District I PO Bex 1980, Hobbs, NM 88241-1980 State of New Mexico
Energy, Minerals & Natural Resources Departs

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

Form C-102 Revised October 18, 1994 Instructions on back

District II 811 South First, Artesia, NM 88210 Submit to Appropriate District Office State Lease - 4 Copies

District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV

Fee Lease - 3 Copies

2040 South Pacheco, Santa Fe. NM 87505

MENDED REPORT

WEL	WELL LOCATION AND ACREAGE DEDICATION PLAT							
	¹ Pool Code	Pool Name						
42	1777	Shipp Strawn West CASEY STrawn						

API Number		¹ Pool Code	Shipp Strawn West CAS	EY STrAWN	
30-025-0	5272	10231	operty Name	* Well Number	
1 Property Code			Operay Ivano	1	
2/5/3	Z/5/3 Home Stake				
'OGRID No.				3789' GL	
164832	Fortu	ne Operating Comp	any		
		¹⁰ Sut	face Location		

					Surrect	200011011			
		Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
UL or lot no.	Section		1		660'	South	660'	West	Lea
M	28	168	37E	l		f Different En	om Surface		

11 Bottom Hole Location If Different From Surface

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
12 Dedicated Acr	us ¹³ Joint	or infill 14	Consolidatio	n Code 15 (Order No.	1	1		_1
160 🕱	N N		T.	i		ON UNTIL ALL	INTERESTS I	IAVE BEEN CO	NSOLIDATED

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

NO ALLOWIDE	OR A NON-STAN	DARD UNIT HAS BE	EN APPROVED BY	THE DIVISION
				17 OPERATOR CERTIFICATION
16			N. A.	I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
			·	Alm Lu
				Gene Lee
				Printed Name
				Gene Lee Take
				<u>Agent</u> Dole 8-15-97
				18SURVEYOR CERTIFICATION
				I hereby certify that the well location shown on this plat was plosted 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 belief.
				Date of Survey
//				Signature and Scal of Professional Surveyer:
660-0	*			
660-				Certificate Number

