

HOBBS OCD

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 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

AUG 16 2018

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

RECEIVED

☒ AMENDED REPORT
As drilled

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-44192	Pool Code 90229	Pool Name Mesa Verde Bone Spring
Property Code 320828	Property Name MESA VERDE BS Unit	Well Number 13H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3571.6'

Surface Location

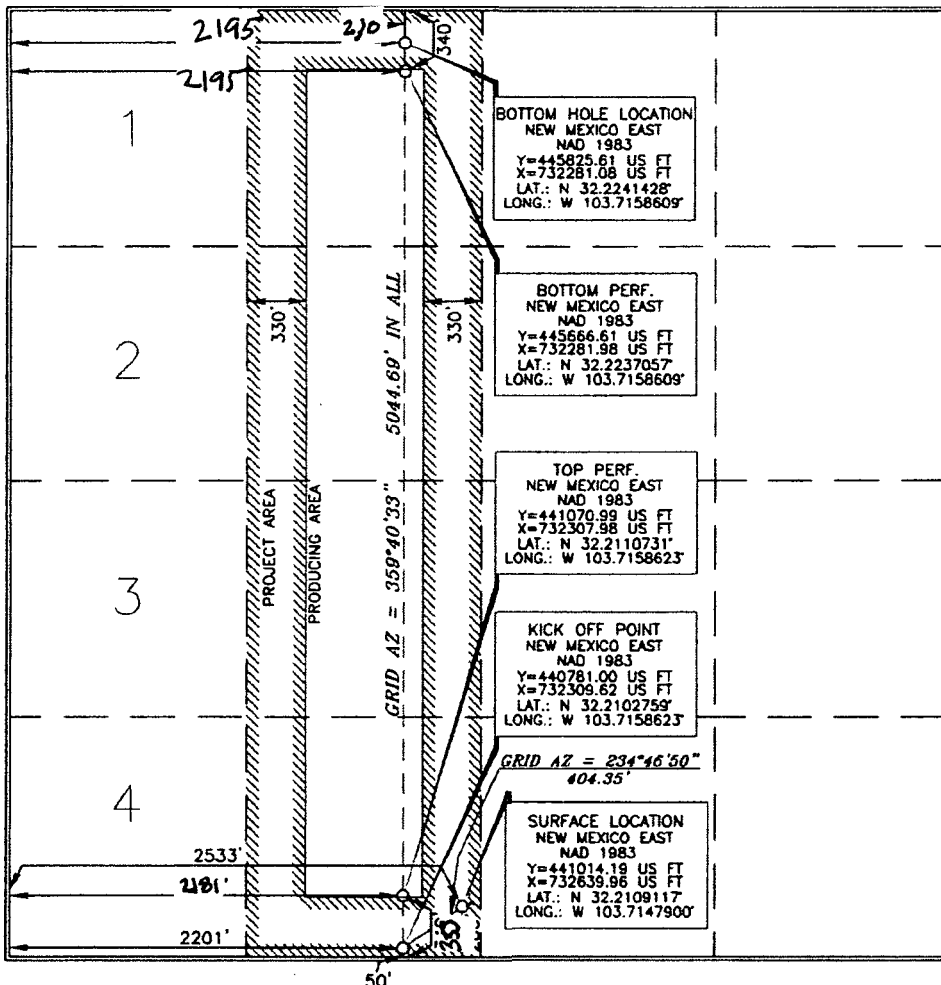
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	18	24 SOUTH	32 EAST, N.M.P.M.		280'	SOUTH	2533'	WEST	LEA

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	18	24 SOUTH	32 EAST, N.M.P.M.		230	NORTH	2195'	WEST	LEA

Dedicated Acres 100	Joint or Infill Y	Consolidation Code	Order No. FTP: 353' FSL 2181' FWL LTP: 359' FSL 2195' FWL
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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.

Signature of the Operator

Sarah Chapman 8/16/16

Signature

Printed Name
Sarah Chapman Oxy. ONI

E-mail Address

SURVEYOR CERTIFICATION

I hereby certify that the plat and map shown on this plat was prepared from field notes by personal surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

15079
OCTOBER 1, 2015

Date of Survey

Signature and Seal of Professional Surveyor

Terry J. Asch 9/29/2016
Certificate Number 15079

WO# 151001WL-a (Rev. A) (KA)