

**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.

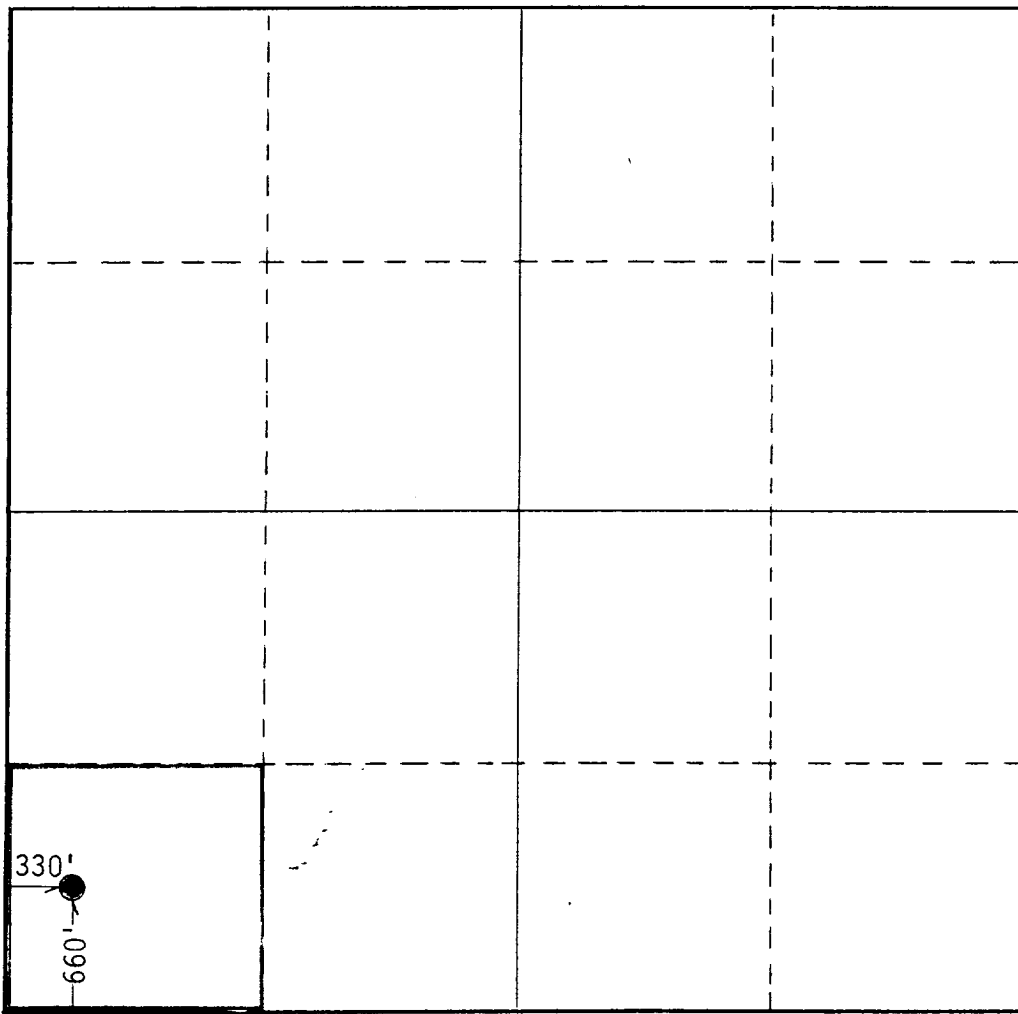
Operator <b>SHELL WESTERN E&amp;P INC.</b>			Lease <b>TURNER</b>		Well No. <b>4</b>
Unit Letter <b>M</b>	Section <b>22</b>	Township <b>21-S</b>	Range <b>37-E</b>	County <b>LEA</b>	
Actual Footage Location of Well: <div style="display: flex; justify-content: space-between;"> <span><b>660</b> feet from the <b>SOUTH</b> line and</span> <span><b>330</b> feet from the <b>WEST</b> line</span> </div>					
Ground Level Elev: <b>3436' DF</b>	Producing Formation <b>WANTZ ABO</b>		Pool <b>WANTZ ABO</b>	Dedicated Acreage: <b>40</b> 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 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.



**CERTIFICATION**

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

Name  
*A. J. FORE* **A. J. FORE**  
 Position  
**SUPERVISOR REG. & PERMITTING**  
 Company  
**SHELL WESTERN E&P INC.**  
 Date  
**DECEMBER 8, 1987**

*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.

RECEIVED  
DEC 10 1981  
OCC  
HOSPITAL