JAN.24'2005	10:49	2814699667
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Citation

District J 1625 N. French Dr., Holds, NM 88240 District_II 1301 W. Grand Avenue, Artesia, NM 88210 District_III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Sonta Fc, NM 87505	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 June 10, 2003 Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies
1220 S. St. Francis Dr., Santa Fc, NM 87505		AMENDED REPORT

		WE	ELL LC	)CATIO	N AND ACF	REAGE DEDIC	ATION PLA	Г	
'A	API Number Pool Code			'Pool Name					
30-025-04732 76480			Eur	Eumont Yates Seven Rivers Queen					
' Property C	adc	*Pr				perty Name			Velt Number
002820		Devonian State					14		
'OGRID N	ю. –				Operator '	Name	•••		Elevation
004537		Citation Oil & Gas Corp.					36	15'	
					<sup>10</sup> Surface	Location			
UL or lot no.	Section	Township	Range	Lot Idn	Fect from the	· · · · · · · · · · · · · · · · · · ·	Fact from the	East/West line	County
G	20	215	36E		2310	North	2310	East	Lea
		· · · · · · · · · · · · · · · · · · ·	<sup>11</sup> Bo	ottom Ho	le Location I	f Different From	n Surface		
UL or lot no.	Section	Township	Range				Feet from the	East/West line	County
" Dedicated Acres	" Joint or	Infill Con	olidatien (	Code "On	icr No.	<b>.</b>		l	
320	Y	i.			NSP-488	R-8170-P NS	5L-3646		

## 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

16	•2	•3	<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
	5 5 1 1 1	o 4	<u>Sharon Ward</u> Printed Name Regulatory Administrator <u>sward@cogc.com</u> Title and E-mail Address <u>May 24, 2004</u> Date
•	• 7	<b>\$</b> Z	<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 belief.
	•9	• 6	Date of Survey Signature and Scal of Professional Surveyor. Certificate Number