

Sub. it to Appropriate District Office  
 State Lease - 4 copies ✓  
 Fee Lease - 3 copies ✓

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-102  
 Revised 1-1-89

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

- Plug back -

DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240 ✓

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

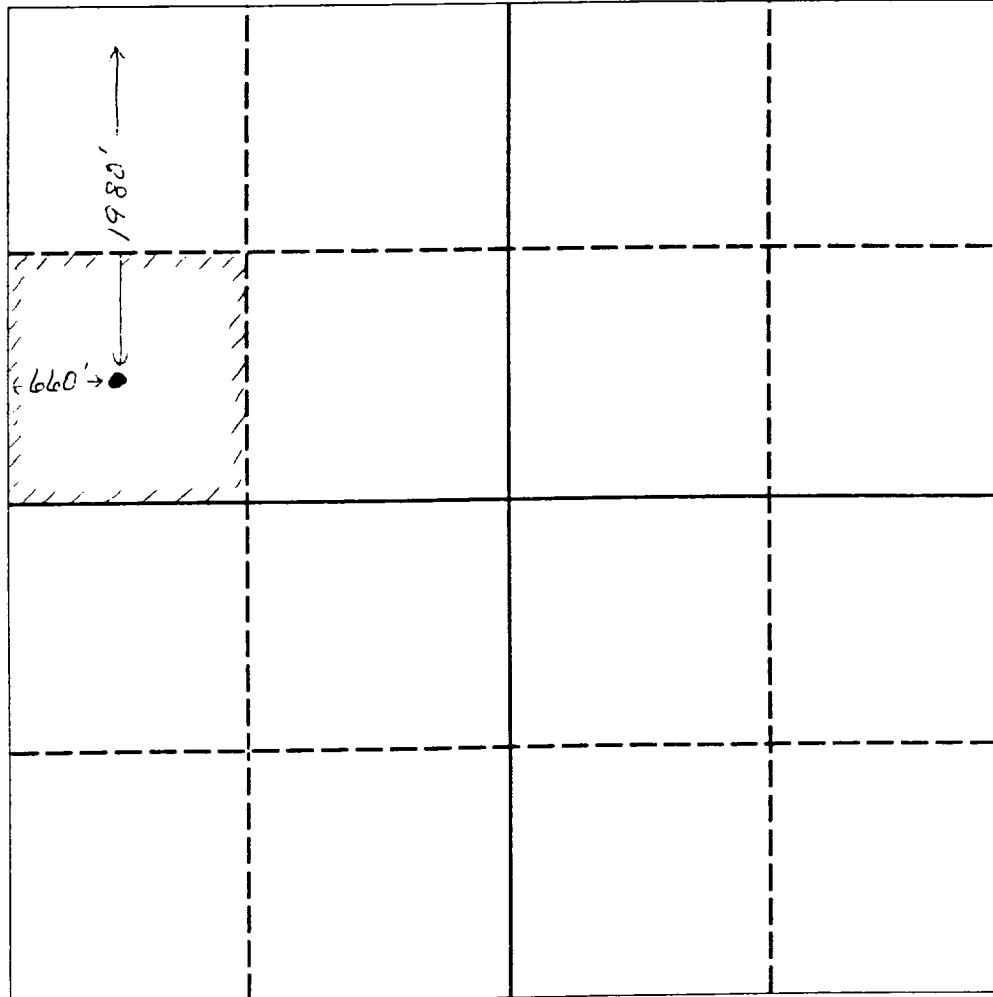
DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

All Distances must be from the outer boundaries of the section

Operator <i>Chuza Operating</i>			Lease <i>Gambi</i>		Well No. <i>1</i>
Unit Letter <i>E</i>	Section <i>12</i>	Township <i>23-5</i>	Range <i>37-E</i>	County <i>Lea</i>	NMPM
Actual Footage Location of Well: <i>1980</i> feet from the <i>North</i> line and <i>660</i> feet from the <i>West</i> line					
Ground level Elev. <i>3271.8</i>	Producing Formation <i>Blinbry</i>		Pool <i>Undesignated Blinbry</i>		Dedicated Acreage: <i>40</i> 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 \_\_\_\_\_  
 If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). \_\_\_\_\_  
 No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



**OPERATOR CERTIFICATION**

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

Signature  
*Ann E. Ritchie*  
 Printed Name  
*Ann E. Ritchie*  
 Position  
*Regulatory Agent*  
 Company  
*Chuza Operating*  
 Date  
*12-4-92*

**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  
 Signature & Seal of Professional Surveyor

Certificate No.

