## STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-102 Revised 10-1-78

|  |                | All distances m | ust be from | he outer bounds | ries of the Section | n.                   |  |            |
|--|----------------|-----------------|-------------|-----------------|---------------------|----------------------|--|------------|
| Operator<br>Mobil Producing  | <br>[X. & N.M. | Inc.            | Led<br>St   | ate Sec. 3      | 31                  |                      | Well No.   |            |
|  |                | Township        |             | Range           | County              | <del></del>          |  |            |
| C Secti  | 31             | 16-S            |             | 34 <b>-</b> E   | Lea                 |                      |  |            |
| Actual Footage Location of 660 feet  |                | rth 1           |             | 1980            | : 44 4 4b           | West                 | F  |            |
| Ground Level Elev.   | Froducing Form |                 | ne and      |                 | feet from the       | Wes                  | Dedicated Acreage:   |            |
| 4125' GR   | Lower Wol      |                 | 4           | Cemnitz         |                     |                      | 80 Acre  |            |
| 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. |                |                 |             |                 |                     |                      |  |            |
| 2. If more than or interest and roy  |                | dedicated to th | ne well, ou | tline each ar   | nd identify the     | ownership th         | nereof (both as to workin  | g          |
| 3. If more than one dated by commu   |                |                 |             |                 | well, have the      | interests of         | all owners been consoli  | i-         |
| Yes  | No II an       | swer is "yes;"  | type of co  | nsolidation _   |                     |                      |  | -          |
| If answer is "ne this form if nece   |                | wners and trac  | t descripti | ons which ha    | ive actually be     | een consolida        | ated. (Use reverse side o  | 1.         |
| No allowable wi  | ll be assigne  |                 |             |                 |                     | -                    | munitization, unitization<br>approved by the Divisio               |            |
|  |                |                 |             | !               |                     |                      | CERTIFICATION  |            |
|  |                |                 |             | 1               |                     | I hereby o           | ertify that the information con                                    |            |
| 1-1  | · ·            |                 |             | i               |                     | 1                    | ein is true and complete to the                                    |            |
|  |                |                 |             | i               |                     | best of my           | knowledge and belief.  |            |
| 5  |                |                 |             | 1               |                     | 218                  | 1 to   |            |
|  | <br>           |                 |             |                 |                     | Name                 | Tim  | $\neg$     |
|  |                |                 |             | i               |                     | G. E. Tat            | te   | <b></b> -∤ |
| . ·  | }              |                 |             | i               |                     |                      | eg. Manager  |            |
|  |                |                 |             | 1               |                     | Company<br>Mobil Dro | oducing TX. & N.M. I   | no         |
|  | <b>,</b>       | ļ               |             | i i             |                     | Date                 | ducing in. a N.M. 1  | -110       |
|  |                |                 |             | i<br>i          |                     | June 24,             | 1986   | _          |
|  | <br>           |                 |             |                 |                     |                      |  |            |
|  |                | ĺ               |             | 1               |                     | 1                    | certify that the well location<br>this plat was platted from field |            |
|  | -              |                 |             | 1               |                     | ł                    | ictual surveys made by me or                                       | 1          |
|  |                |                 |             |                 | İ                   | ·                    | supervision, and that the same                                     | 1          |
|  |                |                 |             | ļ               | Ī                   |                      | nd correct to the best of my<br>and belief.                        | .          |
|  |                |                 |             |                 |                     |                      |  | Ì          |
|  |                | ŀ               |             | i               |                     |                      |  |            |
| •  | ,              |                 |             | 1               |                     | Date Surveye         | rd .   |            |
| ;<br>!   |                |                 |             | i<br>i          |                     | Registered P         | rolessional Engineer   | $\dashv$   |
| !  |                |                 |             | i               |                     | and/or Land          | Surveyor   |            |
| <br>   |                |                 |             | !               |                     |                      |  |            |
| 7.000  | -              |                 | 7           | 7               |                     | Certificate N        | 0.   | $\neg$     |