

## DISTRICT I

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

## DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## DISTRICT IV

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

## State of New Mexico

## Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-102

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 3003905965	<sup>2</sup> Pool Code 39189	<sup>3</sup> Pool Name LINDRITH GALLUP - DAKOTA, WEST
<sup>4</sup> Property Code 017665	<sup>5</sup> Property Name C W ROBERTS	<sup>6</sup> Well No. 4
<sup>7</sup> OGRID Number 131994	<sup>8</sup> Operator Name FOUR STAR OIL AND GAS COMPANY	<sup>9</sup> Elevation 7185' GR - 7193' KB

<sup>10</sup> Surface Location

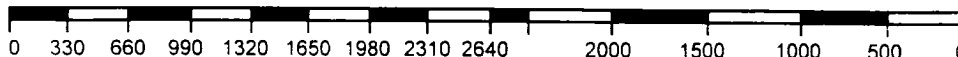
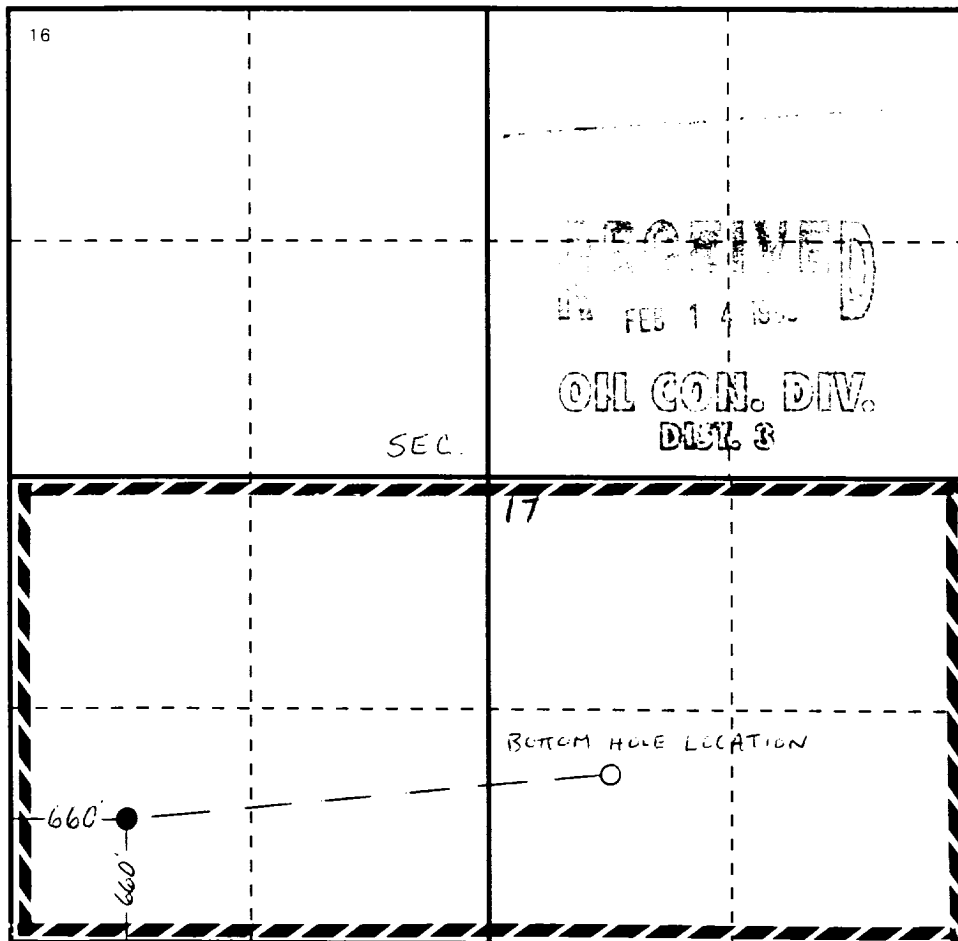
UI or lot no.	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
M	17	T25N	R03W		660	SOUTH	660	WEST	RIO ARRIBA

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

UI or lot no.	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
O	17	T25N	R03W		902	SOUTH	3411	WEST	RIO ARRIBA

<sup>12</sup> Dedicated Acre	<sup>13</sup> Joint or Infill No	<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



<b>17 OPERATOR CERTIFICATION</b>
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
Signature <i>Ted A. Tipton</i>
Printed Name Ted A. Tipton
Position Operating Unit Manager
Date 1/26/96
<b>18 SURVEYOR CERTIFICATION</b>
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.
Date Surveyed
Signature & Seal of Professional Surveyor
Certificate No.