District J 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720. OCD District II Phone: (575) 748-1283 Fax: (575) 748-9720 District III 1000 Rio Brazos Road, Aztee, NM 87710 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505. CENED Phone: (505) 476-3460 Fax: (505) 476-3462

## State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025-40618				<sup>2</sup> Pool Code		<sup>3</sup> Pool Name					
				5535		Berry; Bone Spring, North					
<sup>4</sup> Property Code				<sup>6</sup> Well Number							
39264				1H							
<sup>7</sup> OGRID No.				<sup>9</sup> Elevation							
229137				3753' GR							
	I		, a		<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		
I	36	205	34E		1980	South	50	East	Lea		
			<sup>II</sup> Be	ottom Ho	le Location I	f Different From	m Surface				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County		
L	36	205	34E		1892	South	334	West	Lea		
<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint of	r Infill <sup>14</sup> C	onsolidation	Code 15 Or	der No.	· · ·	•				
160											

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				<sup>17</sup> 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 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.
				2/26/13
				Signature Date
				Stormi Davis Printed Name
				Printed Name
				sdavis@concho.com
	Producing Area			E-mail Address
	11100-15460'			
				<sup>18</sup> SURVEYOR CERTIFICATION
	<b>X</b>			I hereby certify that the well location shown on this plat
		1 x8 4 x8	SHI	
		4902		50'
334 BHL				me or under my supervision, and that the same is true
		· · · · · · · · · · · · · · · · · · ·		and correct to the best of my belief.
				Date of Survey
	a na ana ang ang ang ang ang ang ang ang			
			<b>`</b> `	Signature and Sear of Professional Starveyor.
à			8	
6			6	REFER TO ORIGINAL PLAT
1 2				
	1	1		Certificate Number
				Certificate Number
1892'			,088J	