DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-102 Revised February 10, 1994 Instruction on back Submit to Appropriate District Office

W.O. No. 64908/

BASIN SURVEYS

7977

Certificate No. Gary Lindones

State Lease - 4 Copies Fee Lease - 3 Copies

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

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

## OIL CONSERVATION DIVISION

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

☐ AMENDED REPORT

|                |                                              |                                        | WELL LO                  | CATION    | N AND ACREA      | AGE DEDICATI                   | ON PLAT                              |                                                             |                 |  |
|----------------|----------------------------------------------|----------------------------------------|--------------------------|-----------|------------------|--------------------------------|--------------------------------------|-------------------------------------------------------------|-----------------|--|
| 30-025-33696   |                                              |                                        |                          | Pool Code |                  | Pool Name                      |                                      |                                                             |                 |  |
|                |                                              | 096                                    | L                        |           |                  |                                | UMENT ABO                            |                                                             |                 |  |
| Property Code  |                                              |                                        | Property Name            |           |                  |                                |                                      | Well Number                                                 |                 |  |
| OGRID No.      |                                              |                                        | W. A. Weir Operator Name |           |                  |                                |                                      |                                                             | 13<br>Elevation |  |
| 000495         |                                              | Amerada Hess Corporation               |                          |           |                  |                                |                                      | 3639'                                                       |                 |  |
| 000433         | <u> </u>                                     | 1                                      |                          | 7 4 . 10  | Surface Loc      | <del></del>                    |                                      |                                                             |                 |  |
| UL or lot No.  | Section                                      | Township                               | Range                    | Lot Idn   | Feet from the    | North/South line               | Feet from the                        | East/West line                                              | County          |  |
| C              | 35                                           | 19 S                                   | 36 E                     |           | 330              | North                          | 1650                                 | West                                                        | Lea             |  |
|                | <u>.                                    </u> | <u> </u>                               | Bottom                   | Hole Lo   | ocation If Diffe | erent From Sur                 | face                                 | L                                                           | L               |  |
| UL or lot No.  | Section                                      | Township                               | Range                    | Lot Idn   | Feet from the    | North/South line               | Feet from the                        | East/West line                                              | County          |  |
| Dedicated Acre | s Joint o                                    | r Infill Co                            | nsolidation              | Code      | order No.        | <u> </u>                       |                                      | l                                                           | <u></u>         |  |
|                |                                              |                                        | ABOUGACION               |           | ruer No.         |                                |                                      |                                                             |                 |  |
| 40             | N                                            |                                        | <u> </u>                 |           |                  |                                |                                      |                                                             |                 |  |
|                |                                              | OR A I                                 | NON-STAN                 | IDARD U   | NIT HAS BEEN     | UNTIL ALL INTER<br>APPROVED BY | THE DIVISION                         | SEN CONSOLIDA                                               | ALED            |  |
| 330,           |                                              |                                        |                          | OPERA)    |                  |                                |                                      | OR CERTIFICATION                                            |                 |  |
| 1650'          |                                              | <del></del> 0                          |                          |           |                  |                                | I hereby certify the the information |                                                             |                 |  |
|                | i                                            |                                        |                          |           | i                |                                | contained hereis                     | n is true and compl                                         |                 |  |
|                | į                                            |                                        |                          |           | İ                |                                | Oust by way whore                    | oledge and belief.                                          |                 |  |
|                | l                                            |                                        |                          |           | j                |                                |                                      |                                                             |                 |  |
| 1              |                                              |                                        |                          |           | 1                |                                | 1 Sicolingon                         |                                                             |                 |  |
|                |                                              |                                        |                          | +         | +                |                                | Signature                            | MIKE JUMPER Printed Name  ADM. SUPERVISOR DRILLING          |                 |  |
|                |                                              |                                        |                          |           |                  |                                |                                      |                                                             |                 |  |
|                |                                              |                                        |                          |           | 1                |                                | 11                                   |                                                             |                 |  |
|                |                                              |                                        |                          | }         |                  | Title                          |                                      | DEERVISOR DE                                                | TLLING          |  |
|                | ļ                                            |                                        |                          |           |                  |                                | 11-21-9                              | 96                                                          |                 |  |
|                | 1                                            |                                        |                          |           |                  |                                | Date                                 |                                                             |                 |  |
|                | !                                            |                                        |                          |           | ļ                |                                | SURVEYO                              | R CERTIFICAT                                                | ION             |  |
|                |                                              | ·- · · · · · · · · · · · · · · · · · · |                          |           |                  |                                | -{                                   |                                                             |                 |  |
|                |                                              |                                        |                          |           |                  |                                |                                      | that the well location shown is plotted from field notes of |                 |  |
|                | [<br>1                                       |                                        |                          |           | 1                |                                | cottant surveys                      | mode by me or                                               | under my        |  |
| ı              | }                                            |                                        |                          |           | 1                |                                |                                      | d that the sume is<br>e best of my belief                   |                 |  |
|                |                                              |                                        |                          |           |                  |                                |                                      | nber 12, 1996                                               | 5               |  |
| - <del></del>  | - <b></b> +                                  |                                        |                          | <u> </u>  |                  |                                | Date Surveye<br>Signature &          | Seal of                                                     |                 |  |
|                | 1                                            |                                        |                          | [         |                  |                                | Professional                         | Surveyor                                                    | ŧ.              |  |