District I *
.PO Box 1998, Hobbs, NM 88241-1998
District II
PO Drawer DD, Artesia, NM 88211-8719
District III

1000 Rio Brazos Rd., Aztec, NM 87410

PO Box 2008, Santa Fe, NM 87564-2008

District IV

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Form C-Revised February 10, 19 Instructions on bi Submit to Appropriate District Offi

State Lease - 4 Copi Fee Lease - 3 Copie

AMENDED REPORT

			ELL LC)CATIO	N AND AC	CREAGE DEDI	ICATION P	LAT		
1	API Numb	· ·		¹ Pool Coo	de	³ Pool Name				
	5 293	<i>?5</i>		76480			es 7 River	s Queen		
Property		Sta	ate D Co	`om	¹ Propert	sy Name			* Well Number	
00310							16			
005073		Con	noco, I	nc.	1 Operate	relat Name			* Elevation	
					10 Surface	e Location				
UL or int me.	Section	Township		Lot Ida	Feet from the	North/South Ene	Fost from the	East/West fine	County	
	11	21 - S	36-E		2080'	South	660	West	Lea	
	T	-		,		If Different Fro	om Surface			
UL or lot se.	Section	Towaship	Range	Lot Ida	Feet from the	North/South Ene	Feet from the	East/West line	County	
12 Dedicas -1 Acre	-1 13 Inject	or taffil " C	Comotidation	2-4-144			L'			
200					Order No. SP-1	504				
NO ALLOV	VABLE V	WILL BE /	ASSIGNE	D TO TH	S COMPLETI	ION UNTIL ALL I	NTERESTS H	AVE BEEN CO	NSOLIDATED	
16		<u> </u>	אטוזייר	ALD VAN	UNII HAS DE	EEN APPROVED	والمستقدرة والتنا			
10						1		RATOR CERT		
						i	I hereny ceruy; true and cony	ify that the information plate to the best of my	: contained herein is browledge and beli	
	1					i	l			
	- 1			1				111	1	
	I				1		//	1.111	1	
	- 4			+			- Um	of Taleni	حح	
<u>.</u>	1						Signature Ann E.	. Ritchie		
å F	1			ļ			Printed Name	•		
	1						Regula	atory Agent		
		ĺ					-	9-7-95		
# /		on who have death.	25.\$ 1 F€	1			18SURVI	EYOR CERT	IFICATION	
• ,	6			Ī			I hereby certify	y that the well location	shown on this play	
			was plotted from field notes of actual st me or under my supervision, and that t				i surveys made by			
				1			and correct to t	the best of my belief.	I Will Harmon as a second	
			,	1						
				<u></u>			Date of Survey			
• 1	#19		1				2 September 200 20	Scal of Professional Sur	rveyer:	
			,	1						
			1	1	1					
			,	1						
			J	1			<u> </u>			
			,	1	1		Certificate Numb	Certificate Number		