NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

| Section A. | | | | | | Date8-30-57 | | | | | |
|-------------|---------------|--|---------------|---------------------------------------|------------------|--|--------------------|--|--|-----------|--|
| Operat | or Gulf | Oil Corp | • | | Lease | D | an W. Ha | rdin | | | |
| Well N | lo. <u>3</u> | _Unit Lette: | r I | Section_ | 18 | | Township_ | 18/S | Range <u>38 E</u> | NMPM | |
| Locate | d <u>1980</u> | Feet F | rom | South Lin | ne , | 660 | Fee | t From | East | Line | |
| | | ng Formation | | _levation | | | _Dedicated Pool | d Acreage_ | - H | _Acres | |
| la Is | the Oper | ng roimation ator the on | lv owne | er* in the | dedic | ated a | | tlined on | the plat below? | , | |
| Ye | s X | No | | | | | | | | | |
| co | nsolidate | | itizat: | ion agreeme | | | | | owners been If answer | is | |
| 3. If | | | | | list | all th | ne owners | and their | respective inte | erests | |
| F | Owner | | | | | Land Description | | | | | |
| | | | · | | | | | | | · | |
| | | | | | | | | | | | |
| Section | n. B | | ··· | · · · · · · · · · · · · · · · · · · · | | <u></u> | | ······································ | | | |
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| | | 1 | | | | | | informatabove is | to certify that tion in Section s true and comp best of my know | A lete | |
| | | 1 | | | 1 | | · | and bel | | reage | |
| | | | | - | - - | ······································ | | ((| 1 Corporation Operator) | | |
| | | | | | İ | | | - Committee | · Harris | 2 X | |
| | | | | | | | | Area Su Box 216 | oresentati√e) p t. of ^prod. 7. Hobbs, New M Addre <i>q</i> s | exico | |
| | | | | | | | | This is | to certify that | the | |
| | | 1 | | | l | | - 4401 | | cation shown on | | |
| | | Ì | | | | | 0-660- | • | Section B was p | | |
| | ٠ | 1 | | | | | | surveys | eld notes of act made by me or u rvision and that | under | |
| r | | | | | | | | same is | true and correc | t to | |
| | | | | | | | 1980 | the best belief. Date Su | t of my knowledgrveyed 8-27- | | |
| | | 1 | | | | | | Date Su. | n Whle | <i>t</i> | |
| | | <u> </u> | | | | · · · · · · · · · · · · · · · · · · · | | | red Professiona. r and/or Land S | | |
| 0 330 | 660 990 17 | BEO 1660 1980 | 2310 264 | 2000 | 1500 | ICCO | 900 (| Certifi | cate No. 676 | | |

(See instructions for completing this form on the reverse side)