

DISTRICT I 1525 N FRENCH DR , HOBBS, NM 88240 State of New Mexico

JUL 26 2010

Energy, Minerals and Natural Resources Department

DISTRICT II 1301 W. GRAND AVENUE, ARTESIA, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

1220 SOUTH ST. FRANCIS DR. Santa Fe, New Mexico 87505

Form C-102 OIL CONSERVATION DIVISION Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

DISTRICT IV

DISTRICT III

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

SU 3 SI. PRANCES DR., SANIA PE, NE DIOUS				
API Number 30-015-39292	Pool Code 44500	Pool Name Maljamar; Yeso, West		
Property Code 302519	Property MC FED			
OGRID No. 229137	Operator COG OPERA			

Surface Location

	UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Ì	L	21	17-S	32-E		2310	SOUTH	815	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
Dedicated Acre	s Joint o	r Infill Co	nsolidation (Code Or	der No				
40									

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 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.
40.32 7' 40.36 0' 600' 7 40.28 3' 4016 9' 4028 3'	GEODETIC COORDINATES NAD 27 NME Y=662156.8 N X=670950.2 E LAT.=32.819120 N LONG.=103.776872 W	Signature Date Kanicia Carrillo Printed Name SURVEYOR CERTIFICATION I bereby 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 Surveys AR Signature a Scal of Professional Surger OR 11-15-10-10-10-10-10-10-10-10-10-10-10-10-10-