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) 748-9720 District III 1000 Rio Brazos Road, Aztee, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV 1220 S. S. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462 Phone: (505) 476-3460 Fax: (505												
WELL LOCATION AND ACREAGE DEDICATION PLAT as Arilled												
1		² Pool Code			³ Pool Name							
30-		49622			Parkway; Bone Spring							
⁴ Property Code			•	⁵ Property Name							⁶ Well Number	
39391				Shoeless Joe 32 State Com 1H								
⁷ OGRID M		⁸ Operator Name ⁹ Elevation										
229137		COG Operating LLC									3324' GR	
¹⁰ Surface Location												
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the		North/South line	Feet from the	East/We	est line	County	
D	32	195	30E		990		North	300	We	est	Eddy	
n 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/We	est line	County	
A	32	19S	30E		354		North	332	East		Eddy	
¹² Dedicated Acres	¹³ Joint o	r Infill 14 Co	onsolidation	Code ¹⁵ O	rder No.		I			Į		
160			-									

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.

16 SHL 300	<u>4656'</u>	BHL 333	¹⁷ 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.
	 Producing Interval 8618-12848'		Stgmature 12/5/12 Stgmature Date Stormi Davis Printed Name Sdavis@concho.com E-mail Address
			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.
			Signature and Seal of Professional Surveyor: REFER TO ORIGINAL PLAT Certificate Number