

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

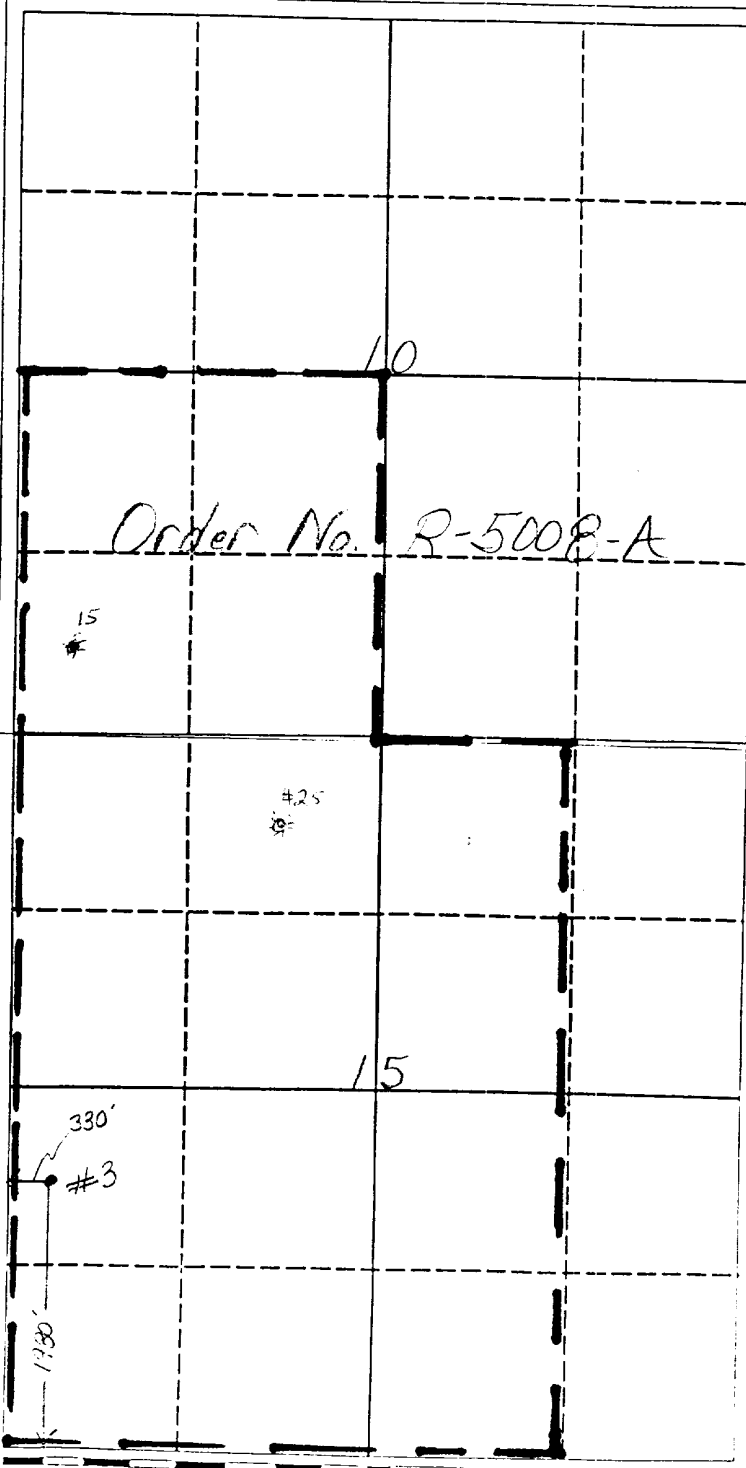
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator CONOCO INC.			Lease Br H B		Well No. #3
Unit Letter L	Section 15	Township 20S	Range 37E	County Lea	
Actual Footage Location of Well: 1980 feet from the South line and 330 feet from the West line					
Ground level Elev. 3552	Producing Formation Eumant	Pool Eumant Queen Gas		Dedicated Acreage: 640 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hectare marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
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, force-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature
W. W. Baker
Printed Name
W. W. Baker
Position
Adm. Supervisor
Company
Conoco Inc.
Date
October 4, 1989

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 knowledge and belief.

