

DISTRICT I
 1825 N. French Dr., Hobbs, NM 88240
 Phone (576) 393-6181 Fax: (576) 393-0720

DISTRICT II
 811 S. First St., Artesia, NM 88210
 Phone (575) 748-1283 Fax: (575) 748-0720

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410
 Phone (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505
 Phone (505) 476-3400 Fax: (505) 476-3462

State of New Mexico
 Energy, Minerals and Natural Resources Department

HOBBS OCD

Form C-102
 Revised August 1, 2011

JAN 31 2014

Submit one copy to appropriate District Office

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, New Mexico 87505

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number 30025- 41644	Pool Code 5535	Pool Name Berry Wildcat Bone Spring North
Property Code 40375	Property Name LYNCH 35 FEDERAL Com	Well Number 3H
Operator Name 215099 162683	Operator Name CIMAREX ENERGY CO.	Elevation 3803

Surface Location

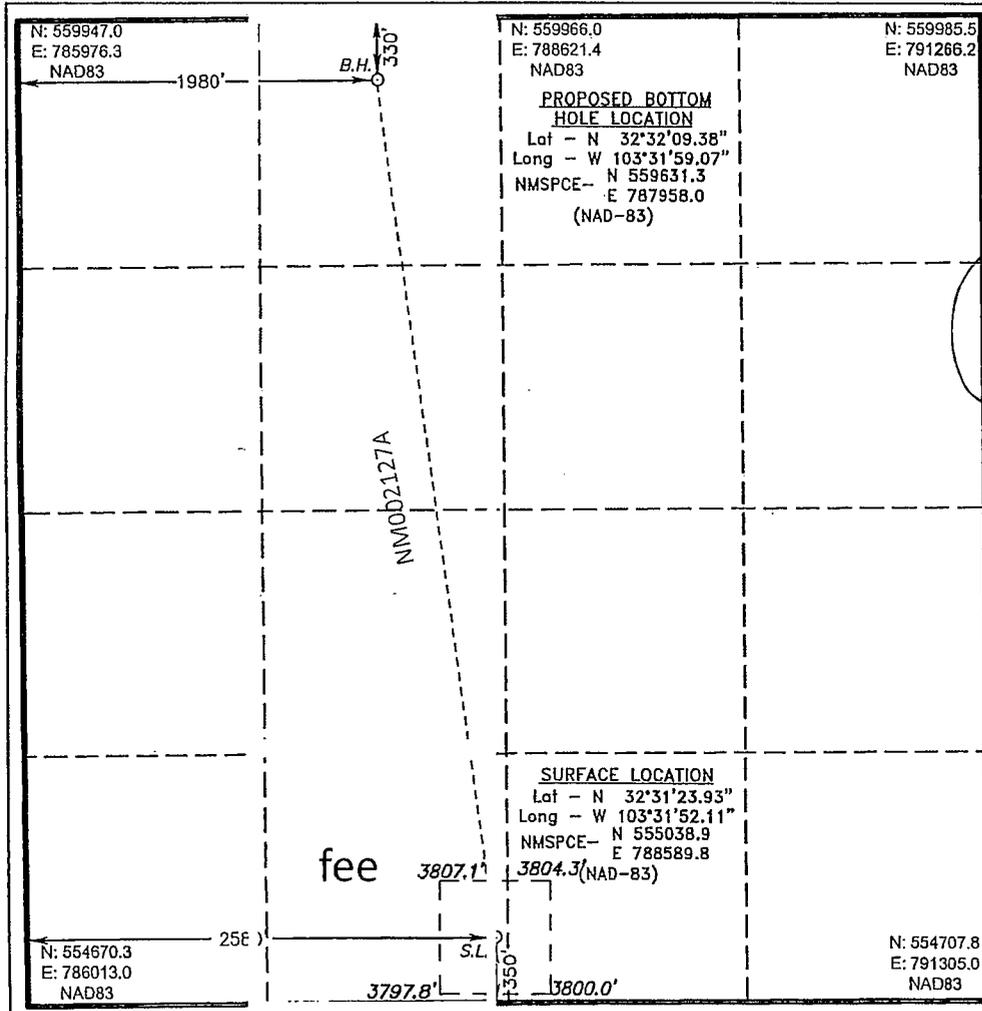
UL or lot No.	Section	Township	Range	Lot Idn.	Feet from the	North/South line	Feet from the	East/West line	County
N	35	20 S	34 E		350	SOUTH	2580	WEST	LEA

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
C	35	20 S	34 E		330	NORTH	1980	WEST	LEA

Dedicated Acres 160	Joint or Infill	Consolidation Code	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



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.

Signature: *[Signature]* Date: 7/3/13
 Name: Terri Stathem
 Email Address: tstathem@cimarex.com

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 Surveyed: *[Signature]*
 Signature: *[Signature]*
 Professional Surveyor
 Certificate No. Gary L. Jones 7977
 BASIN SURVEYS 29231

FEB 04 2014

pm