

District I
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 Phone: (505) 393-4161 Fax: (505) 393-0720
 District II
 811 S. First St., Artesia, NM 88210
 Phone: (505) 748-1283 Fax: (505) 748-0720
 District III
 1000 Rio Bravo Road, Aztec, NM 87410
 Phone: (505) 334-4178 Fax: (505) 334-4170
 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

API Number 30-015-42016	Pool Code 11520	Pool Name Cedar Canyon Bone Spring
Property Code 39492	Property Name CYPRESS "33" FEDERAL Com.	Well Number 7H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3022.3'

Surface Location

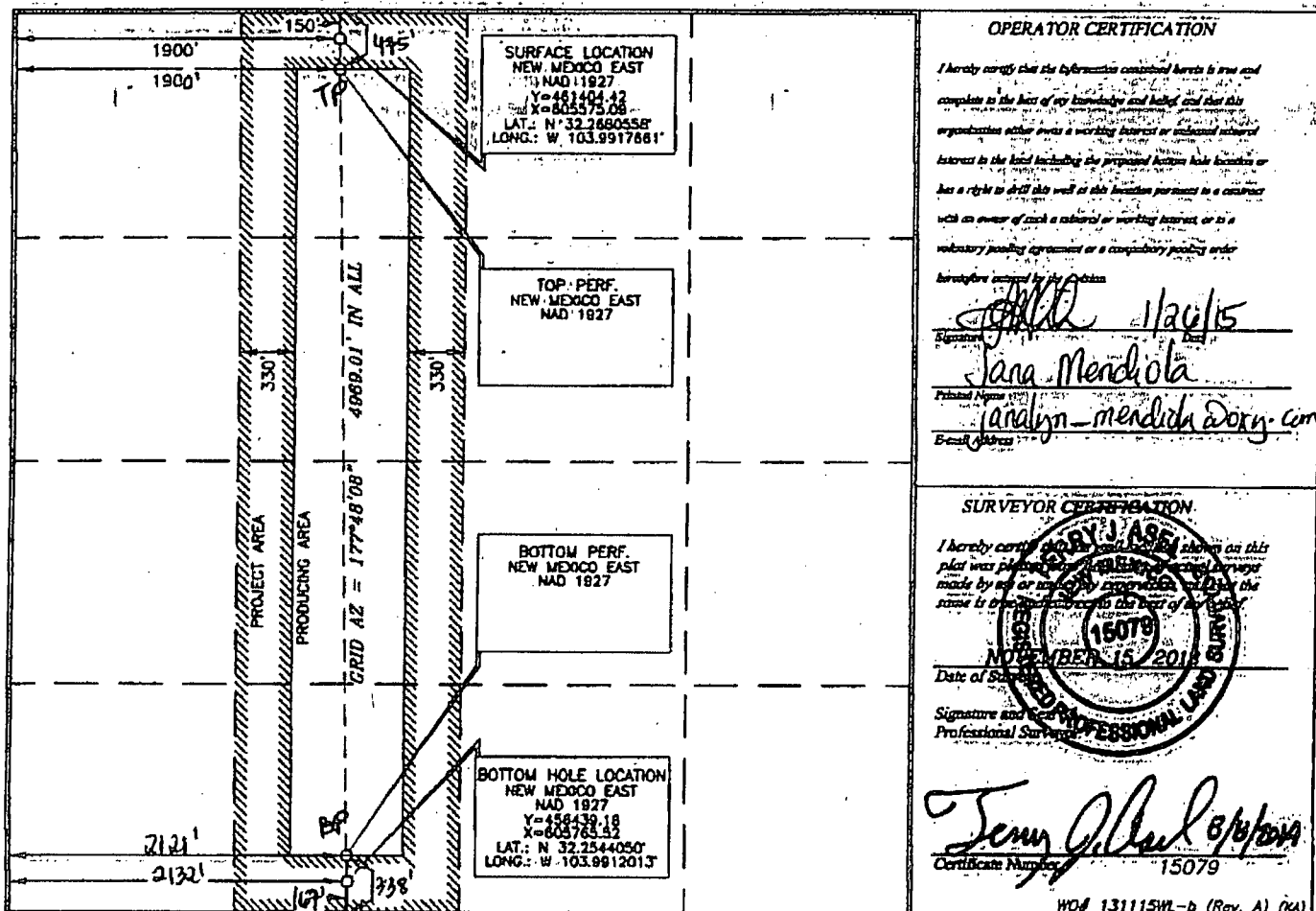
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	33	23 SOUTH	29 EAST, N.M.P.M.		150'	NORTH	1900'	WEST	EDDY

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
N	33	23 SOUTH	29 EAST, N.M.P.M.		180'	SOUTH	1983'	WEST	EDDY

Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No. TP = 475' FNL 1900' FWL BP = 338' FSL 2121' FWL
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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.



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 interest in the land including the proposed bottom hole location or has a right to drill this well in 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: *[Signature]* 11/26/15
 Printed Name: **Jana Mendiola**
 E-mail Address: **jana.mendiola@dory.com**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted by a licensed professional surveyor made by me or under my supervision and that the same is true and correct to the best of my knowledge.

Date of Survey: **NOVEMBER 15, 2015**
 Signature and Seal of Professional Surveyor: *[Signature]*
 Certificate Number: **15079**