Date Surveyed
Signature & Seal of Professional Surveyor
Certificate No.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

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

Operator <i>Continental Oil Co</i>			Lease <i>Batt B</i>			Well No. <i>3</i>
Unit Letter <i>L</i>	Section <i>15</i>	Township <i>20-S</i>	Range <i>R-37E</i>	County <i>Lea</i>		
Actual Footage Location of Well: <i>1980</i> feet from the <i>south</i> line and <i>330</i> feet from the <i>west</i> line						
Ground Level Elev. <i>3552</i>	Producing Formation <i>Eument</i>		Pool <i>Queen</i>	Dedicated Acreage: <i>240</i> 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 _____

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 Commission.

This 240 acre non-standard gas proration unit was approved by commission order No R-5008

CERTIFICATION

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

Name
Ralph Founley
Position
Adm. Supervisor
Company
Continental Oil
Date
June 23, 1975

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.

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

NEW MEXICO
OIL CONSERVATION COMMISSION

Gas Well Plat

Date 4-22-55

Continental
Operator

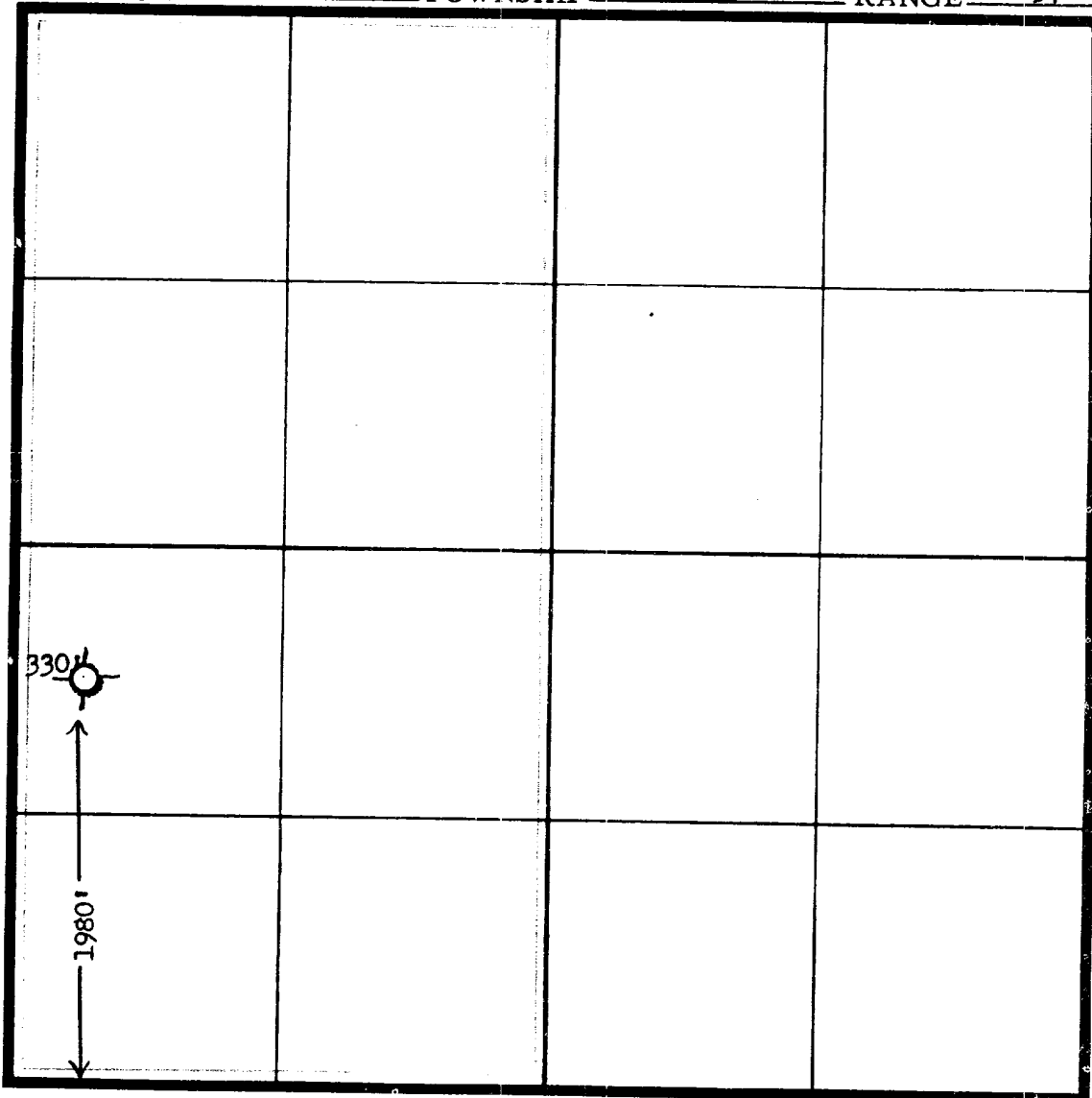
Britt R-15
Lease

3
Well No.

Name of Producing Formation Queen Pool Eumont

No. Acres Dedicated to the Well 320

SECTION 15 TOWNSHIP 20 RANGE 37



I hereby certify that the information given above is true and complete to the best of my knowledge.

Name W. H. K. K. K.
Position District Superintendent
Representing Continental Oil Company
Address Box 427, Hobbs, New Mexico.

(over)

INSTRUCTIONS

1. Is this gas well a dual completion? Yes _____ No ✓.
2. If the answer to Question 1 is Yes, are there any other
dually completed wells within the dedicated acreage?
Yes _____ No _____.

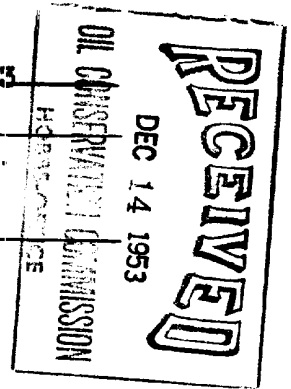
