District I PO Box 1980, Hobbs. NM 88241-1980

District II PO Drawer DD, Artesia, NM 88211-0719 District III

1000 Rio Brazos Rd. Aztec, NM 87410 District IV

PO Box 2088, Santa Fe. NM 87504-2088

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Revised February 21, 19 instructions on ba

Submit to Appropriate District Offi

State Lease - 4 Copi Fee Lease - 3 Copi

**AMENDED REPOF** 

|  |         |                        | VELL LO         | CATIO           | N AND A                       | REAGE L          | EDIC | ATION PL  | AI   |                 |                    |            |
|--|---------|------------------------|-----------------|-----------------|-------------------------------|------------------|------|---|--|-----------------|--------------------|------------|
| API Number   |         |                        |                 | 2 Pool Code     |                               |                  |      | 3 Pool Name   |  |                 |                    |            |
| 30-025- 0 <i>5</i> 847                                   |         |                        | 7               | 79240           | Tnsl, Yts, 7-Rivers (Pro Gas) |                  |      |   |  |                 |                    |            |
| 4 Property Code  |         | 5 Property Name        |                 |                 |                               |                  |      | 6 Well Number   |  |                 |                    |            |
| 24671  |         |                        |                 | State 'A' A/C 2 |                               |                  |      |   | 38   |                 |                    |            |
| 7 OGRID No.  |         |                        |                 | 8 Operator Name |                               |                  |      |   |  | 9 E             | evation            |            |
| 162791   | Ra      | Raptor Resources, Inc, |                 |                 |                               |                  |      |   |  |                 |                    |            |
| 10 Surface Location                                      |         |                        |                 |                 |                               |                  |      |   |  |                 |                    |            |
| UL or lot no. Section                                    |         | Townsh                 | Township Range  |                 | Feet from the                 | North/South line |      | Feet from the East/We   |  | est line County |                    |            |
| K  | 9       | 228                    | 36E             |                 | 1980                          | South            | ١,   | 1580  | west   |                 | Lea                |            |
| 11 Bottom Hole Location If Different From Surface        |         |                        |                 |                 |                               |                  |      |   |  |                 |                    |            |
| UL or let no.  | Section | Townsh                 | ip Range        | Lot Idn         | Feet from the                 | North/South line |      | Feet from the East/M  |  | st line         | County             |            |
|  |         |                        |                 |                 |                               |                  |      |   |  |                 |                    |            |
| 12 Dedicated Acres                                       | 13 Join | nt or Infil            | 14 Consolidatio | n Code 15       | Order No.                     |                  | Î    |   |  | ·               | -                  |            |
| 480  |         | }                      |                 |                 |                               |                  |      | Applied For   |  |                 |                    |            |
| NO ALLOW   | VABLE   |                        |                 |                 |                               |                  |      |   |  | EN CON          | SOLIDATED          |            |
| OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION |         |                        |                 |                 |                               |                  |      |   |  |                 |                    |            |
| 16   |         |                        | 1.              |                 | 7                             | 11               |      | <b> </b>  | RATOR  | CERT            | IFICATION          |            |
| £  |         | <u> </u>               |                 | . ]             |                               |                  |      | I hereby certify that the information contained herein is<br>true and complete to the best of my knowledge and belief |  |                 |                    |            |
| uo' + 29   |         |                        | ".              | -               |                               |                  |      | true and comp   | dete to the be   | est or my kn    | owledge and belief |            |
| <b>1</b>   |         | (                      |                 |                 | 2                             |                  | _    | Ŧ   |  |                 |                    |            |
| <b>E</b>   |         | 2310                   |                 | İ               | <b>4</b>                      | 444 99           | 10   | *   |  |                 |                    |            |
|  |         |                        | #43             |                 | γ-                            | 70               |      |   |  | 3/2             | ally               |            |
| #30  |         |                        |                 |                 |                               |                  |      | Signature   |  |                 |                    |            |
|  |         |                        |                 |                 |                               | 1986'            |      | Bill R. Keathly Printed Name Regulatory Agent - Raptor  |  |                 |                    |            |
|  |         |                        |                 |                 |                               |                  |      |   |  |                 |                    | 7.         |
|  |         |                        |                 |                 |                               |                  |      |   | 10-4-99<br>Date  |                 |                    |            |
|  |         |                        |                 | 13451           |                               | \$67             |      | <u></u>   | **********   | ******          | 444444             | <b>.</b> E |
| £`   |         | N.                     |                 | Ī               |                               |                  |      | 18 SURV   | EYOR   | CERT            | IFICATION          |            |
|  |         | 5                      |                 | Ī               | ļ                             |                  |      |   | I hereby certify that the well location shown on this plat |                 |                    |            |
| 1980   |         | *38                    |                 |                 |                               |                  |      | was plotted from field notes of actual surveys made by me<br>or under my supervision, and that the same is true and   |  |                 |                    |            |
|  |         |                        | 1               | Ī               |                               |                  |      | correct to the  |  |                 |                    |            |
| Ė  | ŀ       |                        | Ā               | Ī               |                               |                  |      | <u> </u>  |  |                 |                    |            |
| 1440'  |         | ±72 8_                 |                 |                 |                               |                  |      | Date of Survey  |  |                 |                    |            |
|  |         | F                      |                 | <del>I</del>    |                               |                  |      | Signature and   | Seal of Prof   | essional Su     | rveyor:            |            |
|  |         | ì                      |                 | ŧ               |                               |                  |      |   |  |                 |                    |            |
|  | .       | +10'                   |                 | Ī               |                               |                  |      | 11  |  |                 |                    |            |
| ( 1980'  |         | <b> </b> `             | # 1             | Ī               |                               |                  |      |   |  |                 |                    |            |
|  |         |                        | ₩.              | Ī               |                               |                  |      |   |  |                 |                    |            |
|  |         |                        | 8-              | Ī               |                               |                  |      | Certificate Nur   | mber   |                 |                    |            |
|  |         | L                      |                 | <u> </u>        |                               |                  |      | ]   |  |                 |                    |            |