District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Branos Rd., Aztec, NM 87410 District IV PO Box 2008, Santa Fe, NM 87504-2008

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

Form C-102 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number				Pool Code 6230D			Middle Pool Name					
30-025-20862 Property_Code				6 K		UM (WOLFCAM	P/PENN)					
Property Code				Propery Name					Well Number			
NM-536B STATE "DI OGRID No.				Operator Name					1			
15144 MOBIL PR 15144 *MOBIL E				ODUCING TX & NM INC. *						Elevation		
[101	15144 *MOBIL EXPLORATION & PRODUCING US INC. AS AGENT FOR MPTM 3987											
Ut of lot no. Section Township Range L of Idn Fast from the L Mark (0, of L) - The fast in Large State												
			Ĭ	-			North/South Line	Feet from the	East/West line		County	
		17–S				10	NORTH	535	WEST		LEA	
¹¹ Bottom Hole Location If Different From Surface												
UL or lot no.	SAME			Lot. Id			North/South Line	Feet from the	East/W	est line	County	
											2	
¹² Dedicated Acre	Citat 110.											
80 40 APPLIED FOR												
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEENCONSOLIDATED												
OR A NONSTANDARD UNIT HAS BEEN APPROVED BY THE DIVISION												
¹⁷ OPERATOR CERTIFICATION												
5	5			2				I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.				
×35 0 #1		/	2					inter ana complete	10 INC C	wat of my	knowledge and belief.	
	X											
ĸ	X	/	1									
			7								l	
XIIKIKIIIXIIIIII			IIIA				C.a. moore					
								Signature				
								C. A. MOORI	F			
							Printed Name					
								ENV. & REG	& REG. TECHNICIAN I			
								Title				
							<u>11-15-95</u>					
								¹⁸ SURVEYOR CERTIFICATION				
								was plotted from field notes of actual surveys made he			أأسل مامدي ويتوجوه الم	
								me or under my and correct to the best of	supervision, of my belief.	and th	at the same is true	
								N/A Desc of Survey				
								Signature and Scal of P				
								Administration of the second s	TORCERICINE S	urveyer.		
L									Certificate Number			