

Form C-102
Revised February 10, 1984
Instruction on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

				OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. <i>William R. Crow</i> Signature William R. Crow Printed Name President Title 8-18-95 Date
				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 supervision and that the same is true and correct to the best of my belief. AUGUST 16, 1995 Date Surveyed <i>GARY G. EIDSON</i> Signature Professional Surveyor NEW MEXICO 12641 8-17-95 W. B. Turn. 95-11-1544 Certificate No. 678 3239 12641
		VA-644 VC-11 1650' 1650'	1650'	

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