A separate plat must be filed for each gas well, outlining the area dedicated to such well and showing the location of all other wells (oil and gas) within the outlined area.

Mail in duplicate to the district office for the district in which the well is located.

NEW MEXICO
OIL CONSERVATION COMMISSION

Gas Well Plat

Date 11/4/53
Continental Oil Co. Britt B-15 3
Operator Lease Well No.
Name of Producing Formation Queen Pool Fumont
No. Acres Dedicated to the Well 160



SECTION 15 TOWNSHIP 20 RANGE 37

3 ⊙	5 ●		
4 ●	7 ●		

I hereby certify that the information given above is true and complete to the best of my knowledge.

Name Ed Milson
Position Dist. Supt.
Representing Continental Oil Co.
Address Box 427 Hobbs, N. M.

(over)

INSTRUCTIONS

1. Is this gas well a dual completion? Yes No ✓
2. If the answer to Question 1 is Yes, are there any
 other dually completed wells within the dedicated
 acreage? Yes No

A separate plat must be filed for each gas well, outlining the area dedicated to such well and showing the location of all other wells (oil and gas) within the outlined area.

Mail in duplicate to the district office for the district in which the well is located.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Britt B
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L	10. FIELD AND POOL, OR WILDCAT Eumont Queen Gas
14. PERMIT NO. 1980' FSL & 330' FWL 30-025-06102	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-20S, R-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) acidize	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- ① MIRU on 8/22/85.
- ② TOF @ 3487', 203' of fill.
- ③ CO. fill
- ④ Pmpd 12 bbls 15% HCL-NE-FE acid and flushed w/ 26 bbls TFW.
- ⑤ Rig down on 8/28/85



18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Administrative Supervisor DATE 10-31-85

(This space for Federal or State office use)

APPROVED BY FOR RECORD TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 4 1985

*See Instructions on Reverse Side