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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

<sup>1</sup> API Number 30 025 41270		<sup>2</sup> Pool Code 52766		<sup>3</sup> Pool Name Rock Lake; Bone Spring	
<sup>4</sup> Property Code 39019		<sup>5</sup> Property Name Lennox 32 State Unit			<sup>6</sup> Well Number 4H
<sup>7</sup> OGRID No. 249099		<sup>8</sup> Operator Name Caza Operating, LLC			<sup>9</sup> Elevation 3456 Gr

<sup>10</sup> 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	32	22 S	35 E		330	South	660	West	Lea

<sup>11</sup> 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
D	32	22 S	35 E		4945	South	619	West	Lea

<sup>12</sup> Dedicated Acres 160	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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.

<sup>16</sup> 619 FWL <input type="checkbox"/> 333 FNL Terminus  Closure = 4614.79' 359.5° azm  EOC 13'-2" FSL & 2.91° Azm  660 FWL <input type="checkbox"/> Origin	<b>OCD - HOBBS</b> <b>09/21/2016</b> <b>RECEIVED</b>	<sup>17</sup> 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 this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has 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.</i> Signature: <i>A.B. Sam</i> Date: 07-18-16 Printed Name: A.B. Sam E-mail Address: tsam@cazapetro.com
		<sup>18</sup> 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: Certificate Number: