

District I
1623 N. French Dr., Hobbs, NM 88240
Phone: (505) 393-6161 Fax: (505) 393-9720
District II
311 S. First St., Artesia, NM 88210
Phone: (505) 745-1283 Fax: (505) 745-9720
District III
1000 Rio Arriba Road, Artesia, 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

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-45075	Pool Code 33740	Pool Name Ingle Well Bone Spring
Property Code 321632	Property Name IRIDIUM MDP1 "28-21" FEDERAL COM	Well Number 41H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3367.8'

Surface Location

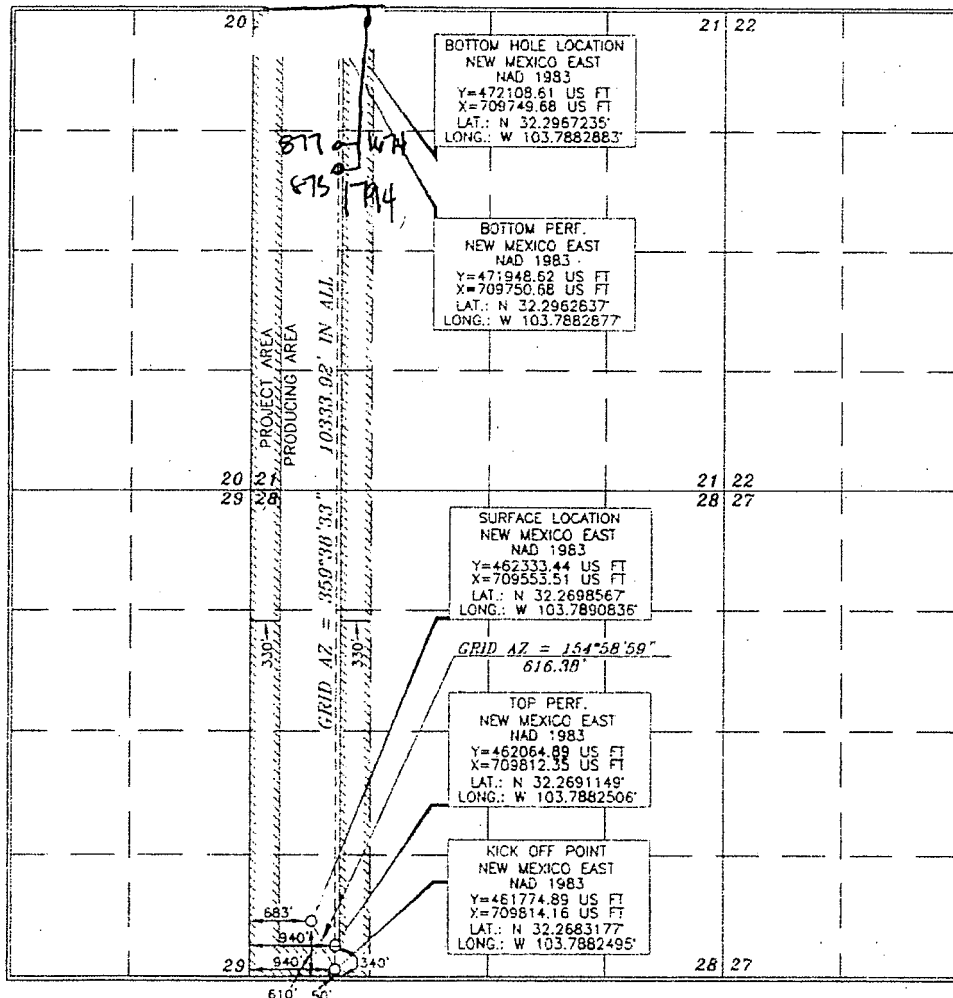
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	28	23 SOUTH	31 EAST, N.M.P.M.		610'	SOUTH	683'	WEST	EDDY

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
LE	21	23 SOUTH	31 EAST, N.M.P.M.		1674	NORTH	877	WEST	EDDY

Dedicated Acres 320	Joint or Infill	Consolidation Code	Order No. FTP: 321' FSL 926' FWL LTP: 1794' FNL 873' 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 mineral interest in the land including the proposed bottom hole location or has a right to drill this well or 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.

As prepared by the division

Sarah Chapman 12/19/19
Signature: Date:

Sarah Chapman
Printed Name:

sarah-chapman@oxy.com
E-mail Address:

SURVEYOR CERTIFICATION

I hereby certify that the information shown on this plat was plotted from the best of actual surveys made by me under my personal supervision, and that the same is true and correct to the best of my belief.

15079
Date of Survey: **SEPTEMBER 20, 2019**

Signature and Seal of Professional Surveyor

Terry J. Chase 10/3/2019
Certificate Number: 15079

W01 170920WL-0 (KA)