District I
1625 N French Dr., Hobbs, NM 88240
Phone (575) 393-616 Processing State of the state 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, Aztec, NM 87410 Phone (505) 334-6178 Fax (505) 334-6170 State of New Mexico

Energy Minerals & Natural Resources Department OIL CONSERVATION DIVISION

RECEIVED 1220 South St. Francis Dr. Santa Fe. NM 87505

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

☐ AMENDED REPORT

		W	ELL LO		· · · · · · · · · · · · · · · · · · ·	EAGE DEDIC				
¹ API Number 30-015-34278				² Pool Code	ie					
				49625 Delaware Sands						
⁴ Property Code				6 1	⁶ Well Number					
317082		FPR State							#001	
⁷ OGRID №.		⁸ Operator Name							⁹ Elevation	
371449		Colgate Operating							3326	
	•				¹⁰ Surface I	Location		·		
UL or lot no.	Section	Township	Range	Let Idn	Feet from the	North/South line	Feet from the	East/West line	County	
P	36	198	29E	P	660	South	660	East	Eddy	
		l	" Bo	ttom Hol	e 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	
² Dedicated Acres	s ¹³ Joint or	r Infill 14 C	onsolidation	Code 15 Or	der No.					

division.

16		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.
		Mikah Thomas Printed Name mthomas a colgateenergy.com E-mail Address
		**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.
400.		Date of Survey Signature and Seal of Professional Surveyor: Certificate Number