

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-102
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-33505		² Pool Code 76480		³ Pool Name Eumont Yates 7 Rivers Queen (Pro Gas)	
⁴ Property Code 002821		⁵ Property Name Devonian State (Formerly Devonian State Com 2)			⁶ Well Number 6
⁷ OGRID No. 004537		⁸ Operator Name Citation Oil & Gas Corp.			⁹ Elevation 3611

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	710	20	21S	36E	710	South	710	East	Lea

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	20	21S	36E		710	South	710	East	Lea

¹² Dedicated Acres 320	¹³ Joint or Infill Y	¹⁴ Consolidation Code	¹⁵ Order No. NSP-488
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16		2 ●	3 ●	<p>¹⁷ OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i></p> <p><u>Sharon Ward</u> Signature Sharon Ward Printed Name Regulatory Administrator Title 12-30-97 Date</p>
		5 ●		
		7 ●	8 ●	
		6 ●	710	
				<p>¹⁸ SURVEYOR CERTIFICATION</p> <p><i>I hereby certify that the well location shown on this was plotted from field notes of actual surveys made or under my supervision, and that the same is true correct to the best of my belief.</i></p> <p>_____ Date of Survey _____ Signature and Seal of Professional Surveyer: _____ Certificate Number</p>