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Phone: (575) 393-6181 Fax: (575) 393-6182
District II
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Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Grande Road, Alamogordo, 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) 476-3463

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
AS-DRILLED**

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-45182	Pool Code	Pool Name W: Locat Wolfcamp
Property Code	Property Name LOST TANK "30-19" FEDERAL Com.	Well Number 31H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3609.0'

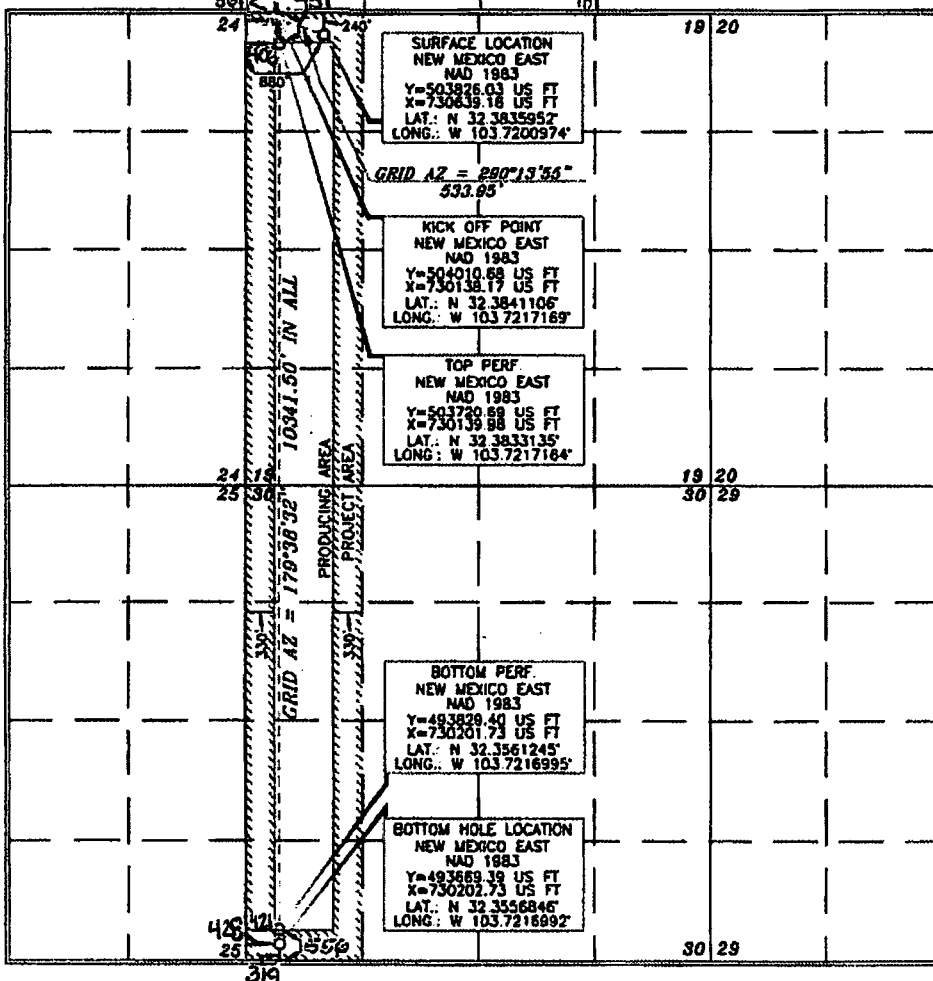
Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	19	22 SOUTH	32 EAST, N.M.P.M.		240'	NORTH	880'	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
M	30	22 SOUTH	32 EAST, N.M.P.M.		319'	SOUTH	428'	WEST	LEA
Dedicated Acres 320	Joint or Infill Y	Consolidation Code	Order No.	FTP/TP: 451' FNL 400' FWL LTP/BP: 556' FSL 421' FWL					

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. Authorized by the Operator Leslie Reeves 1/28/18 Signature Date LESUE REEVES Printed Name LESUE-REEVES@OXY.COM E-mail Address	SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from the original survey or from a survey made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey OCTOBER 6, 2017 Signature and Seal ERRY J. ASH Professional Surveyor 15079 Certificate Number
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