

**NOBBS OCD**  
**FEB 14 2018**  
**RECEIVED**

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

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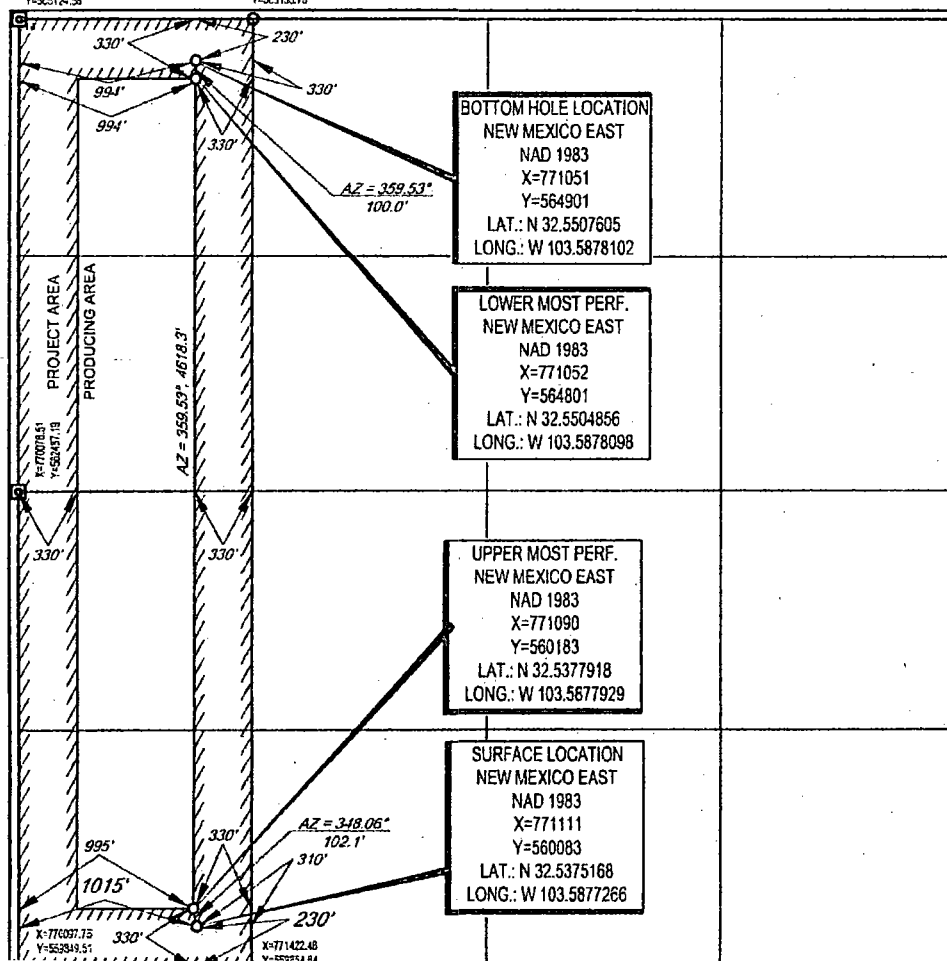
<sup>1</sup> API Number 30-025- <i>44477</i>		<sup>2</sup> Pool Code 37580	<sup>3</sup> Pool Name Lea; Bone Spring, South	
<sup>4</sup> Property Code <del>37580</del> <i>320792</i>	<sup>5</sup> Property Name DELLA 29 FEDERAL			<sup>6</sup> Well Number #606H
<sup>7</sup> OGRID No. 7377	<sup>8</sup> Operator Name EOG RESOURCES, INC.			<sup>9</sup> Elevation 3670'

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	29	20-S	34-E	-	230'	SOUTH	1015'	WEST	LEA

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	29	20-S	34-E	-	230'	NORTH	994'	WEST	LEA

<sup>13</sup> Dedicated Acres <b>160.00</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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X=770055.57      Y=771379.53  
Y=505124.53      Y=505133.78



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 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 Stan Wagon Date 7/26/17

Stan Wagner

Printed Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

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.

03/13/2017  
Date of Survey  
Signature and Title of Professional Surveyor

Date of Survey \_\_\_\_\_  
Signature of Professional Surveyor \_\_\_\_\_

**NEW MEXICO**  
**18329**  
**PROFESSIONAL SURVEYOR**

Certificate Number \_\_\_\_\_