## INSTRUCTIONS FOR COMPLETION OF FORM C-128

- 1. Operator shall furnish and certify to the information called for in Section A.
- 2. Operator shall outline the dedicated acreage for both oil and gas wells on the plat in Section B.
- 3. A registered professional engineer or land surveyor registered in the State of New Mexico or approved by the Commission shall show on the plat the location of the well and certify this information in the space provided.
- 4. All distances shown on the plat must be from the outer boundaries of the Section.
- 5. If additional space is needed for listing owners and their respective interests as required in question 3 of Section A, please use space below.

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| U.1.G.1        |          | † · · · · · |   | -        |
| LAND OFFICE    |          | † — —       |   |          |
| TRANSPORTER    | OIL      | 1           |   |          |
| INAMA-ONIER    | GAS      | i           | Ì |          |
| PRORATION OFFI | CE       |             |   |          |
| OPERATOR       | 1        |             |   |          |

## NEW MEXICO OIL CONSERVATION COMMISSION

F=RM C=128 Revised 5/1/57

| SECTION A  Operator  Western Drilling Co.  Unit Letter  A 24  Actual Footage Location of Well:  Ground Level Elev.  Producing Formation  SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE  Well No.  Aikman Federal  Range  County  A 24  9-S  37-E  Lea  Ground Level Elev.  Producing Formation  Pool  Dedicated Acreage:  Dedicated Acreage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | U.S.G.S.           |              |             | WELL             | LOCATIO         | INA NI    | ACRE                        | AGE              | DED      | ICATION      | I PLAT           |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|-------------|------------------|-----------------|-----------|-----------------------------|------------------|----------|--------------|------------------|-----------------|
| Operator    Section A   Cause   Section   County   County | TRANSPORTER GAS    |              |             | 1                |                 |           |                             |                  |          |              |                  |                 |
| Nestern Drilling Co.   Aikman Faderal   Veil No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |              |             |                  |                 |           |                             |                  |          |              |                  |                 |
| Western Drilling Co.  Unit Letter Section   Township   Range   County   37-E   County   37-E    Actual Footage Location of the   N   line and   660   feet from the   Dedicated Acreage:   160   Acres   160   Acres | Operator SECTION A |              |             |                  |                 |           |                             |                  |          |              |                  |                 |
| Actual Footage Location of Fell:  Actual Footage Location of Fell:  Actual Footage Location of Well:  Actual | -                  | )p{]]{o      | C~          | <del>-</del>     |                 |           |                             |                  |          | <del></del>  | Well No          | 0.              |
| Actual Footage Location of Well:    660   feet from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |              |             | Township         |                 | Range     | Range County                |                  |          |              | 1                | <del></del>     |
| Ground Level Elev.  San Andres  Sanyer San Andres  Sanyer San Andres  Line  Dedicated Acreage:  160 Acres  18th Operator the only owner in the dedicated acreage outlined on the plat below? YES X NO ("Ouner" means the persuable has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (63-3-2) (e) NMSA 1935 Comp.)  If the answer to question one is 'no,' have the interests of all the owners been consolidated by communitization agreement or otherwise? YES NO X. If answer is 'yes," Type of Consolidation  If the answer to question one is 'no,' list all the owners and their respective interests below:  Land Description  CERTIFICATION  I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.  Name Position  Company  Meastern Drilling Co.  Date  1 hereby certify that the well location shown on the plat in SECTION B was plotted from field notes of acreal acreased and correct to the best of my knowledge and solved from field notes of acreal acreased and acreased acreased the position and the same is true and correct to the best of my knowledge and solved.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Actual Footogs I   | 24           |             | =                | <u>s</u>        |           |                             |                  |          | 4            |                  |                 |
| Ground Level Elev. Producing Formation Pool San Andres Dedicated Acreage:  3969 San Andres San Andres Dedicated Acreage:  1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES_X_NO ("Owner" means the persumble bas the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1933 Comp.)  2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES_NO_X. If answer is "yes," Type of Consolidation  3. If the answer to question two is "no," list all the owners and their respective interests below:  SECTION B  SECTION B  SECTION B  SUPERVISOR Company Western Drilling Co. Date  12-24-64  I hereby certify that the well location shown on the plat in \$ECTION B was plotted froid docts of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.  Date Surveyed Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |              |             | N                | line and        |           |                             | face '           |          |              |                  |                 |
| 1. Is the Operator the only owner in the deciated acreage outlined on the plat below? YES. X. NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |              |             | nation           |                 |           |                             | reet ff(         | om the   | E            |                  | 'cage'          |
| 1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES NO ("Owner" means the pers who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (\$5.3-3-29 (e) NMSA 1935 Comp.)  2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES NO X. If answer is "yes," Type of Consolidation  3. If the answer to question two is "no," list all the owners and their reappective interests below:  Owner  SECTION B  CERTIFICATION  1 hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.  Nama  Position  Supparvisor  Compain  Western Drilling Co.  Date  12-24-64  1 hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3969               |              | San Ar      | ndres            |                 |           | twyer Sa                    | in An            | dres     |              |                  | reage:<br>Acres |
| another. (65-3-29 (e) NMSA 1935 Comp.)  2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES. NO W. It answer is "yes," Type of Consolidation  3. If the answer to question two is "no," list all the owners and their respective interests below:  Owner    Land Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. Is the Operator | the only on  | mer in the  | e dedicata       | d acressos      |           |                             |                  |          |              |                  |                 |
| 2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | ,            | ore with to | produce          | from any pool a | and to an | ue plat bel<br>bropriate 12 | ow? Y<br>ie brod | ES_X_    | _ NO         | ("Owner" me      | eans the person |
| 3. If the answer to question two is "no," list all the owners and their respective interests below:    Cand Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | (6) 1411     | 13/11 17/7/ | Comp. i          |                 |           |                             |                  |          |              |                  |                 |
