

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

* AFI Number		* Pool Code 22800	* Pool Name Eumont Yates 7 Rivers Queen
* Property Code 003077	* Property Name SANDERSON A		* Well Number 18
* OGRID No. 005073	* Operator Name CONOCO, INC.		* Elevation 3567

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot idn	Feet from the	North/South line	Feet from the	East/West line	County
J	11	20-S	36-E		1980	SOUTH	1920	EAST	LEA

" Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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¹³ Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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


18

1920'

1980'

17 OPERATOR CERTIFICATION

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


Signature
Jerry W. Hoover

Printed Name
Sr. Conservation Coordinator

Title 4/29/94
Date

"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 is true and correct to the best of my belief.

APRIL 12, 1994

Date of Survey _____

Signature and Seal of Professional Signatory

Earl Hunt



Certificate Number 8278