

jobs NM-88240
 1 Fax: (575) 393-0730
 a, NM-88210
 3 Fax: (575) 748-9720

FORM C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025- <i>85588</i>		² Pool Code 98094	³ Pool Name <i>POBCAT DRAW</i> WC 025 G 09 S253336D; Upper Wolfcamp	
⁴ Property Code 38481	⁵ Property Name CABALLO 23 FED			⁶ Well Number #709H
⁷ OGRID No. 7377	⁸ Operator Name EOG RESOURCES, INC.			⁹ Elevation 3343'

¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	23	25-S	33-E	- 0	300'	SOUTH	2032'	EAST	LEA

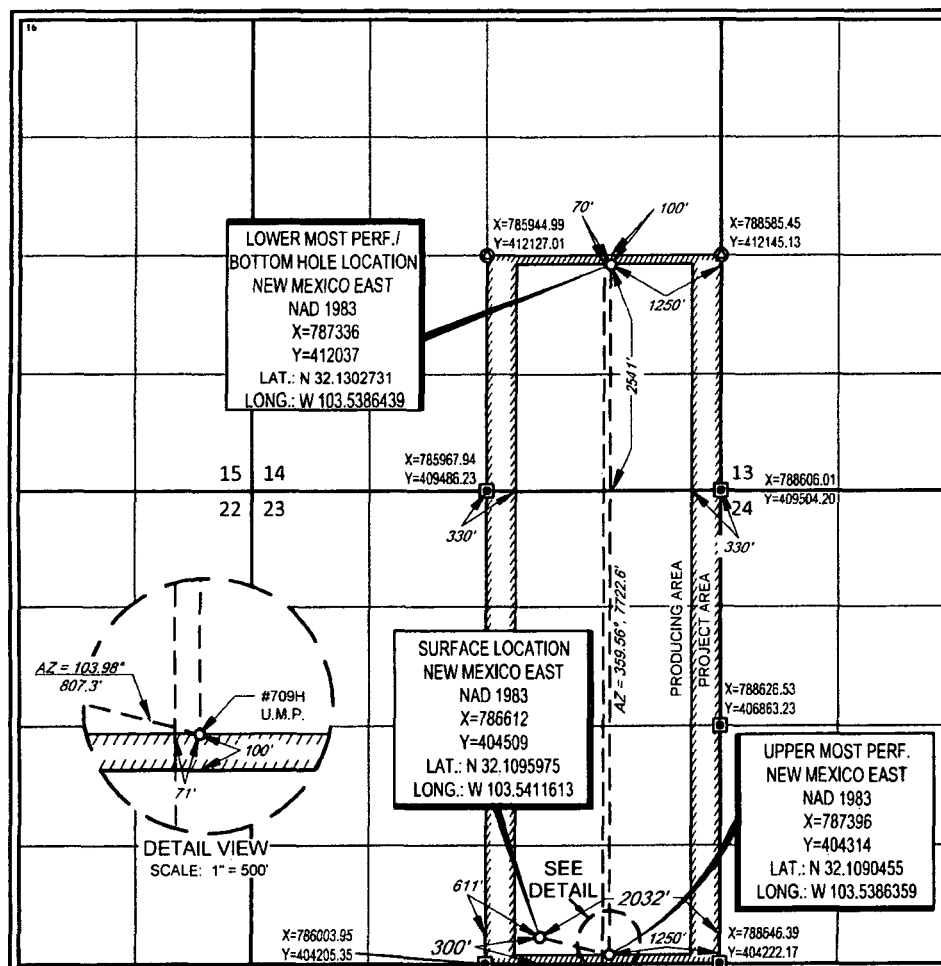
¹¹Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	14	25-S	33-E	-1	2541'	SOUTH	1250'	EAST	LEA

¹² Dedicated Acres 480.00	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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SEE AMENDED C-102

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.



¹⁷OPERATOR 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 heretofore entered by the division.

Signature: Alan Wagner Date: 8/29/18

Stan Wagner

Printed Name _____

E-mail Address _____

18 SURVEYOR CERTIFICATION

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.

01/26/2017
MICHAEL P. BROWN
NEW MEXICO
PROFESSIONAL SURVEYOR
18329
Date of Survey _____
Signature and Title of Professional Surveyor _____
Certificate Number _____