District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Form C-102 Revised August 15, 2000

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

AMENDED REPORT

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| <sup>1</sup> API Number<br>30-025-36320 |                            | <sup>2</sup> Pool Code     | <sup>3</sup> Pool Name Eight Mile Draw; Atoka NW (Gas) |                        |  |
|---|----------------------------|----------------------------|--|------------------------|--|
|   |                            | 97028                      |  |                        |  |
| <sup>4</sup> Property Code              |                            | <sup>5</sup> Property Name |  |                        |  |
| 32256                                   |                            | 2                          |  |                        |  |
| <sup>7</sup> OGRID No.                  | <sup>8</sup> Operator Name |                            |  | <sup>9</sup> Elevation |  |
| 025575                                  |                            | 4143' GR                   |  |                        |  |

UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line County M 15 115 34E 660 South 660 West Lea

11 Bottom Hole Location If Different From Surface Lot Idn UL or lot no. Section Township Range Feet from the North/South line Feet from the East/West line County 12 Dedicated Acres <sup>13</sup> Joint or Infill <sup>14</sup> Consolidation Code <sup>15</sup> Order No. 320

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

|              | NON-SIMINDA                           | IND CIVIT HAS DEEN A | TITRO VED DI TITE DI | VISION   |
|--------------|---------------------------------------|----------------------|----------------------|--|
| 16           |                                       |                      |                      | <sup>17</sup> OPERATOR   |
|              |                                       |                      |                      | CERTIFICATION  |
|              |                                       |                      |                      | I hereby certify that the information contained herein is  |
|              |                                       |                      |                      | true and complete to the best of my knowledge and belief.  |
|              |                                       |                      |                      | Signature  |
|              |                                       |                      |                      | L  |
|              |                                       |                      |                      | Printed Name   |
|              |                                       |                      |                      |  |
|              |                                       |                      |                      | Stormi Davis Title   |
|              |                                       |                      |                      |  |
| ·            |                                       |                      |                      | Regulatory Compliance Technician   |
|              |                                       |                      |                      | Date   |
|              |                                       |                      | _                    | 10-28-03   |
|              | · · · · · · · · · · · · · · · · · · · |                      |                      | 18SURVEYOR <sup>©</sup>  |
|              |                                       |                      |                      | CERTIFICATION &  |
|              |                                       |                      |                      | I hereby certify that the well location shown on this plat   |
|              |                                       |                      |                      | was plotted from field notes of activity surveys mails by me<br>or under my supervision, and that the same is pair and                             |
|              |                                       |                      |                      | was plotted from field notes of actual surveys made by me or under my supervision, and that the same is pale and correct to the best of my belief. |
|              |                                       |                      |                      | 3  |
|              |                                       |                      |                      | Date of Survey   |
|              |                                       |                      |                      | Signature and Seal of Professional Surveyor, 61 81   |
| したの' VA-1897 | ,                                     |                      |                      |  |
| 660' VA-1897 |                                       |                      |                      | See Original Plat  |
| 660'         |                                       |                      |                      | Certificate Number   |
| و۔           |                                       |                      |                      |  |
|              |                                       |                      |                      |  |