## OIL CONSERVATION DIVISION

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

## P. O. BOX 2088

Form C-102 Revised 10-1-78

SANTA FE, NEW MEXICO 87501

|   |                  | All distances must be f | r             | r houndaries c | The Section.      |  | I Wall No.                 |
|---|------------------|-------------------------|---------------|----------------|-------------------|--|----------------------------|
| Of erator<br>GULF   | OIL CORPORATIO   | N                       | Leoso<br>Harr | y Leonar       | d (NCT-C)         |  | Well No.                   |
| Unit Letter   | Section          | Township                | Hang•         |                | County            |  |                            |
| Н   | . 36             | 21S                     |               | 36E            |                   | Lea                                    |                            |
| Actual Footage Location of Well:  |                  |                         |               |                |                   |  |                            |
| 1980 feet from the North line and 660 feet from the East line   |                  |                         |               |                |                   |  |                            |
| Ground Level Elev   |                  |                         | Pool          | -11-0          |                   | i                                      | aled Acreoge: 40 Acres     |
| 3480' Penrose-Skerry que Transca stay - Summer 1  |                  |                         |               |                |                   |  |                            |
| 1. Outline the acrenge 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 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 Division. |                  |                         |               |                |                   |  |                            |
|   |                  |                         |               |                |                   | CER                                    | TIFICATION                 |
|   | . 1              |                         | i             |                |                   |  |                            |
|   | l<br>I           |                         | ļ             |                |                   | I hereby costify                       | that the information con-  |
|   | i li jager       |                         | ı             |                |                   |  | true and complete to the . |
|   | 1                |                         | 1             | ]              | 1                 |  | ledge and belief.          |
|   | 1                |                         | l<br>1        | 1              |                   | 5637 51 11.7 11.11                     | ,.                         |
|   | 1.               |                         | į.            | ,086           |                   |  |                            |
|   | +                |                         |               | - 6            |                   | Name // Q                              | Sikes Ja                   |
|   | i                |                         | 1             |                |                   | Position                               | , 1                        |
|   | 1                | 1                       | 1             |                |                   | Area Eng                               | ineer                      |
|   | 1                |                         | 1             |                |                   | COMPANY                                | CORPORATION                |
|   | 1                | ·                       | 1             | J              | ,                 |  | CORPORATION                |
|   | Į<br>į           | ļ                       |               | õ              | ←660 <del>→</del> | 5-21-8                                 |                            |
| }   | i                |                         | į             |                | İ                 | J-8/1-0                                | <u> </u>                   |
|   |                  |                         |               |                |                   |  | •                          |
|   |                  |                         |               |                |                   | I hereby certif                        | y that the well location   |
| ł   | 1                |                         |               |                | I                 |  | lat was platted from field |
|   | i                |                         |               |                | 1                 |  | surveys made by me or      |
|   | i                |                         | ļ             |                | 1                 | under my supers                        | rision, and that the same  |
|   |                  |                         | ŀ             |                |                   | Is true and co                         | rrect to the best of my    |
|   | i                |                         | · ·           |                |                   | knowledge and l                        | belief.                    |
|   |                  |                         |               |                |                   |  |                            |
|   | 1                |                         | i             |                | 1                 |  |                            |
|   | <br>             |                         | į             | -              |                   | Date Surveyed                          | _                          |
|   | ;<br>!<br>!      |                         | <br>          |                |                   | Hegistered Profes<br>and/or Land Surve |                            |
|   | . 1              | _                       | !<br>!!       |                |                   |  |                            |
| HOMEN THE   | andbecomesB      | - June 1                | Marine Marine |                |                   | Centificate No.                        |                            |
| 0 330 660   | 90 1320 1680 198 | 1 2310 2640 2000        | 1500          | 1000           | 100 0             | <u> </u>                               |                            |