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Elate of New Mexico

Energy, Minerais and Naturel Resources Department

Form C-102 Revised February 10, 1994 Instruction on back

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

DIST. CT H P.O. Prawer PP. Artesia, NM 88210

1000 Rio Brazos Ed., Aztec, NM 87410

DISTRICT III

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico 87504-2088

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	ACREAGE DEDICATION PL	ΑT
30-025-34066 Property Code	13460 96907 Wildcat Pool	Name
19254 OGRID No.	Property Name FEDERAL "D"	KA) Well Number
149441	Operator Name RELIANCE OPERATING CO.	Elevation
L or lot No. Section Towns	Surface Location	4059'

Township Range Lot idn Feet from the North/South line 0 Feet from the 31 9 S East/West line County 36 E 1120 SOUTH 1420 EAST LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range			rent From Sur			
fledisch					reet nom the	North/South line	Feet from the	East/West line	County
Dedicated Acres	Joint o	or profile Co.	nsolidation (Code Ore	der No.				
NO 4110	WADLE				NS L-	3838-P	-	•	٠.
··· · · · · ·	"ADLE N	TILL BE AS	SIGNED 1	O THIS	COMPLETION: 11				

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE. BEEN CONSOLIDATED

Senature James R. Berryman Printed Name Operations Supervisor Tue May 20, 1997 Date SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was platted from field notes of actual surveys made by me or under my supervisor and that the same it from and supervisors and that the same it from and correct to the best of my belief March-257:4997 Date Surveying Action March-257:4997 Date Surveying Action Action Action 1420: 1420: 1420: The first and surveying and the same is from and action shown on the same is from and that the same is from and action and that the same is from and action and that the same is from and action action and action action and action acti	 		OPERATOR CERTIFICATION I hereby certify the the information.
Printed Name Operations Supervisor True May 20, 1997 Date SURVEYOR CERTIFICATION I have by certify that the well location shown on this plan was plotted from field notes of actual surveys mode by me or under my supervison and that the same is true and correct to the best of my belief. Marcha-25m-1997 Date Surveys and Action Surveys and Professions Surveys of Signature & Sen, at Professions Surveys of Surveys of Signature & Sen, at Professions Surveys of Surveys			Signature
I hereby certify that the well location shown on this plan was plotted from field notes of actual surveys made by me or under my supervison and that the same is true and correct to the best of my belief. Marcha 25,74997 Date Surveyed 2.74 Johns Signature & Seal of Professional Surveyor			Operations Supervisor True May 20, 1997
Date Surveyadu.2' JOhnes Signature & Scal of Professional Shiveson'			I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervison and that the same is true will
		9 1420	Date Surveyed 27 - JOhn