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APR 03 2019

Form C-102

Revised August 1, 2011

Submit one copy to appropriate District Office

☒ AMENDED REPORT

As Drilled

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (505) 393-6151 Fax: (505) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (505) 748-1283 Fax: (505) 748-9720

District III
1000 Rio Bravos 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

API Number 30-015-45390	Pool Code 33740	Pool Name Ingle Wells Bone Spring
Property Code 322740	Property Name STERLING SILVER MDP1 "33-4" FEDERAL COM	Well Number 2H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3372.8'

Surface Location

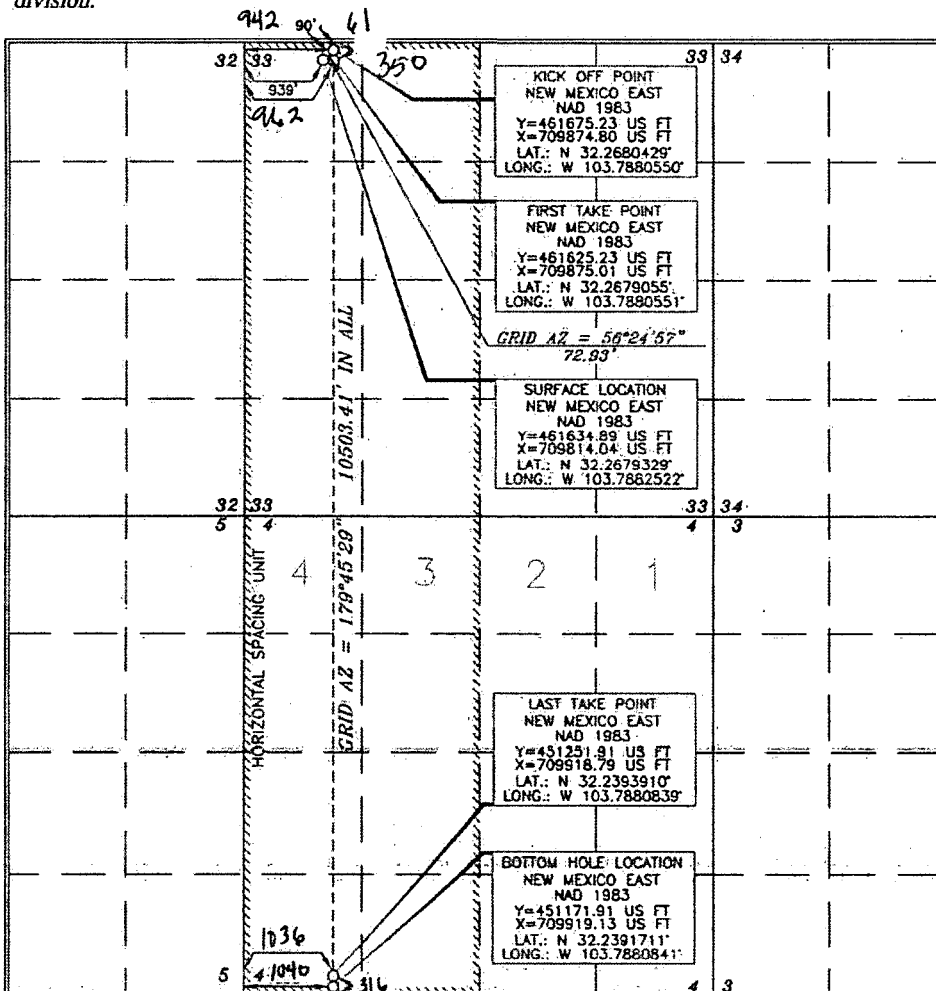
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	33	23 SOUTH	31 EAST, N.M.P.M.		90'	NORTH	939'	WEST	EDDY

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
M	4	24 SOUTH	31 EAST, N.M.P.M.		21	SOUTH	1040	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
640			

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.



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 undivided 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: Sarah Chapman 3/24/19
Printed Name: Sarah Chapman
E-mail Address: sarah_chapman@oxy.com

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from the records 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: FEBRUARY 1, 2019
Signature and Seal of Professional Surveyor: Terry J. Alar

Certificate Number: 15079
Date: 10/29/2018