Phone: (575) 748-1283 Fax: (575) 748-9720 District III 1000 Rio Brazos Road, Aztec, 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

 State of New Mexico

 District II

 ARTESIA DISTRICT

 ARTESIA DISTRICT

  $\begin{array}{c} \text{OIL CONSERVATION DIVISION} \\ \text{OCT } 2 7 2014 \\ 1220 \text{ South St. Francis Dr.} \end{array}$ 

Form C-102 Revised August 1, 2011 Submit one copy to appropriate **District Office** 

> AMENDED REPORT (As Drilled)

RECEIVED

## WELL LOCATION AND ACREAGE DEDICATION PLAT

Santa Fe, NM 87505

| <sup>1</sup> API Number    |   |  | <sup>2</sup> Pool Code  |  | <sup>3</sup> Pool Name  |   |  |  |  |  |
|----------------------------|---|--|---|--|---|---|--|--|--|--|
| 30-015-41538               |   |  | 97995   |  | WC-015 G-05 S202935P; Bone Spring   |   |  |  |  |  |
| <sup>4</sup> Property Code |   |  | <sup>5</sup> Property Name  |  |   |   |  |  |  |  |
| 40010                      |   |  |   | Running Buffalo 1 Federal Com  |   |   |  |  |  |  |
| <sup>7</sup> OGRID No.     |   |  |   | <sup>8</sup> Operator Name   |   |   |  |  |  |  |
| 229137                     |   |  |   | COG Operating LLC  |   |   |  |  |  |  |
|                            |   |  |   | <sup>10</sup> Surface  | Location  |   |  |  |  |  |
| Section                    | Township  | Range  | Lot Idn   | Feet from the  | North/South line  | Feet from the   | East/West line   | County   |  |  |
| 1                          | <b>21S</b>  | 28E  |   | 1980   | South   | 1090  | East   | Eddy   |  |  |
|                            | 1   | <sup>II</sup> Bo   | ottom Ho  | le Location I  | f Different From  | m Surface   | L  | I  |  |  |
| Section                    | Township  | Range  | Lot Idn   | Feet from the  | North/South line  | Feet from the   | East/West line   | County   |  |  |
| 1                          | 21S   | 28E  | 1   | 372  | North   | 390   | East   | Eddy   |  |  |
| <sup>13</sup> Joint o      | r Infill <sup>14</sup> C                                    | onsolidation   | Code <sup>15</sup> Or   | der No.  | 1   | I   | <b> _</b>  | 1  |  |  |
|                            |   |  |   |  |   |   |  |  |  |  |
|                            | 015-4153<br>ode<br>io.<br>7<br>Section<br>1<br>Section<br>1 | 015-41538<br>ode<br>io.<br>y<br>Section<br>1<br>Section<br>1<br>Township<br>21S<br>Section<br>1<br>21S | 015-41538<br>ode<br>io.<br>y<br>Section Township Range<br>1 21S 28E<br>11 Bc<br>Section Township Range<br>1 21S 28E | 015-41538 97995<br>ode Run<br>io.<br>y<br>Section Township Range Lot Idn<br>1 21S 28E<br>11 Bottom Ho<br>Section Township Range Lot Idn<br>1 21S 28E 1 | O15-41538     97995       ode     5 Property       Running Buffalo 1       io.     8 Operator       io.     8 Operator       V     COG Operat       10     Surface       Section     Township       1     21S       28E     1980       11 Bottom Hole Location I       Section     Township       1     21S       28E     1       372 | WC-01       ode     * Property Name       Running Buffalo 1 Federal Com       * Operator Name       COG Operating LLC       * Operator Name     COG Operating LLC       * Operator Name     COG Operating LLC       * Operator Name     COG Operating LLC       * Operator Name     North/South line       * Operator Name     Noperator Name | WC-015 G-05 S20293       ode     * Property Name       Running Buffalo 1 Federal Com       * Operator Name       OGG Operating LLC       IO Surface Location       Section       Township     Range     Lot Idn       Feet from the     North/South line       Feet from the       ID Surface Location       II Bottom Hole Location If Different From Surface       Section       Township     Range     Lot Idn       Feet from the     North/South line       Feet from the       1     21S     28E     1     372     North     390 | $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$ |  |  |

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 <b>L</b> o | ot 4 | Lot 3 | Lot 2                         |             | Lot 1 💫  | <sup>17</sup> OPERATOR CERTIFICATION  |
|---------------|------|-------|-------------------------------|-------------|--|---|
|               |      |       |                               |             | 5  | I hereby certify that the information contained herein is true and complete |
|               |      |       |                               | -5          | F BHL F 1390'  | 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  |
|               |      |       |                               |             | i se de la com   | 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 |
|               |      |       |                               |             | 北京部一个行动  | heretofore entered by the division.   |
|               |      |       |                               | م           |  |   |
|               |      |       |                               |             |  | 10/23/14  |
|               |      |       |                               |             | $1 \leq i \leq 1 \leq i$   | Signature Date  |
|               |      |       |                               |             |  |   |
|               |      |       |                               |             |  | Stormi Davis  |
|               |      |       |                               |             |  | Printed Name  |
|               |      |       | Producing Area<br>8812-13520' | · · · ·     |  |   |
|               |      |       | 0012-13520                    |             | 1. 1. ~  | sdavis@concho.com   |
|               |      |       |                               |             | 1.1  | E-mail Address  |
|               |      |       |                               |             | and the second   |   |
|               |      |       |                               |             |  | <sup>18</sup> SURVEYOR CERTIFICATION  |
|               |      |       |                               |             |  | I hereby certify that the well location shown on this plat                  |
|               |      |       |                               |             | $\mathbb{P}_{\mathbb{P}}$ , where $\mathbb{P}_{\mathbb{P}}$  | was plotted from field notes of actual surveys made by                      |
|               |      |       |                               |             |  | me or under my supervision, and that the same is true                       |
|               |      |       |                               | - 4         | ĥ -  | and correct to the best of my belief.                                       |
|               |      |       |                               |             |  | that correct to the best of my benef.                                       |
|               |      |       |                               |             | 1090   |   |
|               |      |       | SHL                           |             |  | Date of Survey  |
|               |      |       |                               |             |  | Signature and Seal of Professional Surveyor:                                |
|               |      |       |                               |             |  |   |
|               |      |       |                               | .0 <u>8</u> |  | REFER TO ORIGINAL PLAT  |
|               |      |       |                               | 6           |  |   |
|               |      |       |                               |             |  |   |
|               |      |       |                               |             |  | Certificate Number  |
|               |      |       |                               |             |  |   |
|               |      |       |                               |             | <ul> <li>A state of the sta</li></ul> |   |