

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
911 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Bravos Road, Aztec, NM 87410
Phone: (505) 334-6179 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
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

AUG 06 2018

☒ AMENDED REPORT
AS - Drilled

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-44188	Pool Code 96229	Pool Name Hesa Verde, Bone Spring
Property Code 320828	Property Name Hesa Verde BS Unit	Well Number 104
OGRID No. 16096	Operator Name OXY USA INC.	Elevation 3570.1'

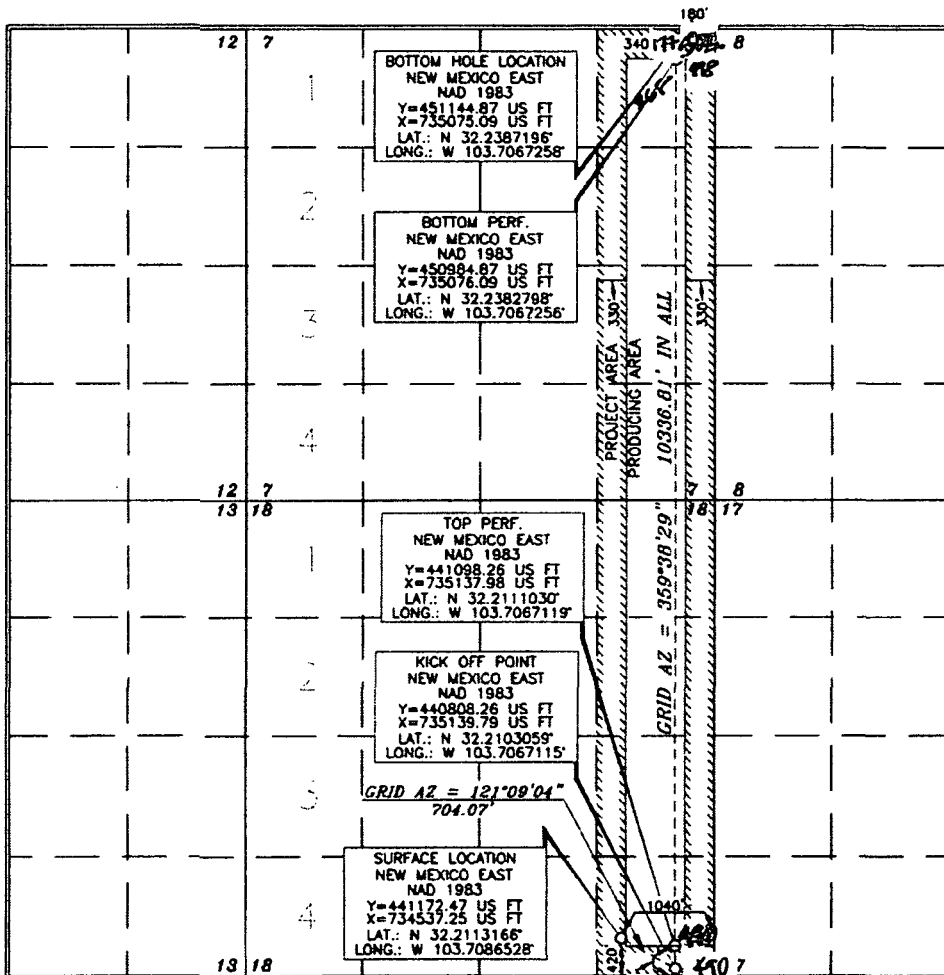
Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	18	24 SOUTH	32 EAST, N.M.P.M.		420'	SOUTH	1040'	EAST	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
A	7	24 SOUTH	32 EAST, N.M.P.M.		177	NORTH	502	EAST	LEA
Dedicated Acres	Joint or Infill	Consolidation Code	Order No.	FTP-129FSL 490' FEL LTP-368' FNL 498' FEL					

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 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.

For and on behalf of the division:
Signature: Sarah Chapman 8/2/18
Date: 8/2/18
Printed Name: Sarah Chapman
E-mail Address: sarah-chapman@oxy.com

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was placed 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.

15079
OCTOBER 2, 2015
Date of Survey
Signature and Seal of Professional Surveyor

15079
Certificate Number
3/14/2017