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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

20

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

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

## **WELL LOCATION AND ACREAGE DEDICATION PLAT**

All Distances must be from the outer boundaries of the section

| (Naintee   |           |                  |                       |                    | Tarea           |             |                    |                 | Wall No.                        |
|--|-----------|------------------|-----------------------|--------------------|-----------------|-------------|--------------------|-----------------|---------------------------------|
| Operator   |           |                  |                       | 1                  | Lease           |             |                    |                 | TOOLING.                        |
| Team Ex  | ation     |                  | ]                     | McGarrity          |                 |             |                    | ]               |                                 |
| Unit Letter  | Section   |                  | Township              |                    | Range           | <del></del> |                    | County          |                                 |
|  |           | 6                | 205                   |                    | 38              | F           | NMPM               | Lea             |                                 |
| N<br>Actual Footage Loc  | ation of  |                  | 203                   | 1                  |                 | <u> </u>    | INMPM              | ı Lea           |                                 |
|  | ALLON UI  |                  |                       |                    |                 | _           |                    |                 |                                 |
| 660  | feet fr   | om the           | South                 | line and           | D1              | 23          | 10 feet from       | the West        | line                            |
| Ground level Elev.   | 1         |                  | ng Formation S        |                    | Pool            |             |                    |                 | Dedicated Acreage:              |
| 3579 RKB CS Grayburg   |           |                  |                       | Wildcat San Andres |                 |             |                    | 4() Acres       |                                 |
| 1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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 interest of all owners been consolidated by communitization,   |           |                  |                       |                    |                 |             |                    |                 |                                 |
| unitization, force-pooling, etc.?  |           |                  |                       |                    |                 |             |                    |                 |                                 |
| Yes No If answer is "yes" type of consolidation  If any are is "no" list the common and tract descriptions which have actually been consolidated. (The property side of  |           |                  |                       |                    |                 |             |                    |                 |                                 |
| If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of   |           |                  |                       |                    |                 |             |                    |                 |                                 |
| this form if peccessary.  No allowable will be assigned to the guilt until all integrate have been consolidated the communityation unitization formed realing or otherwise).   |           |                  |                       |                    |                 |             |                    |                 |                                 |
| 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 interest, has been approved by the Division. |           |                  |                       |                    |                 |             |                    |                 |                                 |
| or until 1   | . BOB-512 | unciaru unii, ei | minimum such inveres. | res occu rbb       | loved by the Di | TIMUU.      | <u>1</u>           |                 |                                 |
|  |           | <del></del>      |                       |                    |                 |             |                    | OPERAT          | OR CERTIFICATION                |
|  |           | l                | R 38 1                | E                  | İ               |             |                    |                 | certify that the information    |
|  |           |                  | , Je                  | <b>_</b>           |                 |             | _                  |                 | n in true and complete to the   |
|  |           | i                |                       |                    | İ               | i           |                    |                 | ledge and belief.               |
|  |           |                  |                       |                    |                 |             |                    |                 |                                 |
|  |           | ł                |                       |                    |                 |             | l l <del>k</del> s | ignature        | $ +$ $\rho$ $\rho$              |
|  |           | 1                |                       |                    |                 |             |                    | Perli           | CXF)////                        |
|  |           | i                |                       |                    |                 | 1           | [/1_               | wen             | L /Well                         |
|  |           | 1                |                       |                    |                 | !<br>!      | P                  | rinted Name     | _ <del></del>                   |
| L  |           | _!               |                       |                    |                 |             |                    | Laren H         | oller                           |
|  |           |                  | <b></b>               |                    |                 |             |                    | _Laren n        | OTIEL                           |
|  |           | İ                |                       |                    |                 |             | '                  | JACOL           |                                 |
|  |           | 1                |                       |                    |                 |             | _                  | Agent           |                                 |
|  |           | !                |                       |                    |                 |             |                    | ompany          |                                 |
| 1 1  |           | 1                | l                     |                    |                 |             |                    | Team Ex         | ploration                       |
|  |           | 1                |                       |                    |                 |             |                    | ate             | ·                               |
|  |           | i                | į                     |                    |                 | İ           |                    |                 |                                 |
|  |           | !                | Į                     |                    |                 | <br>        |                    | 7/14/93         |                                 |
|  |           | 1                | 6                     |                    |                 | !           |                    | SURVEY          | OR CERTIFICATION                |
|  |           | +                |                       |                    |                 |             |                    |                 |                                 |
|  |           | i                |                       |                    |                 | 1           |                    | hereby certif   | y that the well location shown  |
|  |           | 1                | Į                     |                    |                 | !<br>       |                    |                 | vas plotted from field notes of |
|  |           | ļ.               |                       |                    |                 | ,           |                    |                 | made by me or under my          |
|  |           |                  | į                     |                    |                 | l           |                    |                 | d that the same is true and     |
|  |           | 1                |                       |                    |                 | i           | 1 1                | •               | e best of my knowledge and      |
|  |           | i                | į .                   |                    |                 | I           |                    | belief.         |                                 |
|  |           | !                | į                     |                    |                 | l<br>1      |                    |                 |                                 |
|  |           |                  |                       |                    |                 | 1           |                    | Date Surveyed   |                                 |
| <b>    - - - -</b>   |           |                  |                       |                    |                 | <u> </u>    |                    |                 |                                 |
|  |           |                  | 1                     |                    |                 | 1           | -                  | Signature & Se  | al of                           |
|  |           |                  | ì                     |                    |                 | i<br>ł      |                    | Professional Su | irveyor                         |
|  |           |                  | 1                     |                    |                 | l           | 1 1                |                 | -                               |
|  |           |                  | 1                     |                    |                 |             |                    |                 |                                 |
|  |           |                  | 1                     |                    |                 | [           |                    |                 |                                 |
|  |           |                  | *                     |                    |                 | i           |                    |                 |                                 |
|  |           |                  |                       |                    |                 | !           |                    |                 |                                 |
|  |           |                  | 1 1                   |                    |                 |             | -                  | Certificate No. |                                 |
|  |           | 1                | 1 1                   |                    |                 | 1           |                    | Cerunicate 140. |                                 |
|  |           |                  |                       |                    |                 | -           |                    |                 |                                 |
|  |           |                  |                       |                    |                 |             |                    |                 |                                 |
| 0 330 660  | 990       | 1320 1650        | 1980 2310 2640        | 200                | 0 1500          | 1000        | 500 0              |                 |                                 |