Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

P.O. Box 1980, Hobbs, NM 88240 **DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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990 1320 1650 1980 2310 2640

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section Well No. Operator LABRE Kinlaw Oil Corporation New Mexico "M" 1 Unit Letter Section Township Range County 36 15S 37E **NMPM** Actual Footage Location of Well: 1980 South 660 feet from the feet from the West line and line Dedicated Acreage: Ground level Elev. **Producing Formation** Pool 3690 Devonian South Denton 40 Acres 1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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 interest of all owners been consolidated by communitization,

unitization, force-pooling, etc.? ☐ No Yes 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 neccessary. 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 interest, has been approved by the Division. OPERATOR CERTIFICATION 36 I hereby certify that the information contained herein in true and complete to the best of my knowledge and belief. Signature Printed Name Landma Company Kiulaw Date 8-17-9 SURVEYOR CERTIFICATION 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 and correct to the best of my knowledge and belief.

2000

1500

1000

500

0

Date Surveyed

Signature & Seal of Professional Surveyor

Certificate No.