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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
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

RECEIVED

MAR 04 2020

FORM C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-46914	² Pool Code 97860	³ Pool Name Jennings; Bonespring West
⁴ Property Code 326329	⁵ Property Name BOROS FEDERAL	
⁶ Well Number 106H	⁷ Operator Name MATADOR PRODUCTION COMPANY	
⁸ OGRID No.	⁹ Elevation 3227'	

¹⁰Surface Location

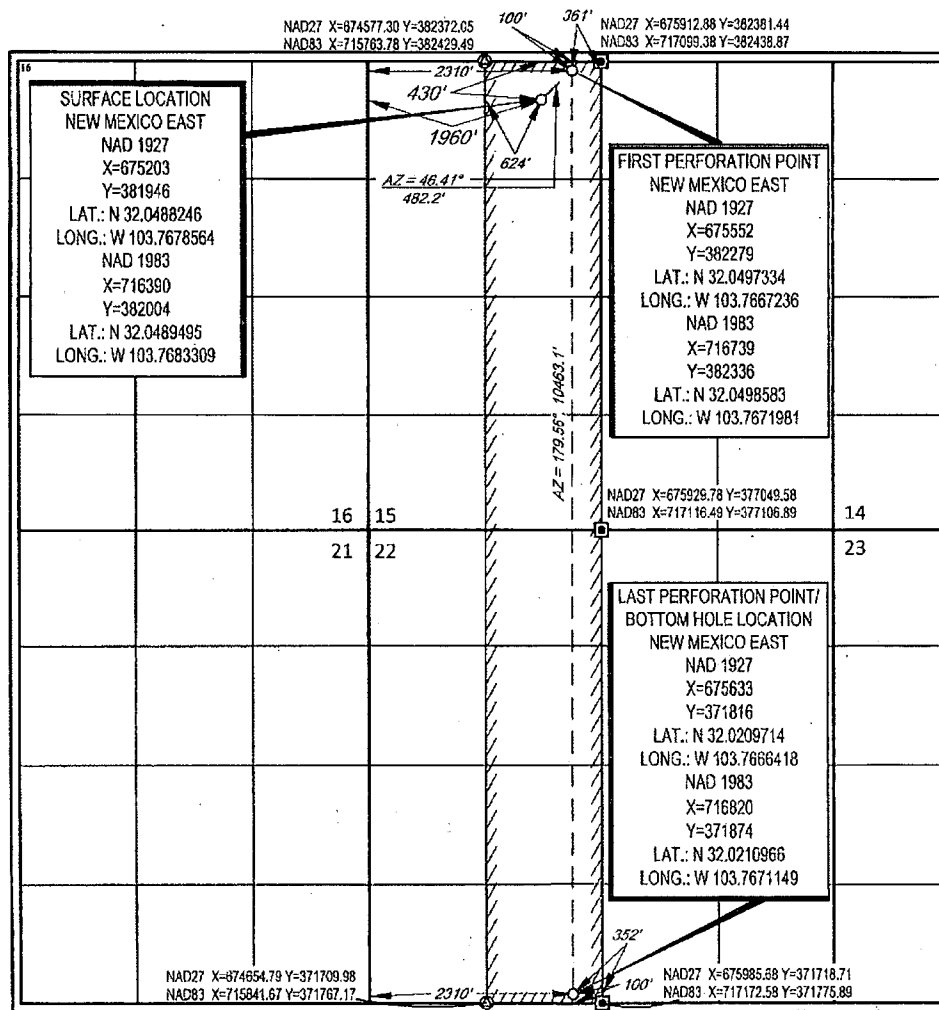
UL or lot no. C	Section 15	Township 26-S	Range 31-E	Lot Idn -	Feet from the 430'	North/South line NORTH	Feet from the 1960'	East/West line WEST	County EDDY
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¹¹Bottom Hole Location If Different From Surface

UL or lot no. N	Section 22	Township 26-S	Range 31-E	Lot Idn -	Feet from the 100'	North/South line SOUTH	Feet from the 2310'	East/West line WEST	County EDDY
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¹² Dedicated Acres 320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ 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.



¹⁷OPERATOR 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: *Lara Thompson* Date: *6/19/19*

Printed Name: *Lara Thompson*

E-mail Address: *lara.thompson@swca.com*

¹⁸SURVEYOR 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 to the best of my belief.

Date of Survey: *02/18/2019*

Signature and Seal of Professional Surveyor: *[Signature]*

Certificate Number: *18329*

RW 3-23-20