

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

FORM C-128
Revised 5/1/57

SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

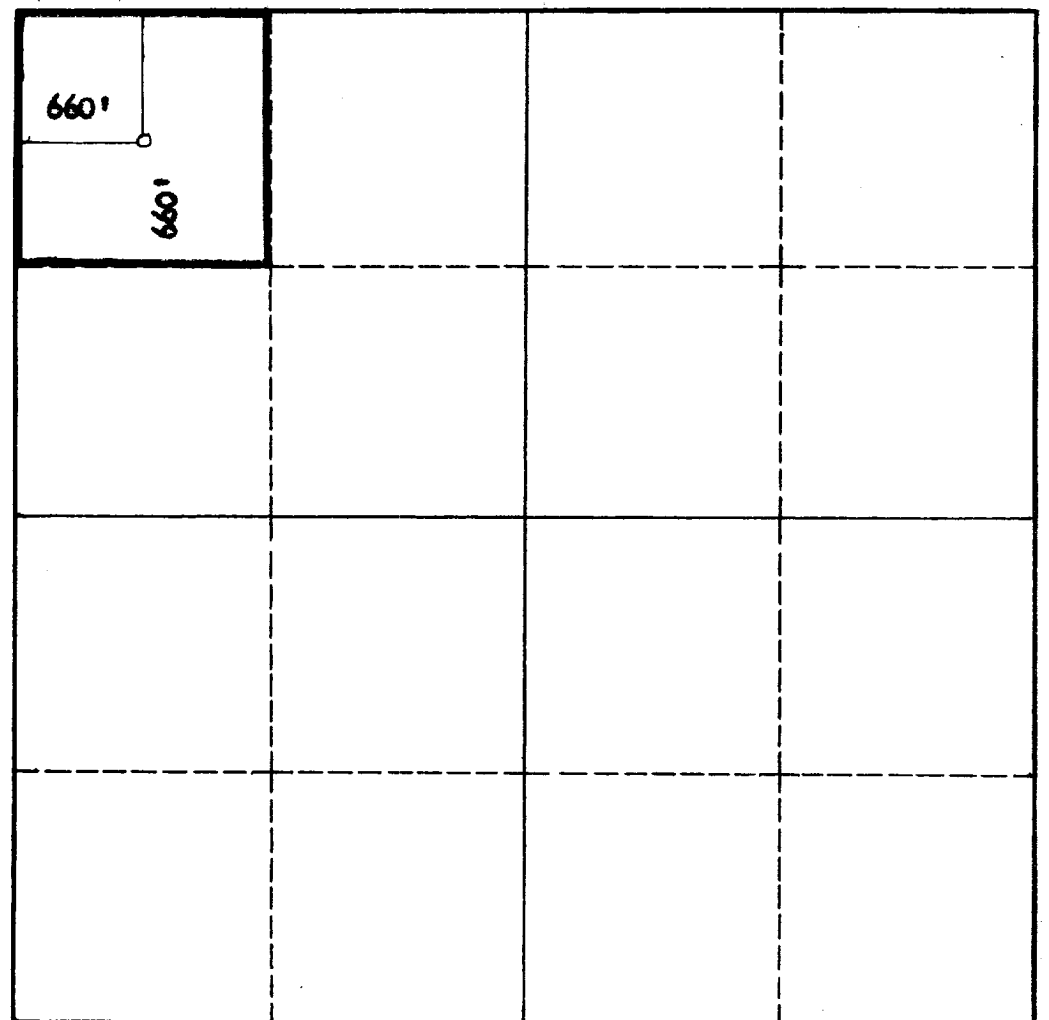
SECTION A

Operator Sinclair Oil & Gas Company		Lease 1660 APR 11 AM 9 20 State Lea 6019		Well No. 2
Unit Letter D	Section 16	Township 20-South	Range 33-East	County Lea
Actual Footage Location of Well: 660 feet from the North line and 660 feet from the West line				
Ground Level Elev.	Producing Formation Yates-Rivera Rivers		Pool West Team	Dedicated Acreage: 40 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 communitization 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
[Signature]
Position
Div. Clerk Prod. Dept.
Company
Sinclair Oil & Gas Company
Date
March 30, 1960

