

All distances must be from the outer boundaries of the Section.

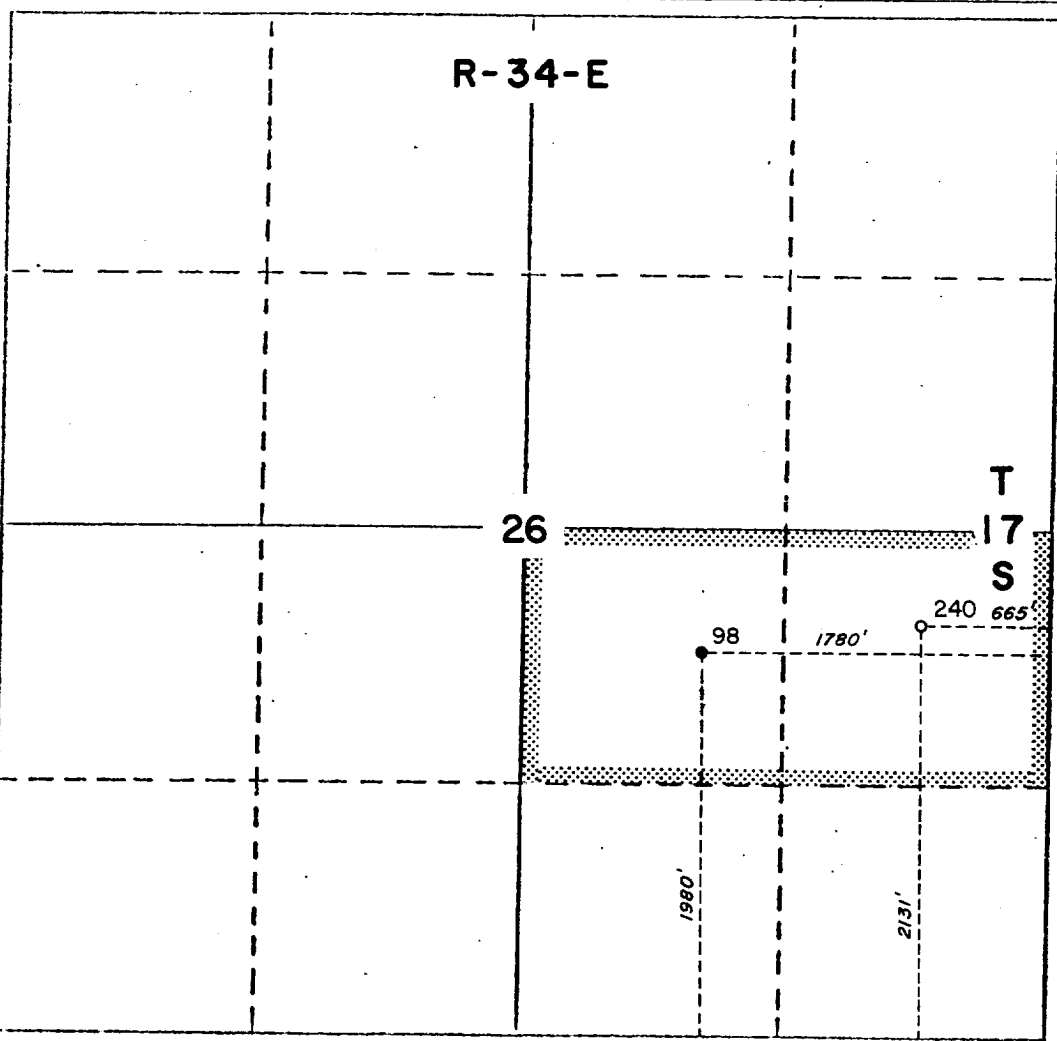
Operator <b>MOBIL PRODUCING TX. &amp; N.M. INC.</b>		Lease <b>North Vacuum Abo Unit</b>		Well No. <b>98</b>
Unit Letter <b>J</b>	Section <b>26</b>	Township <b>17<del>2</del></b>	Range <b>345</b>	County <b>Lea</b>
Actual Footage Location of Well: <b>1780</b> feet from the <b>East</b> line and <b>1980</b> feet from the <b>South</b> line				
Ground Level Elev.	Producing Formation <b>Abo</b>	Pool <b>Vacuum - North - Abo</b>	Dedicated Acreage: <b>80 (2 wells)</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
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 well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation unitized

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

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 interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*A. D. Bond*

Name

**A. D. Bond**

Position

**Regulatory  
Technician Supervisor**

Company

**MOBIL PRODUCING TX. & N.M. INC.**

Date

**June 21, 1984**

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 knowledge and belief.

Date Surveyed

Registered Professional Engineer  
and/or Land Surveyor

Certificate No.

