

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT
HOBBS OFFICE O. C. C.

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

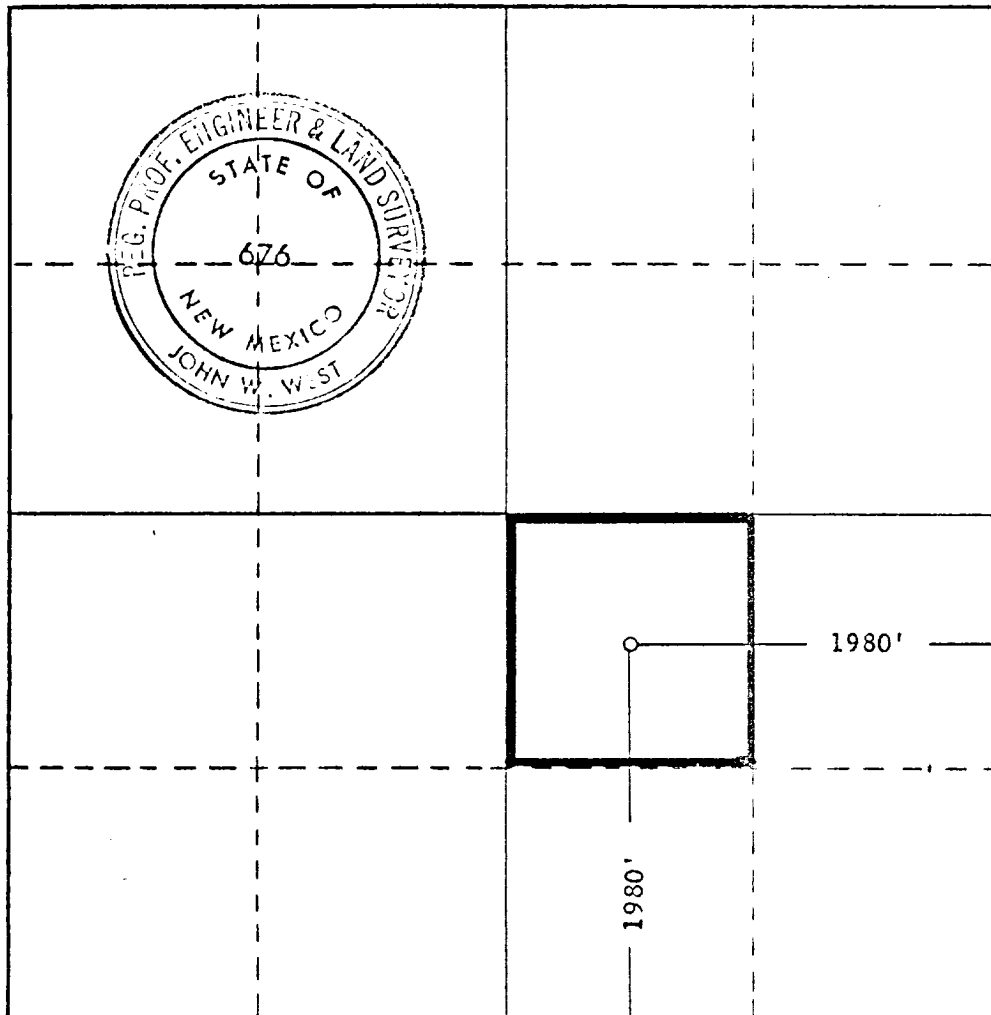
Operator PAN AMERICAN PETROLEUM CORP.		Lease MILLER FEDERAL		Well No. 1
Unit Letter J	Section 34	Township 7 SOUTH	Range 31 EAST	County CHAVES
Actual Footage Location of Well: 1980 feet from the SOUTH line and 1980 feet from the EAST line				
Ground Level Elev.	Producing Formation SAN ANDRES	Foot CATO SAN ANDRES	Dedicated Acreage 40	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name _____

Location _____

BOX 68, HOBBS, N. M. 88240

Company _____

PAN AMERICAN PETROLEUM CORPORATION

Date _____

5-29-67

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 supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

MAY 25, 1967

Registered Professional Engineer
and/or Land Surveyor

John W. West

Certificate No. _____

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