Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

State of New Mexico Livergy, Minerals and Natural Resources Department.

Form C-102 Revised 1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator					Lease				Well No.	
(45	URON	7181	In i	ú	1/20	GLEY	E-n ""		1	
Unit Letter	Section		ownship		Range	GLYE /	EU M	County	· · · · · · · · · · · · · · · · · · ·	
V	9		10	9	- Bo	22		1 1	-	
Actual Footage Loca	ation of Well:				_L	<u>ر د</u>	NM	PM L	EA	
1980		C								
Ground level Elev.	feet from the		TH	line and	1980	2	feet fr	om the $WE5$		
		roducing Fo	mation		Pool	_	^		Dedicated Acre	ige:
3675.0		EUEN	CIVE	es	WILDE	10159	KN KUL	COC	40	Acres
1. Outline	the acreage of	ledicated to 1	the subject v	well by colored pe	ncil or hachure	marks on the	plat below.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	110103
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).										
3. If more than one lease of different ownership is dedicated to the small have the interest of all and the small have the interest of all all and the small have the interest of all all and the small have the interest of all all and the small have the interest of all all all all all all all all all al										
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?										
Yes No If answer is "yes" type of consolidation										
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of										
this form if neccessary.										
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.										
	ı			-]		1		OPERAT	OR CERTIFIC	CATION
	i					i		I hereby	certify that th	e information
	i]		1	ĺ	contained herein	in true and c	omplete to the
	ļ		,	1		!		best of my knowl	edge and belief.	0,
	Į.					1	1		BASTOR	Ch. M
	ı			1		1		Signature	γ	
	ſ			ļ		İ			Kon	
İ	i					i ·		Printed Name		
<u> </u>				4		<u>_</u>		ADFO 1	חבת משובים	18.0
	Į.			1		1		Position	PLRAICEN	Wife.
	l			1				Pilan		10
	1			İ		1		Company	CON U.	<u></u>
	Ì					i		oompan,	- 0.3	
	j					i		125-15	<u>-90</u>	
	i					1		Date		į
	1					ļ				
	į							SURVEY	OR CERTIFIC	TATION
	7	, , , ,	, ,, ,,			+		JOR L	OK CERTIFIC	CATION
	<i>\</i>					1	1	I hereby certify	that the well I	ocation shows
	ř´			7		i		on this plat we	ing the well to	field notes of
	00.1			_		1		actual surveys	made by me	or under my
/	980 1		•			1		supervison, and	that the same	is true and
	1	- [1			•	correct to the		
				1		1		belief.		
	Ĺ	1		†		i				
	1//		////	4		1	ĺ	Date Surveyed		
	<u>-</u>	~~~		†		<u>+</u> -				ļ
	į.	\mathcal{Z}				1		Signature & Sea	l of	
	i	6		· ·				Professional Sur	veyor	
	1	ì		1		1				ļ
	i	j		ĺ		i				İ
	i					1				
	ļ			1		Į.				1
	ļ	ļ		ſ				Certificate No.		
				ł		1		Cerunicate 140.		j

0 330 660 9	990 1320	1650 1980	0 2310 2	2640 200	0 1500	1000	500 0			
					1500	1000	200 0	i		