

All distances must be from the outer boundaries of the Section.

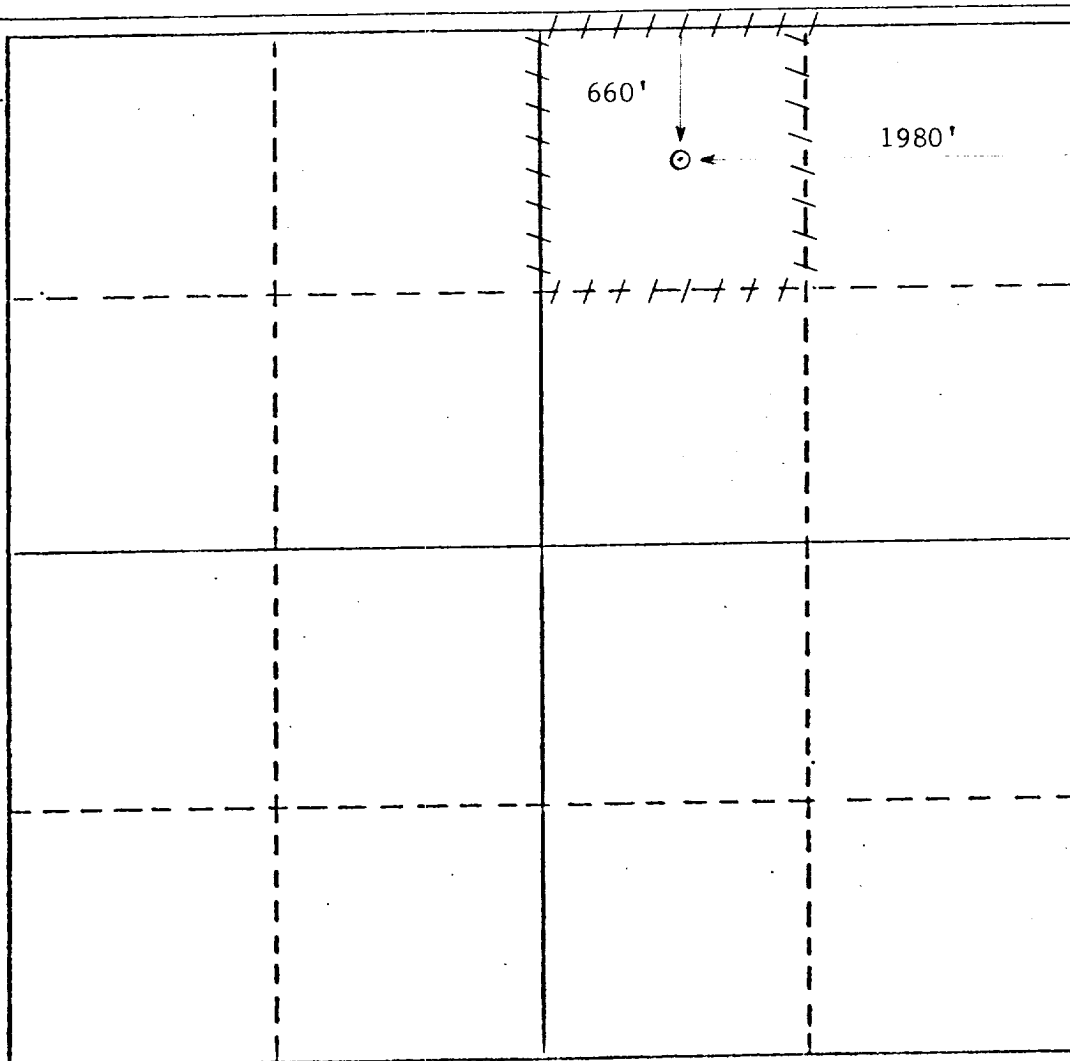
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|---|----------------------------|---------------------|--------------------------------|---------------|
| Operator ARCO Oil and Gas Company Division of Atlantic Richfield Co. | | Lease Roy Barton | | Well No. 2 |
| Unit Letter B | Section 23 | Township 21S | Range 37E | County Lea |
| Actual Postage Location of Well: 660 feet from the North line and 1980 feet from the East line | | | | |
| Ground Level Elev. 3406' | Producing Formation Abo | Pool Wantz Abo | Dedicated Acreage: 40 Acres | |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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.



CERTIFICATION

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

Name Elizabeth L. Bush
Position Drilling Engineer
Company ARCO Oil and Gas Co.
Division of Atlantic
Richfield Co.
Date 12-17-84

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. _____

