

HOBBS OGD

NOV 07 2011

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District IV
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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

¹ API Number 30-025-31895	² Pool Code 30213	³ Pool Name HAT MESA BONE SPRING
⁴ Property Code 39 036	⁵ Property Name TOMAHAWK '28' FEDERAL Land	⁶ Well Number 1
⁷ GRID No. 232611	⁸ Operator Name SUNDOWN ENERGY LP	⁹ Elevation 3595 GI

¹⁰ Surface Location

11/ or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	28	20S	33E		1650	NORTH	1980	WEST	LEA

¹¹ Bottom Hole Location If Different From Surface

11/ or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 260 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ 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

	¹⁶ OPERATOR CERTIFICATION 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 undivided 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 is a voluntary pooling agreement or a compulsory pooling order hereafter entered by the division. Signature: <u>Jimmy Lewis</u> Date: <u>11-7-11</u> Printed Name: <u>Jimmy Lewis</u> Email Address: <u>jlewis@sundownenergy.com</u>
	¹⁷ 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: _____