W 4 12   | T G4-        |  |
| UL or lot No.   | Section | Township                                | Range         | Lot Idn                               | Feet from the    | North/South line | Feet from the   | East/West line   | County       |  |
| Dedicated Acres | Joint o | or Infill Co                            | nsolidation   | Code Or                               | der No.          |                  |                 | <u> </u>   | <u> </u>     |  |
| 40              |         |   |               |                                       |                  |                  |                 |  |              |  |
| <del>`</del>    | WARLE V | WILL BE AS                              | SSIGNED       | TO THIS                               | COMPLETION       | UNTIL ALL INTER  | RESTS HAVE B    | EEN CONSOLID   | ATED         |  |
| NO NEEDO        |         |   |               |                                       |                  | APPROVED BY      |                 |  |              |  |
|                 |         |   |               | <u> </u>                              | 1                |                  | ODERAT          | OD CEDTIFICA   | PION         |  |
| 099             |         |   |               |                                       |                  |                  | []              | OPERATOR CERTIFICATION   |              |  |
|                 |         |   |               |                                       |                  |                  | <b>1</b> ]      | I hereby certify the the information contained herein is true and complete to the          |              |  |
|                 |         |   |               |                                       | 1                | 660              | best of my know | wledge and belief.   |              |  |
|                 |         |   |               |                                       |                  |                  |                 | 00.  |              |  |
|                 | •       |   |               |                                       | ή                |                  | Shure           | a Clappe   | L            |  |
|                 | +       | <del></del>                             |               |                                       | - <del>-  </del> | <del></del>      | Signature       |  |              |  |
|                 |         |   |               |                                       |                  |                  | Printed Nam     | Stura Clepper Signature Laura Clepper Printed Name Engineering Technician Title            |              |  |
|                 | 1       |   |               |                                       | İ                |                  | Enginee         | ring Techn   | ician        |  |
|                 |         |   |               |                                       |                  |                  | Title J         | Title J J 4- Z1-98   |              |  |
|                 |         |   |               |                                       |                  |                  | Date            |  |              |  |
|                 | ļ       |   |               |                                       |                  |                  | SURVEYO         | OR CERTIFICA'  | TION         |  |
|                 |         |   |               |                                       |                  |                  | -               |  |              |  |
|                 |         |   |               |                                       |                  |                  | 1 )             | I hereby certify that the well location shown on this plat was plotted from field notes of |              |  |
|                 |         |   |               | <b>l</b> .                            |                  |                  |                 | made by me er<br>nd that the same is   |              |  |
|                 | 1       |   |               |                                       | ı                |                  | 11 -            | te best of my belie  |              |  |
|                 | 1       | •                                       |               |                                       | 1                |                  | AP              | RIL 14, 1998   |              |  |
|                 |         |   |               |                                       | 1                |                  | Date Survey     | eduniu.  | DMCC         |  |
|                 | +       |   |               |                                       |                  | <del></del>      | Signature &     | StaFerm  |              |  |
|                 | 1       |   |               |                                       |                  |                  | W. Ch           | MEN ZUM  |              |  |
|                 |         |   |               |                                       |                  |                  | Konsold         | 1 Outro  | n 415.9      |  |
|                 |         |   |               |                                       |                  |                  | <b>16:</b> 9    | 8-11-06  | <del> </del> |  |
|                 | •       |   |               |                                       |                  |                  | Cortos cate N   | RONALDST EIDSO<br>CARY DUSON<br>ESSIMACOL STICDONAL  | DN 3239      |  |
|                 | [       |   |               |                                       |                  |                  | null PROF       | ESSIMODIL SICDONAL   | .D 1218      |  |
|                 |         |   |               | İ                                     |                  |                  |                 | £2210, 244   |              |  |