

bs, NM 88246
Fax: (575) 748-9720

HMBS OCD
JAN 09 2017
RECEIVED

NM 87400
Fax: (505) 334-6170

Arree, NM 87400
Fax: (505) 334-6170

Game Fe, NM 87501
Fax: (505) 476-3466

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

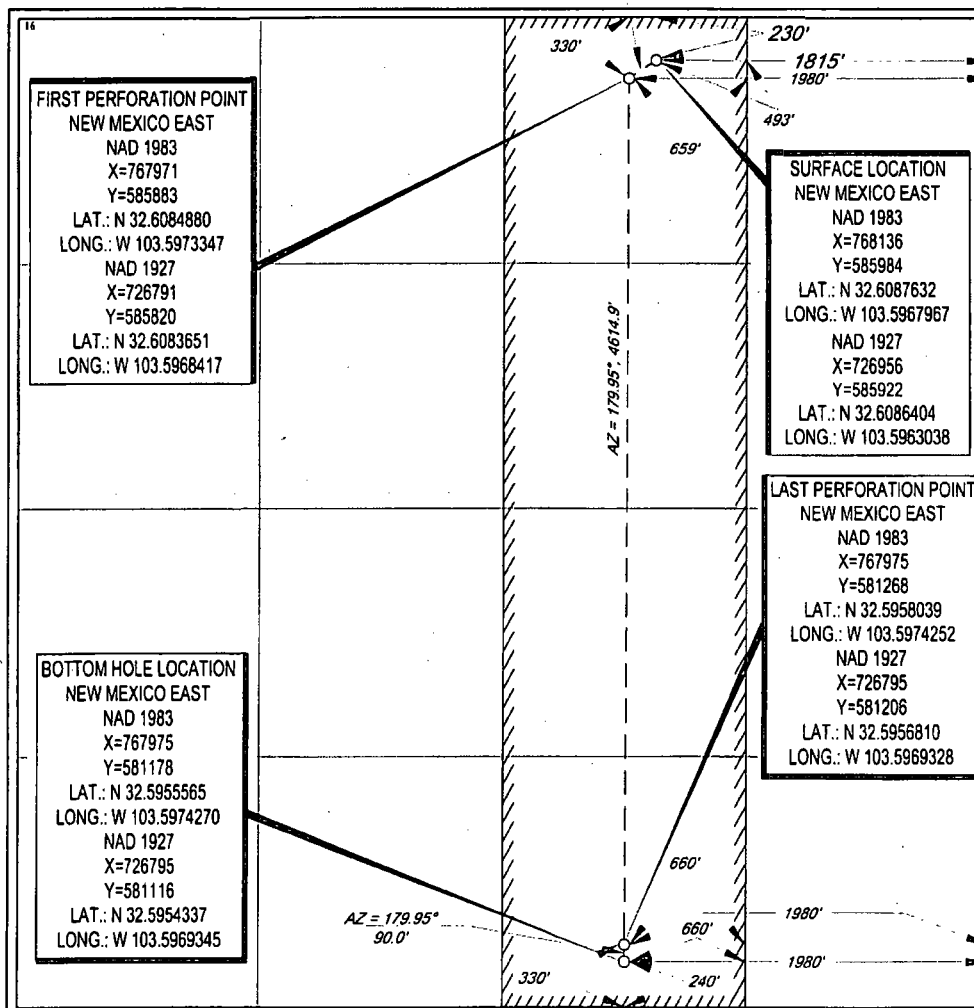
☐ **AMENDED REPORT**

¹ API Number 30-025- 44355	² Pool Code 96637	³ Pool Name TEAS; BONE SPRING, EAST
⁴ Property Code 320548	⁵ Property Name VERNA RAE FED COM	⁶ Well Number #123H
⁷ OGRID No. 228937	⁸ Operator Name MATADOR PRODUCTION COMPANY	⁹ Elevation 3620'

U/L or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
2	6	20-S	34-E	-	230'	NORTH	1815'	EAST	LEA

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	6	20-S	34-E	-	240'	SOUTH	1980'	EAST	LEA

¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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$$\frac{AZ = 238.45^\circ}{193.6'}$$


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 land location or has a right in drill this well on this location pursuant to a contract with the owner of such an mineral or working interest or in a voluntary pooling agreement or a compulsory pooling order to be formed entered by the division.

judicial order to enforce interest by the decision

 6-10-17

Signature Date

BRIAN WOOD

Printed Name brian@permitswest.com

E-mail Address (505) 466-8120

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 to the best of my belief.

03/16/2017

Date of Survey _____
Signature and Seal of Professional Surveyor _____

NEW YORK

18329

PRO

~~SECRET~~

PROFESSIONAL SURVEILLANCE

Certificate Number