District I 1625 N. French Dr., Hobbs, NM 88240

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

Form C-102 Revised March 17, 1999

District II

811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION

Submit to Appropriate District Office

Certificate Number

| 811 South First, Artesia, NM 88210<br>District III<br>1000 Rio Brazos Rd., Aztec, NM 87410 |  |  | 2040 South Pacheco<br>Santa Fe. NM 87505 |           |          |                  |   |   | State Lease - 4 Copies<br>Fee Lease - 3 Copies |                        |  |
|--|--|--|--|-----------|----------|------------------|---|---|--|------------------------|--|
|  |  |  |  |           |          |                  |   |   |  |                        |  |
| District IV  |  |  |  |           |          |                  |   | Г   | AMEN   | DED REPORT             |  |
| 2040 South Pacheco, Santa Fe,  | NM 87505<br>V                                    | WEILIC   | YATIO                                    | N AND     | ACRI     | EAGE DEDICA      | TION PLAT   | •   | _  |                        |  |
| <sup>1</sup> API Number  |  | WELL IV  | <sup>2</sup> Pool Code                   |           | Tions    | <u> </u>         | <sup>8</sup> Pool Nam                               | •   |  |                        |  |
|  |  |  | 228                                      |           | Eum      | ont Yates 7      | Rivers Que  | en (o   | il)  |                        |  |
| 30-02504782<br>Property Code   |  | 9  | Froperty Name                            |           |          |                  |   |   | <sup>6</sup> Well Number                       |                        |  |
| 25208  |  | ico State "5" *Operator Name  ton Drilling Co., Inc. |  |           |          |                  |   | 7 Elevation 3557 RKB  |  |                        |  |
| OGRID No.  |  |  |  |           |          |                  |   |   |  |                        |  |
| 011916   | lton Dri   |  |  |           |          |                  |   |   |  |                        |  |
| 0115101  | 0.00   |  |  | 16 Su     | rface l  | Location         |   |   |  |                        |  |
| UL or lot no. Section  | Township   | Range  | Let Ide                                  | -1        | from the | North/South line | Feet from the                                       |   | t/West lime                                    | County                 |  |
| M 26   | 215  | C6E  |  | 660       | 0 .      | South            | 660   | Wes   | t l  | Lea                    |  |
| <u></u>  | <u> </u>   | II R   | ottom H                                  | ole Loca  | rtion I  | f Different Fron | Surface   |   |  |                        |  |
|  | Im   | Range  | Lot Ide                                  |           |          |                  | Feet from the                                       | East/West line  |  | County                 |  |
| UL or lot no. Section  | Township   | Kange  |  |           |          |                  |   |   | 1  |                        |  |
|  |  | <sup>4</sup> Consolidation                           | Codo 16 C                                | order No. |          |                  |   |   |  |                        |  |
| 12 Dedicated Acres 13 John (   | ar intil   | Consomment   |  |           |          |                  |   |   |  |                        |  |
| 40   |  |  |  |           |          |                  |   |   |  |                        |  |
|  |  |  |  |           |          |                  | en mara II A V/C                                    | DEENI   | CONSOL   | DATED OR A             |  |
| NO ALLOWABLE W   | TLL BE A   | ASSIGNED   | TO THIS                                  | COMPLE    | ETION    | UNTIL ALL INT.   | THE DIVISIO   | N<br>N  | CINDOL   | Dillibb citie          |  |
|  |  | NON-STAI   | NDARD (                                  | JNII HAS  | SBEER    | APPROVED BY      | 17 OPER   | ATOD  | CERTI  | EICATION               |  |
| 16   |  |  |  |           |          |                  |   | 17 OPERATOR CERTIFICATION  I hereby certify that the information contained herein is true |  |                        |  |
|  |  |  |  |           |          |                  | and complete to the best of my knowledge and belief |   |  |                        |  |
|  |  |  |  |           | 1        |                  | and complete to                                     | ine vesi oj   | INY NIOMEUS                                    | . win other            |  |
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|  |  |  |  |           |          |                  |   | 6101  | 1/01   | W/On                   |  |
|  |  |  |  |           |          |                  | <u> </u>  | 0111  |  |                        |  |
| Ì  |  |  |  |           |          |                  | Signature   | — Signature Karen Allen   |  |                        |  |
|  |  |  |  |           |          |                  |   |   |  |                        |  |
|  | 1  |  |  |           |          |                  |   | Secre   | etary_   |                        |  |
|  | 1  |  | 1  |           |          |                  | Title   |   |  |                        |  |
|  | 1  |  |  |           | 1        |                  |   | 10/11   |  |                        |  |
|  |  |  |  |           |          |                  | Date  | 10/1  |  |                        |  |
|  | <del>                                     </del> |  |  |           |          |                  | 18SUR   | VEYO  | R CERT   | IFICATION              |  |
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|  |  |  |  |           |          |                  | plotted from fi                                     |   |  |                        |  |
|  | 1  |  | j  |           |          |                  | or under my si                                      | apervision,   | and that the s                                 | ame is true and correc |  |
|  |  |  |  |           |          |                  | to the best of r                                    |   |  |                        |  |
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|  |  |  | 1  |           |          | <u> </u>         |   |   |  |                        |  |
|  |  |  |  |           |          |                  | Date of S   | arvey   |  |                        |  |
|  | <del> </del>                                     |  | _  |           |          |                  | Signature and Se                                    | al of Profess   | omai Surveyer:                                 |                        |  |
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