

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-102

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, NM 87504-2088

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number <b>30-025-10037</b>		<sup>2</sup> Pool Code <b>86440</b>		<sup>3</sup> Pool Name <b>TUBB OIL &amp; GAS</b>	
<sup>4</sup> Property Code <b>10117</b>		<sup>5</sup> Property Name <b>RINEWALT</b>			<sup>6</sup> Well Number <b>4</b>
<sup>7</sup> OGRID No. <b>020676</b>		<sup>8</sup> Operator Name <b>Shell Western E&amp;P Inc.</b>			<sup>9</sup> Elevation <b>3462' DF</b>

<sup>10</sup> Surface Location

UL or lot no. <b>C</b>	Section <b>4</b>	Township <b>22S</b>	Range <b>37E</b>	Lot. Idn	Feet from the <b>760'</b>	North/South Line <b>NORTH</b>	Feet from the <b>1980'</b>	East/West line <b>WEST</b>	County <b>LEA</b>
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<sup>11</sup> 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
<sup>12</sup> Dedicated Acres <b>120</b>		<sup>13</sup> Joint or Infill		<sup>14</sup> Consolidation Code		<sup>15</sup> Order No.			

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

				<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
				Signature  SHIRLEY GALIK Printed Name ENGINEERING ASSISTANT Title 3/6/96 Date	
SECTION 4				<sup>18</sup> SURVEYOR CERTIFICATION 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 belief.	
				Date of Survey Signature and Seal of Professional Surveyor: Certificate Number	

RECLASSIFY TO A GAS WELL. EFFECTIVE 3/1/96.

