State of New Mexico Form C-102 Minerals & Natural Resources Revised October 12, 2005 1625 N. French Dr., Hobbs, NM 8824RECEIVEDSY District II 1301 W. Grand Avenue, Artesia, NM 882 SEP 07 2000IL CONSERVATION DIVISION Submit to Appropriate District Office State Lease - 4 Copies District III 1220 South St. Francis Dr. Fee Lease - 3 Copies 1000 Rio Brazos Rd., Aztec, NM 87410 NMOCD ARTESIA | Santa Fe, NM 87505 District IV AMENDED REPORT 1220 S. St. Francis Dr., Santa Fe, NM 87505 WELL LOCATION AND ACREAGE DEDICATION PLAT ¹ API Number ² Pool Code 30-015-3796(96582 Lost Tank Delaware, West ⁴ Property Code ⁵ Property Name ⁶ Well Number 381185 Lost Tank 10 Federal OGRID No. ⁸ Operator Name Elevation 3509.2 16696 OXY USA Inc. ¹⁰Surface Location Feet from the UL or lot no. Township Range Lot. Idn North/South line Feet from the East/West line Section County P 3 **22S** 31E 300 east Eddy 250 Bottom Hole Location If Different From Surface Lot. Idn East/West line UL or lot no. Section Township Range Feet from the North/South line County Feet from the H 2104 east 10 839 **22S** 31E Eddy 12 Dedicated Acres 13 Joint or Infill ¹⁴ Consolidation Code 15 Order No. 160 Υ 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 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 Signature David Stewart Printed Name Sr. Regulatory Analyst Project Hrea david stewart@oxy.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 and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyer: Certificate Number