District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410

API Number

District IV

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

³ Pool Name

State Lease - 4 Copies Fee Lease - 3 Copies

Form C-102

AMENDED REPORT

PO Box 2088, Santa Fe, NM 87504-2088

¹ Pool Code

30-025-34991				Wildcat Morrow							
⁴ Property Code			¹ Property Name						' Well Number		
26018	Indig	Indigo State Unit							1		
'OGRID	No.	^t Operator Name							' Elevation		
025575		Yates Petroleum Corporation							4123' GR		
¹⁰ Surface Location											
UL or lot no.	Section	Township	p Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West	line	County	
A	7	12S	35E		660	North	660	East		Lea	
11 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	
			1		1	1					
12 Dedicated Acre	⇔ ¹¹ Joint	or Infill	⁴ Consolidatio	n Code 15	Order No.			<u> </u>		L	
320											
NO ALLOV	VABLE '	WILL BE	ASSIGNE	D TO TI	HIS COMPLETI	ON UNTIL ALL	INTERESTS H	AVE BEE	N CON	SOLIDATED	
		OR A	NON-ST	ANDARI	UNIT HAS B	EEN APPROVED	BY THE DIV	ISION			
16							¹⁷ OPE	RATOR	CERT	IFICATION	
						199	I hereby certi	I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief			
				1		66	o' Irue and com				
	İ										
								Signature Rusty Klein Printed Name			
				1							
							Signature				
							- 1				
							11				
					j		Operation	Operations Technician			
				1			18	December 2, 2000			
				l l		Date					
			 				18SURV	EYOR C	ERTI	FICATION	
								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			
							16				
	- 1	•	' -				and correct to				
	ļ						REFER T		NAL P	LAT	
							Date of Survey Signature and Seal of Profe		essional Success		
							Signature and	Seal of Profes	sional Sur	veyer:	
				1							
							Certificate Nu	mber			
											