District I PO Box 1900, Hobbs, NM \$2241-1900 District []

State of New Mexico
Energy, Minerals & Natural Renources Department

OIL CONSERVATION DIVISION

Form C-102 Revised February 10, 1994

PO Drawer DD, Artesia, NM 88211-0719

Instructions on back Submit to Appropriate District Office

District III 1000 Rio Brazos Rd., Aztec, NM 87416

State Lease - 4 Copies

Fee Lease - 3 Copies

PO Box 2088 Santa Fe, NM 87504-2088 District [V PO Box 2008, Santa Fe, NM 87504-2008

	☐ AMENDED REPORT
I I COLOTON	

WELL LOCATION AND ACREAGE DEDICATION PLAT API Number 1 Pool Code 30-025-23270 31920 HOBBS (G/SA) 1 Property Code 1 Property Name Well Number 10091 N. HOBBS (G/SA) UNIT 313 OGRID No. Operator Name · Elevation 020676 SHELL WESTERN E&P INC. 3657' GR

10 Surface Location

	UL or lot see.	Section	Township	Range	Lot Ida	Feet from the	North/South Lac		·		
	D	20	100	200	1	1	North South Line	Foot from the	East/West Lac	County	7
i	D	30	182	38E		405	NORTH	2272	ГЛСТ	150	1
				11 =	L	L		2212	EAST	LEA	
				" Rot	tom Ual	a Location L	CD:CC			L	1

11 Bottom Hole Location If Different From Surface

UL or lot so.	C. Al.	T = .:		1101	Troic Excation if Different From Surface						
OL OF ICE SO.	Section	Township	Range	Lot Ida	Feet from the	North/South Ene	Feet from the	East/West fine	County	\neg	
12 Dedicer . 1 Acr	es 13 Joint	or lafil "	Consolidatio	Code 14 O	order No	l	<u> </u>			- 1	
40	Υ		U		IA					\neg	
NO ALLOY	VABLE	WILL BE	ASSIGNE	р то ты	S COMPLETION	ON IDETTI ALL	D				

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

16		BEEN APPROVED B	THE DIVISION
	405.	2272'	17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my browledge and belief
			System Charles
			A. J. DURRANI Printed Name TECH MGR - ASSET ADMIN. Title 7/15/94 Date
			18 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 it must
			and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyer:
			Certificate Number