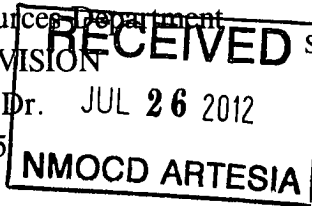


District I
1625 N French Dr, Hobbs, NM 88240
Phone (575) 393-6161 Fax (575) 393-0720
District II
811 S First St, Artesia, NM 88210
Phone (575) 748-1283 Fax (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone (505) 334-6178 Fax (505) 334-6170
District IV
1220 S. St. Francis Dr, Santa 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

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



☐ AMENDED REPORT

As Drilled

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|---|--|---|
| ¹ API Number 30-005-63628 | ² Pool Code 800 | ³ Pool Name Acme San Andres Southeast |
| ⁴ Property Code 303240 | ⁵ Property Name Trailblazer ANL State | |
| ⁷ OGRID No. 9974 | ⁸ Operator Name Hanson Operating Company, Inc. | ⁶ Well Number 3 |
| ⁹ Elevation 3974' | | |

| ¹⁰ Surface Location | | | | | | | | | |
|--------------------------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
| A | 11 | 8S | 27E | | (330) 990 | (S) North | 660 | East | Chaves |

| ¹¹ 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 |
| | | | | | | | | | |
| ¹² Dedicated Acres 40.00 | ¹³ Joint or Infill N | ¹⁴ Consolidation Code | | ¹⁵ Order No. | | | | | |

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 <div style="text-align: center;"> VO-2925 330 660 # </div> | 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. | | | |
| | Signature <u>Carol J. Smith</u> Date <u>7/25/2012</u> | | | |
| | Printed Name hanson@dmn.com E-mail Address | | | |
| ¹⁸ 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. | | | | |
| Date of Survey Signature and Seal of Professional Surveyor. | | | | |
| On File 3640 Certificate Number | | | | |