District L

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

1301 W. Grand Avenue, Artesia, NM 88210

Energy, Minerals & Natural Resources Department

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Energy, Minerals & Natural Resources Department

State of New Mexico

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

District III 1000 Rio Brazos Rd., Aztec, NM 87410 MAR 0 4 2009¹²²⁰ South St. Francis Dr.

Santa Fe, NM 87505

Fee Lease - 3 Copies 🔽 AMENDED REPORT

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

WELL LOCATION AND ACREAGE DEDICATION PLAT Pool Name
Rhodes; Yates-7 Rivers (Gas) API Number 30-025-32168 Property Name * Well Number Property Code 223 **Rhodes Federal Unit** 232 OGRID No. Operator Name ^e Elevation Cimarex Energy Co. of Colorado 162683 ¹⁰ Surface Location UL, or let no. Section Township Range Feet from the North/South line Feet from the East/West line County 37E 1140 660 North East Lea Α 22 **26S** 11 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 Dedicated Acres u Jaint or Infill Order No. Consolidation Code 120

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		LC-030174-A	660,	17 OPERATOR CERTIFICATION I hereby certify that the hybornation 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 less 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.
	RFU #22	3		Signature Date Zeno Farris Printed Name
				18 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. Date of Survey
		-		Signature and Seal of Professional Surveyor: Certificate Number