

DISTRICT I  
P.O. Box 1980, Hobbs, N.M. 88241-1980

DISTRICT II  
P.O. Draw. DD, Artesia, N.M. 88211-0719

DISTRICT III  
1000 Rio Brazos Rd., Aztec, N.M. 87410

DISTRICT IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
L. gy. Minerals & Natural Resources Department

Form C-102  
Revised February 21, 1994

Instructions on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-039-27066	<sup>2</sup> Pool Code 72400	<sup>3</sup> Pool Name East Blanco, Pictured Cliffs
<sup>4</sup> Property Code 30498	<sup>5</sup> Property Name JICARILLA 29-02-28	<sup>6</sup> Well Number 1
<sup>7</sup> GRID No. 013925	<sup>8</sup> Operator Name MALLON OIL COMPANY	<sup>9</sup> Elevation 7148'

### <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	28	29-N	2-W		884	NORTH	535	WEST	RIO ARRIBA

### <sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

<sup>12</sup> Dedicated Acres 160	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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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

FD. STONE  
SET 1/2" REBAR w/  
PLASTIC CAP L.S. 8894

N 86-30-07 E 5273.4'

SET 1/2" REBAR w/  
PLASTIC CAP L.S. 8894

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

Allison Newcomb  
Signature

Allison Newcomb  
Printed Name  
Engineering Technician

Title  
2/4/2004  
Date

### 18 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 supervision and that the same is true and  
correct to the best of my belief

1-  
Date of Survey  
Signature and Seal of Professional Surveyor

8894  
Certificate Number

