

District I
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District II
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Phone: (505) 748-1283 Fax: (505) 748-9770
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1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1270 S. St. Francis Dr. Santa Fe, NM 87505
Phone: (505) 476-3160 Fax: (505) 476-3162

RECEIVED
MAR 06 2012

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 30-025-36836	² Pool Code 97921	³ Pool Name Hta+Mesa (Bone Spring), South
⁴ Property Code 30922.6	⁵ Property Name Mesa Verde IS Federal	⁶ Well Number 1
⁷ OGRID No. 272295	⁸ Operator Name Three Rivers Operating Co, LLC	⁹ Elevation 3864'

¹⁰ Surface Location

UT or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	15	21S	32E		990	North	990	East	Lea

¹¹ Bottom Hole Location If Different From Surface

UT or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres 40	¹³ Joint or Infill	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	¹⁷ 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 or this location pursuant to a contract with an owner of such mineral or working interest or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature: <u>Tom Stratton</u> Date: <u>3/6/12</u> Printed Name: <u>Tom Stratton</u> E-mail Address: <u>tstratton@3rnr.com</u>
	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: _____

MAR 07 2012

REFERENCE SHEET FOR
UNDESIGNATED WELLS

	Fm	Pm	N	Pc
17-21 C	XX	XX	XX	

paragraph

1	Date:	3/6/2012
2	Type of Well:	
	Oil:	XX Gas:
3	County:	LEA

4. Operator:	THREE RIVERS OPERATING COMPANY, LLC							API NUMBER	30 - 025 - 36836	
5. Address of Operator	1122 S CAPITAL OF TX HWY, STE 325 AUSTIN, TX 78746									
6. Lease name or Unit Agreement Name	>> MESA VERDE 15 FEDERAL							7. Well Number	# - 1	
8. Well Location	FTG N/S	-N/S	FTG E/W	-E/W	SEC	TWN	RNG	TD	14880	
SLOC	A	990	N	990	E	15	21S	32E	PBTD	11825
BHLOC										
9. Completion Date	10/3/2011				11. Pems		12. Open Hole			
				TOP		9026		TOP		
10. Name of Producing Formation(s)	BONE SPRING				BOTTOM		11796		BOTTOM	
13. C-123 Filed.	Date	15. Name of Pool Requested or temporary Wildcat designation					Pool ID num			
Y	N	XX	WC-025 G-06 S213215A;BONE SPRING					97921		
16. Remarks	NEW POOL									

TO BE COMPLETED BY DISTRICT GEOLOGIST		
17. Action taken	18. Pool Name	Pool ID num
NEW POOL	HAT MESA;BONE SPRING, SOUTH	97921
T 21 S, R 32 E		
Sec 15: NE/4		

19. Advertised for HEARING	20. Case Number
21. Name of pool for which was advertised.	
HAT MESA;BONE SPRING, SOUTH	Pool ID num 97921
22. Placed in Pool	23. By order number
	R-