

## DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

## DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## DISTRICT IV

P.O. Box 2088, Santa Fe, NM 87504-2088

**State of New Mexico**  
**Energy, Minerals and Natural Resources Department**

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

Form C-102

Revised February 10, 1999

Instructions on back

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☒ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-025-06944	<sup>2</sup> Pool Code 19190	<sup>3</sup> Pool Name DRINKARD
<sup>4</sup> Property Code 2606	<sup>5</sup> Property Name CENTRAL DRINKARD UNIT	
<sup>7</sup> OGRID Number 4323	<sup>8</sup> Operator Name CHEVRON USA INC	<sup>6</sup> Well No. 150
		<sup>9</sup> Elevation

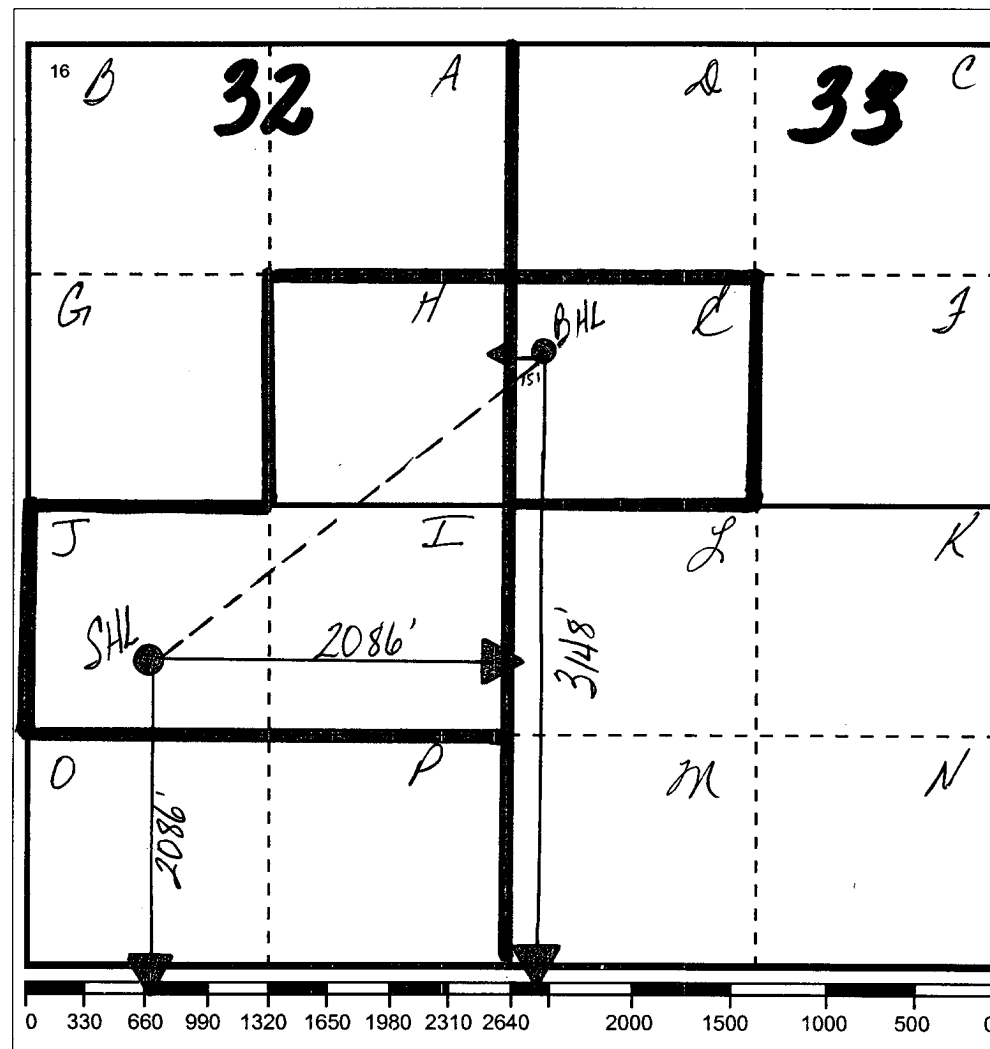
<sup>10</sup> Surface Location

UI or lot no	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
J	32	21-S	37-E		2086'	SOUTH	2086'	EAST	LEA

<sup>11</sup> Bottom Hole Location If Different From Surface

UI or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
E	33	21-S	37-E		3148'	SOUTH	151'	WEST	LEA
<sup>12</sup> Dedicated Acre 160		<sup>13</sup> Joint or Infill No		<sup>14</sup> Consolidation Code		<sup>15</sup> 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



<sup>17</sup> OPERATOR CERTIFICATION

I hereby certify that the information  
 contained herein is true and complete to the  
 best of my knowledge and belief

Signature

*Denise Leake*

Printed Name

Denise Leake

Position

Regulatory Specialist

Date

4/27/2004

<sup>18</sup> 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 knowledge and  
 belief.

Date Surveyed

Signature & Seal of  
 Professional Surveyor

Certificate No.