District 1

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATIONDIVISION

1220 South St. Francis Dr.

Santa Fe NM 87505

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

District IY				Salitare, INIVI 67303							
1220 S. St. Francis I	e, NM 8750	05						☐ AMENDED REPORT			
			WELL LO	CATIO	N AND ACR	EAGEDEDIC	<b>ATION PLA</b>	.T			
30-025-3824	r	<b>(</b>	7763		Vildcat; Strawn Wolfcamp						
Property Code				<sup>1</sup> Property Name					* Well Number		
36238 Dinwiddie 2			ldie 23 Feder	3 Federal							
OGRID No.			Operator Name					Elevation 3128 GR			
147179 Ch		Chesap	Chesapeake Operating Inc.						GR		
,					10 Surface	Location					
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line		County	
н	23	25S	35E		1400	North	660	East	Lea		
L.,			11 Bo	ottom Hc	ole Location If	f Different Fron	n Surface				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line		County	
н	23	25S	35E		1400	North	660	East	Lea		
" Dedicated Acres	" Joint of	r Infill	"Consolidation	Code "Or	rder No.						
320				1							

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. 16 **OPERATOR CERTIFICATION** I hereby certify that the information contained herem is true and complete to working interest or unleased mineral interest in the land including the proposed bottom hale location or has a right to drill this well at this location and to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pcoling order Shay Stricklin Printed Name 18SURVEYOR 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 and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number