330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

HOBBS OFFICE FORM C-128  
Revised 5/1/57

SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

APR 16 10 45 AM '64

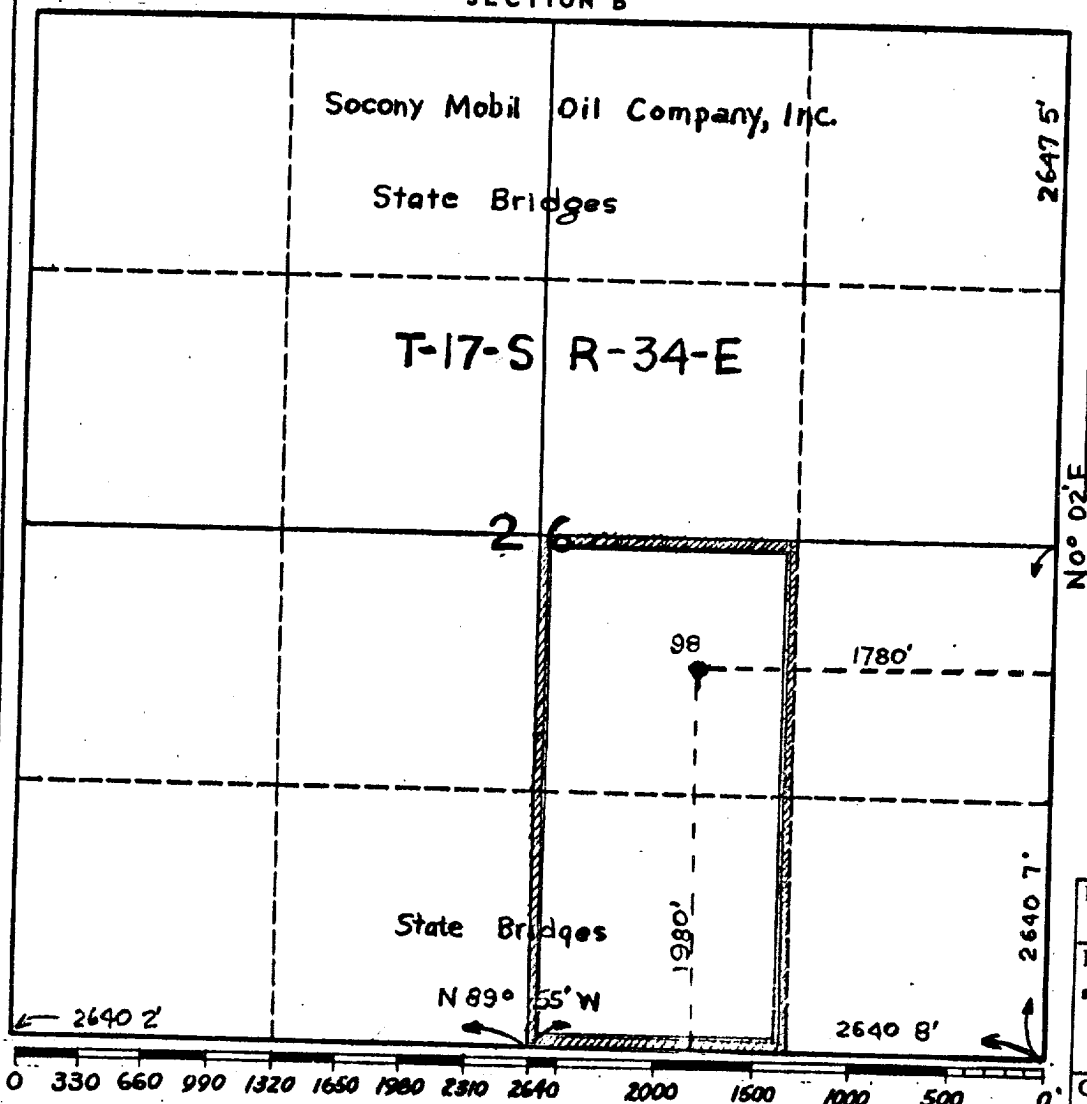
SECTION A

Operator <b>Socony Mobil Oil Company, Inc.</b>			Lease <b>State Bridges</b>		Well No. <b>98</b>
Unit Letter <b>J</b>	Section <b>26</b>	Township <b>17 S</b>	Range <b>34 E</b>	County <b>Lea</b>	
Actual Footage Location of Well: <b>1980</b> feet from the <b>South</b> line and <b>1780</b> feet from the <b>East</b> line					
Ground Level Elev. <b>4017</b>	Producing Formation <b>Lower Pennsylvanian</b>		Pool <b>Vacuum Lower-Pennsylvanian</b>		Dedicated Acreage: <b>80</b> Acres

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES ☒ NO ☐ . ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communization agreement or otherwise? YES ☐ NO ☐ . If answer is "yes," Type of Consolidation \_\_\_\_\_
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description

SECTION B



CERTIFICATION

I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.

Name J. J. Clemons  
Position Group Supervisor  
Company Socony Mobil Oil Co., Inc.  
Date April 15, 1964

I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.

Date Surveyed \_\_\_\_\_  
Registered Professional Engineer and/or Land Surveyor \_\_\_\_\_  
Certificate No. \_\_\_\_\_