[Signature]
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
4/6/60
Registered Professional Engineer and/or Land Surveyor
[Signature]
Certificate No.
676

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

INSTRUCTIONS FOR COMPLETION OF FORM C-128

1. Operator shall furnish and certify to the information called for in Section A.
2. Operator shall outline the dedicated acreage for *both* oil and gas wells on the plat in Section B.
3. A registered professional engineer or land surveyor registered in the State of New Mexico or approved by the Commission shall show on the plat the location of the well and certify this information in the space provided.
4. All distances shown on the plat must be from the outer boundaries of the Section.
5. If additional space is needed for listing owners and their respective interests as required in question 3 of Section A, please use space below.

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐

Deliver *ONLY* to
addressee

☐

Show address where
delivered

(Additional charges required for these services)

RECEIPT

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE (must always be filled in)

US Boat Co

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

For 2 of 100

DATE RECEIVED

SHOW WHERE DELIVERED (only if requested)

JAN 20 1965

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

POD Form 3811 Sep. 1963

<p>INSTRUCTIONS: Fill in items below and complete instructions on other side, if applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article RETURN RECEIPT REQUESTED.</p>	<p>REGISTERED NO.</p> <p>CERTIFIED NO. 072630</p> <p>INSURED NO.</p> <p>NAME OF SENDER SINGHAR O. AGAS Co.</p> <p>STREET AND NO. OR P. O. BOX P.O. Box 1920</p> <p>CITY, STATE, AND ZIP CODE Hobbs, New Mexico</p>
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MARK OF
NO OFFICE

5962

RETURN TO
CARRIER

CSS-216-71548-6-P

POD Form 3811 Jan. 1958

INSTRUCTIONS: Fill in items below and complete #1 on other side, when applicable. Moisten gummed ends and attach to back of article. Print on front of article RETURN RECEIPT REQUESTED.

RETURN
TO

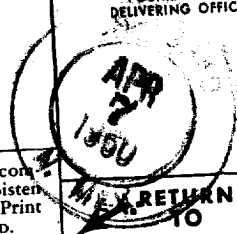
REGISTERED NO. 4246	NAME OF SENDER Lundin Oil & Gas Co.
CERTIFIED NO.	STREET AND NO. OR P. O. BOX 526 E. Bohung
INSURED NO.	CITY, ZONE AND STATE H. H. 74 704

DATE DELIVERED 4/8/40	
ADDRESS WHERE DELIVERED (only if requested in item # 1)	
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>J. J. Higgins</i>	
SIGNATURE OR NAME OF ADDRESSEE (must always be filled in) <i>J. J. Higgins</i>	
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RETURN RECEIPT	
(Additional charges required for these services)	
<input type="checkbox"/> Deliver ONLY to addressee <input type="checkbox"/> Show address where delivered	
# 1-INSTRUCTIONS TO DELIVERING EMPLOYEE	

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE
PAYMENT OF POSTAGE, \$300

POSTMARK OF
DELIVERING OFFICE



INSTRUCTIONS: Fill in items below and complete #1 on other side, when applicable. Moisten gummed ends and attach to back of article. Print on front of article RETURN RECEIPT REQUESTED.

POD Form 3811 Jan. 1958

REGISTERED NO. 4247	NAME OF SENDER Amelani Oil & Gas Co.
CERTIFIED NO.	STREET AND NO. OR P. O. BOX 520 E. Boling
INSURED NO.	CITY, ZONE AND STATE Hickory, N.C.

CSS-16-71548-4

#1-INSTRUCTIONS TO DELIVERING EMPLOYEE

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☐ Show address where delivered

(Additional charges required for these services)

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SIGNATURE OR NAME OF ADDRESSEE (must always be filled in)

C.S.B.C.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

APR 7 1960

ADDRESS WHERE DELIVERED (only if requested in item #1)