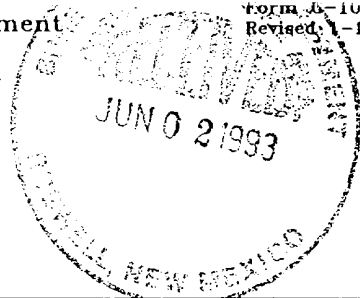


OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



DISTRICT I
 P.O. Box 1960, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

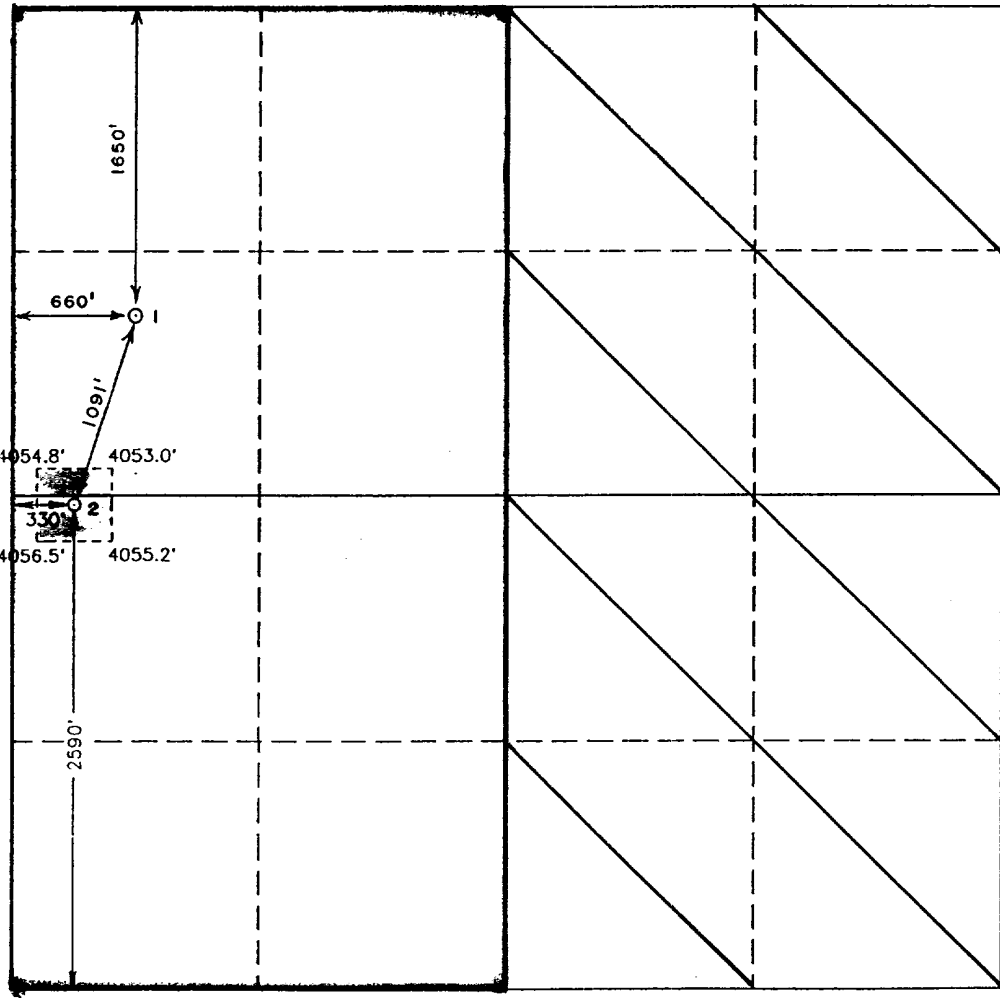
DISTRICT III
 000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator H.L. BROWN, JR.		Lease FEDERAL 27 Com		Well No. 2
Unit Letter L	Section 27	Township 7 SOUTH	Range 37 EAST	County NMPM ROOSEVELT
Actual Footage Location of Well:				
2590 feet from the SOUTH line and		330 feet from the WEST line		
Ground Level Elev. 4054.7'	Producing Formation Wolfcamp	Pool Bluitt (Wolfcamp) Gas	Dedicated Acreage: 320 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
 - If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
 - If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
 - Yes No If answer is "yes" type of consolidation Communitization Agreement NMNM91048
- If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)
- No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature: *John T. Gray*

Printed Name: **John T. Gray**

Position: **Production Engineer**

Company: **H. L. Brown, Jr.**

Date: _____

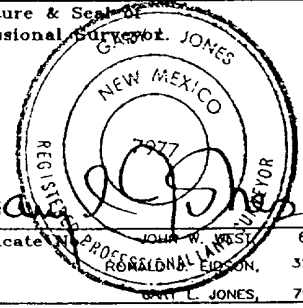
SURVEYOR CERTIFICATION

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 knowledge and belief.

Date Surveyed: **MAY 22, 1993**

Signature & Seal of Professional Surveyor: *[Signature]*

Certificate No.	NAME	NO.
	JOHN W. WEST	676
	ROMALDON L. ELLISON	3239
	GARY L. JONES	7977



93-11-0933

Amended

