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State of New Mexico

Form C-102

District I  
1625 N. French Dr., Hobbs, NM 88240

Energy, Minerals & Natural Resources Department

Revised June 10, 2003

District II  
1301 W. Grand Avenue, Artesia, NM 88210

OIL CONSERVATION DIVISION

MAY 03 2019

Submit to Appropriate District Office

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

1220 South St. Francis Dr.

DISTRICT II-ARTESIA O.C.D. State Lease - 4 Copies  
Fee Lease - 3 Copies

District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

Santa Fe, NM 87505

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015-31561		<sup>2</sup> Pool Code 28509		<sup>3</sup> Pool Name Grayburg Jackson; SR-Q-G-SA	
<sup>4</sup> Property Code 302575		<sup>5</sup> Property Name McIntyre B			<sup>6</sup> Well Number 7
<sup>7</sup> OGRID No. 229137		<sup>8</sup> Operator Name COG OPERATING LLC			<sup>9</sup> Elevation 3612

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	20	17S	30E		330	South	330	West	Eddy

<sup>11</sup> 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

<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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

	<p><sup>17</sup> OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>[Signature]</i> Signature</p>
	<p>Robvyn M. Russell</p> <p>Printed Name</p>
	<p>Regulatory Analyst</p> <p>Title and E-mail Address</p>
	<p>09/18/18</p> <p>Date</p>
	<p><sup>18</sup> SURVEYOR CERTIFICATION</p> <p>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.</p>
	<p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>
	<p>Certificate Number</p>