| 3. If the answer to question two is "no," list all the owners and their respective interests below:    Canad Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | wise? YES          | question of  | ne is "no   | )," have th      | he interests of | all the o | wners been                  | conso            | olidated | by communit  | ization agreem   | ent or other-   |
| SECTION B  CERTIFICATION  I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.  Name  Supervisor  Company  Western Drilling Coa  Date  12-22-62  I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |              |             |                  |                 |           |                             |                  |          |              |                  |                 |
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| I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.  Name  Position  Supervisor  Company  Western Drilling Co.  Date  12=24=64   I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |              |             |                  |                 |           |                             |                  |          |              |                  |                 |
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| I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.  Name  Position  Supervisor  Company  Western Drilling Co.  Date  12-24-64   I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |              |             |                  |                 |           |                             |                  |          |              |                  |                 |
| I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.  Name  Position  Supervisor  Company  Western Drilling Co.  Date  12-24-64  I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    | <del> </del> |             | SECTIO           | ON B            |           |                             |                  |          |              | CERTIFICATI      | ОИ              |
| in SECTION A above is true and complete to the best of my knowledge and belief.  Name  Position  Supervisor  Company  Western Drilling Co.  Date  12-24-64  I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | ļ            |             | f                |                 |           |                             | <del>1</del> €   |          |              |                  |                 |
| plete to the best of my knowledge and belief.  Name  Position  Supervisor  Company  Western Drilling Co.  Date  12-26-64  I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                  | 1            |             | 1                |                 | ļ         | I                           |                  |          |              |                  |                 |
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| Position Supervisor Company Western Drilling Co. Date 12-24-64  I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | i            |             |                  |                 | 1         |                             |                  | ļļ.      |              | • -              |                 |
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| I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |              |             |                  |                 |           |                             |                  |          | Position     | - Copul          | 7               |
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| I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | ļ            |             |                  |                 | 1         |                             |                  |          | Date         | LIL DTILLI       | -O.             |
| shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                  | 1            |             | ļ                | 1               | İ         |                             |                  |          | 12-24        | -64              |                 |
| shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b></b>            |              |             |                  | 7               |           |                             |                  |          |              |                  |                 |
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| shown on the plat in SECTION B 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |              |             | Ì                |                 | !         |                             |                  |          | I hereby ce  | rtify that the w | rell location   |
| 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 knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                  | į            |             |                  |                 | Ì         |                             |                  |          | shown on t   | he plat in SEC   | TION B was      |
| supervision, and that the same is true and correct to the best of my knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |              |             |                  |                 |           |                             |                  |          | plotted from | m field notes of | actual          |
| and correct to the best of my knowledge and belief.  Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |              |             |                  |                 | 1         |                             |                  |          |              |                  |                 |
| Date Surveyed  Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | <br>         |             |                  |                 | į         |                             |                  | J        | and correct  | to the best of   |                 |
| Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |              |             |                  |                 | +         |                             |                  |          | and belief.  |                  |                 |
| Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |              |             |                  |                 | ļ         |                             |                  |          |              |                  |                 |
| Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | 1            |             | -                |                 | ļ         |                             |                  |          | Date Survey  | <b>re</b> d      |                 |
| Registered Professional Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |              |             |                  |                 |           |                             |                  |          | Res          | T) (             |                 |
| 1 I I I I I I I I I I I I I I I I I I I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | į            |             |                  |                 | 1         |                             |                  |          | and/or I and | Protessional E   | ngineer         |
| Land Surveyor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | <u>.</u>     |             |                  |                 |           |                             |                  |          | ., Lau       | reyor            |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | -            |             |                  |                 |           |                             |                  |          |              | -                |                 |
| O 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0 Certificate No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | 1320 165     | × 1980      | Z310 2640<br>——— | 0 2000<br>      | 1500      | 1000                        | 500              | o        | Certificate  | No.              |                 |