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APR 12 2019

Revised August 1, 2011

Submit one copy to District Office
DISTRICT OFFICE

District Office

☐ AMENDED REPORT

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-45874	² Pool Code 98220	³ Pool Name PURPLE SAGE; WC (GAS)
⁴ Property Code 324981	⁵ Property Name ROCK RIDGE FEDERAL WCB	
⁷ OGRID No. 15363	⁶ Well Number 8H	
	⁸ Operator Name MURCHISON OIL & GAS, INC.	⁹ Elevation 2914.5

" Surface Location

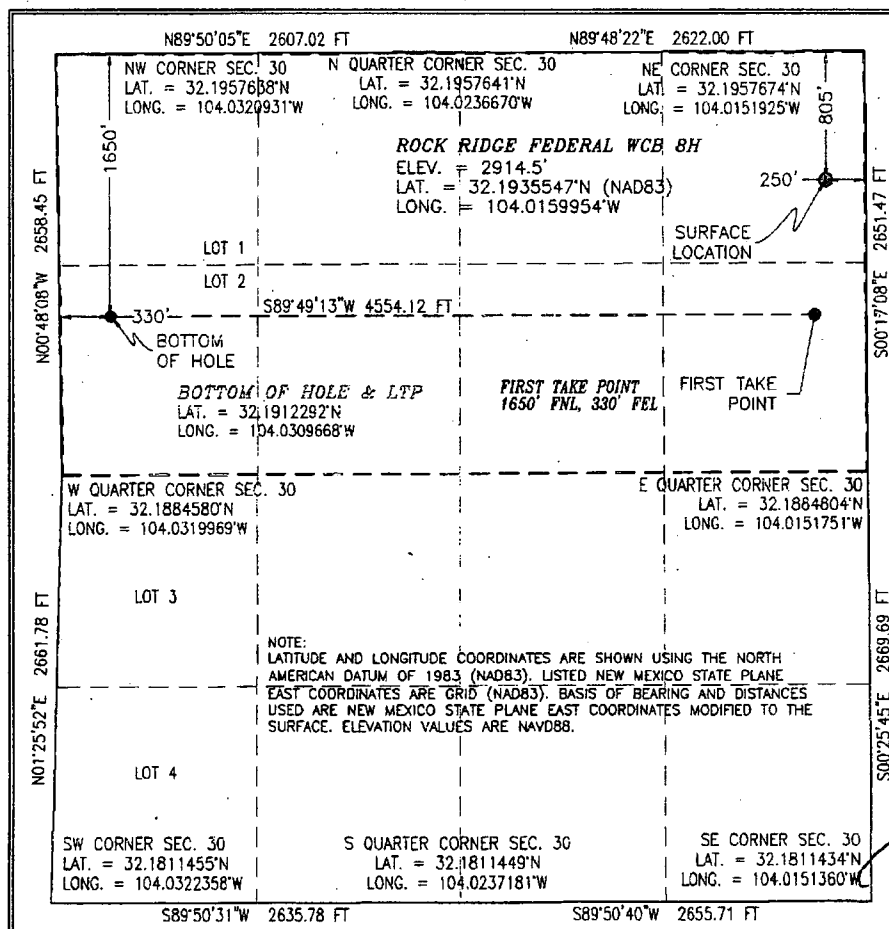
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	30	24S	29E		805	NORTH	250	EAST	EDDY

" 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
2	30	24S	29E		1650	NORTH	330	WEST	EDDY

¹² Dedicated Acres 320	¹³ Joint or Infill 31924	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.



" 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: *[Signature]* Date: *9/25/18*

Printed Name: **Gary R. Cooper**

E-mail Address: **rcooper@jdmii.com**

" 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.

SEPTEMBER 21, 2018

Date of Survey

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

Certificate Number: **FILIMON F. JARAMILLO, PLS 12797**

SURVEY NO. 55138

Rev 4-17-19

Intent ☐ As Drilled ☐

API #

Operator Name:	Property Name:	Well Number
MURCHISON OIL & GAS, INC.	ROCK RIDGE FEDERAL WCB	8H

Kick Off Point (KOP)

UL A	Section 30	Township 24S	Range 29E	Lot	Feet 805	From N/S NORTH	Feet 250	From E/W EAST	County EDDY
Latitude 32.1935547					Longitude 104.0159954			NAD 83	

First Take Point (FTP)

UL H	Section 30	Township 24S	Range 29E	Lot	Feet 1650	From N/S NORTH	Feet 330	From E/W EAST	County EDDY
Latitude 32.1912323					Longitude 104.0162482			NAD 83	

Last Take Point (LTP)

UL	Section 30	Township 24S	Range 29E	Lot 2	Feet 1650	From N/S NORTH	Feet 330	From E/W WEST	County EDDY
Latitude 32.1912292					Longitude 104.0309668			NAD 83	

Is this well the defining well for the Horizontal Spacing Unit? ☐

Is this well an infill well? ☐

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #
/

Operator Name:	Property Name:	Well Number

KZ 06/29/2018