State of New Mexico Energy, Minerals & Natural Resources Department

Form C-102 Revised August 15, 2000

1625 N. French Dr., Hobbs, NM 88240 District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

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

OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe. NM 87505

Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number				² Pool Code		³ Pool Name				
30-025-01017			03990	Bagley; Siluro Devonian						
⁴ Property Code					5 Property !	Vame	'we			
24979				3						
OGRID No.				⁹ Elevation						
164070				4268'						
L					¹⁰ Surface	Location				
UL or lot no.	Section 35	Township 11-S	Range 33-E	Lot Idn	Feet from the 1980	North/South line South	Feet from the 660	East/West line West	County Lea	
<u> </u>	L		11 Bo	ottom Ho	le Location I	Different Fror	n Surface			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
L	35	11-S	33-E		1819817	South	868 869	West	Lea	
12 Dedicated Acre	s 13 Joint o	r Infill 14 C	onsolidation	Code 15 Or	der No.					

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		,	Sec 35, T11S, 33E	¹⁷ OPERATOR CERTIFICATION
				I hereby certify that the information contained herein
	,			is true and complete to the best of my knowledge and
				belief.
				Signature Claren 4
				David Plasiance
				Printed Name
				VP Exploration & Production
				Title
				12/3/2003
				Date
				18SURVEYOR CERTIFICATION
BTC 3				I hereby certify that the well location shown on this
1818 FSL, 868 FWL 18 17/5 868/10				plat was plotted from field notes of actual surveys
18175 86970				made by me or under my supervision, and that the
•				same is true and correct to the best of my belief.
				Sagar Sagar
				Date of Survey
				Signature and Seal of Professional Survivor.
				130 S
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
				Date of Survey Signature and Seal of Professional Survey Signature and Seal of Professional Survey Color of 8 L 9 G 7 C 1
		1		Certificate Number