

District I
1625 N. Fourth Dr., Hobbs, NM 88240
Phone: (505) 392-6161 Fax: (505) 339-0750
District II
811 S. First St., Artesia, NM 88210
Phone: (505) 748-1243 Fax: (505) 748-0720
District III
1000 Rio Rancho Road, Aztec, NM 87510
Phone: (505) 334-6178 Fax: (505) 334-6179
District IV
1230 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3450 Fax: (505) 476-1462

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

¹ API Number 30-025-29720	² Pool Code 62340	³ Pool Name VACUUM; WOLFCAMP
⁴ Property Code 312507	⁵ Property Name BRIDGES STATE	⁶ Well Number 513
⁷ OGRID No. 298299	⁸ Operator Name CROSS TIMBERS ENERGY, LLC	⁹ Elevation 4018 GR

¹⁰ Surface Location

U.L. or lot no. G	Section 13	Township 17S	Range 34E	Lot Idn 7	Feet from the 2135	North/South line N	Feet from the 1905	East/West line E	County LEA
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¹¹ Bottom Hole Location If Different From Surface

U.L. or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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¹² Dedicated Acres 80	¹³ Joint or Infill I	¹⁴ Consolidation Code	¹⁵ 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.

	¹⁶ OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that the 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 on this location pursuant to a contract with an owner of undivided mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> <i>Robbie A. Grigg</i> 3/10/10 Signature Date Robbie A Grigg Physical Name: rgrigg@mspartners.com E-mail Address:
	¹⁷ SURVEYOR CERTIFICATION <i>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.</i> Date of Survey: Signature and Seal of Professional Surveyor:
	Print Name:
	Print Name: