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NMOCD ARTESIA

Form C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

☐ AMENDED REPORT

District I  
1625 N. French Dr. Hobbs NM 88240  
Phone (575) 393-6161 Fax (575) 393-0720  
District II  
811 S. First St., Artesia NM 88210  
Phone (575) 748-1283 Fax (575) 748-0720  
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1000 Rio Bravo Road, Artesia NM 87410  
Phone (505) 334-6178 Fax (505) 334-6170  
District IV  
1220 S. St. Francis Dr. Santa Fe, NM 87505  
Phone (505) 476-3460 Fax (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-24429	<sup>2</sup> Pool Code 96403	<sup>3</sup> Pool Name WILDCAT; BONE <del>BLACK RIVER EAST FIELD</del>
<sup>4</sup> Property Code	<sup>5</sup> Property Name LOVING 1 STATE	<sup>6</sup> Well Number 2
<sup>7</sup> OGRID No. 272295	<sup>8</sup> Operator Name THREE RIVERS OPERATING COMPANY, LLC	<sup>9</sup> Elevation 3128 GR

### <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
N	01	24S	27E		990	N	2110	W	EDDY

### <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 40	<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.

<sup>16</sup>	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature:  Date: 8/25/14 Printed Name: TOM STRATTON E-mail Address: tstratton@3rnr.com
	<sup>18</sup> 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. Date of Survey: Signature and Seal of Professional Surveyor:
	Certificate Number: