District 1
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District III
811 S. First St., Artesia, NM 88210
Picns: (575) 748-1283 Fax: (575) 748-9720
District IIII
1000 Rio Brazos Rozd, Artee, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
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

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

AMENDED REPORT

		W	ELL LO	CATION			CATION PLA		
API Number 30-25-37999			2260	22.60 58960 APACHE RIDGINAME Bone Spr			e Spring		
4 Property	⁴ Property Code ⁵ Property Name							Vell Number	
36418 M			Mescalero 19 Federal						2
OGRID No.		⁸ Operator Name							Elevation
162683		Cimarex Energy Co. of Colorado							3678'
					" Surface I	Location			
UL or lot no.	Section	Township	Range	Lot ldn	Feet from the	North/South lin	e Feet from the	East/West line	County
1	19	195	34F		1650'	South	990'	Mest	Lea

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.

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POLICINA PARA PARA PARA PARA PARA PARA PARA PA	I hereby certify that the Information contained herein is true evel complete to the best of my knowledge and belief, and that this organization either owns a working letterst or indicated interest in the best including the proposed bottom hole location or that a right to drill this well at this location prossoul to a contract with an owner of such a mistered or working the period of the proposed bottom hole location or a computatory peoling of relative form entered by the dritteen. 4/27/201 Senature Amithy Crawford Printed Narvo Acrawford @cimarex.com B-mail Address 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
990'	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:
, 1650'	
1	Certificate Number
The state of the s	A STATE OF THE PARTY OF THE PAR