Form C-102 Revised 1-1-89

(1)

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District Office
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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

WELL LOCATION AND ACREAGE DEDICATION PLAT

| DISTRICT III<br>1000 Rio Brazos Rd. | Aziec. NM 87410                                               | WELL LO                                       | CATION A                             | ND ACREA(<br>from the outer | GE DEDIC<br>boundaries ( | CATION PLA<br>of the section | XI.                                   |                                   | •                               |
|-------------------------------------|---------------------------------------------------------------|-----------------------------------------------|--------------------------------------|-----------------------------|--------------------------|------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
|                                     | ,                                                             | All Dista                                     | inces must be                        | Lease                       | -                        |                              |                                       | Well No.                          |                                 |
| Operator                            |                                                               | aa-a-                                         | ion                                  | Drin                        | kard E                   | state                        |                                       | 5                                 |                                 |
| John H<br>Unit Letter               | . Hendrix                                                     | Township                                      | LOII                                 | Range                       | NUI W I                  |                              | County                                |                                   |                                 |
| One Date                            | 25                                                            | 225                                           |                                      | 37E                         |                          | NMP                          | M Le                                  | a                                 |                                 |
| Actual Footage Loca                 | ation of Well:                                                |                                               |                                      |                             |                          |                              |                                       | line                              |                                 |
| 1874                                | feet from the                                                 | North                                         | line and                             | 187                         | 4                        | feet fro                     | m the EAst                            | line Dedicated Acres              | age:                            |
| Ground level Elev.                  | į.                                                            | g Formation                                   |                                      |                             | . 1                      | 0:1                          | •                                     | 40                                | Acres                           |
|                                     | Bl:<br>e the acreage dedicate                                 | inebry                                        | hy colored ne                        | ncil or hachure m           | nebry                    | olat below.                  |                                       | 1XV                               |                                 |
|                                     |                                                               |                                               |                                      |                             |                          |                              |                                       | movelty)                          |                                 |
|                                     | e than one lease is dec                                       |                                               |                                      |                             |                          |                              |                                       |                                   |                                 |
| 3 If mon                            | e than one lease of dif                                       | ferent ownership is                           | dedicated to th                      | e well, have the            | interest of all          | owners been con              | solidated by com                      | munitization,                     |                                 |
| unitiza                             | tion, force-pooling, et                                       | c.7                                           |                                      | pe of consolidati           |                          |                              | •                                     |                                   |                                 |
| 15                                  | Yes r is "no" list the owner                                  | ] No If an<br>ra and tract descript           | ions which have                      | e actually been o           | onsolidated.             | (Use reverse side            | of                                    |                                   | •                               |
| this form                           | if neccessary.                                                |                                               |                                      |                             | (Av commu                | nitization unitizal          | ion forced-poolit                     | ng, or otherwise)                 |                                 |
| No allow                            | if neccessary.  vable will be assigned non-standard unit, eli | to the well until all<br>iminating such inter | interests nave t<br>est, has been at | proved by the D             | ivision.                 |                              | 202, 10(110 }                         | ,                                 |                                 |
| Or uniti a                          | I I/OI-stations a did on                                      |                                               |                                      | •                           |                          |                              | OPERA"                                | OR CERTIFI                        | CATION                          |
|                                     |                                                               |                                               |                                      |                             |                          |                              | I hereby                              | certify that to                   | he information                  |
|                                     | j                                                             |                                               | ł                                    |                             | ļ                        | 1                            | contained here                        | in in true and o                  | complete to the                 |
|                                     | j                                                             |                                               |                                      |                             | ļ                        |                              | best of my know                       | vledge and belief.                |                                 |
|                                     | İ                                                             |                                               |                                      |                             | !                        |                              | Signature                             | 1/ 1/2                            | 11                              |
|                                     | 1                                                             |                                               | 1                                    |                             | !                        | ļ                            | Kam                                   | i H. We                           | utran                           |
|                                     | 1 .                                                           |                                               | 1                                    |                             | 1.                       | 1                            | Printed Name                          |                                   |                                 |
|                                     |                                                               |                                               | <b> </b>                             |                             | <del> </del>             |                              |                                       | H. West                           | <u>brook</u>                    |
|                                     |                                                               |                                               | 1                                    |                             | l<br>i                   |                              | Position                              | . Hendri                          | y Corp.                         |
|                                     | ŀ                                                             |                                               |                                      | -                           |                          |                              | Company                               | . Heliari                         | A COLP.                         |
|                                     | !                                                             |                                               |                                      | <b>#</b> 5                  | ン                        |                              |                                       | resident                          | -                               |
|                                     | i<br>i                                                        |                                               |                                      |                             | i                        |                              | Date                                  |                                   |                                 |
|                                     | i                                                             |                                               |                                      |                             | i                        |                              | Februa                                | ry 6, 19                          | 90                              |
|                                     | i<br>I                                                        |                                               |                                      | ٠,                          | İ                        |                              | SURVE                                 | YOR CERTIF                        | ICATION                         |
|                                     |                                                               |                                               |                                      |                             | 1                        |                              |                                       |                                   |                                 |
|                                     | i                                                             |                                               | 1                                    |                             | 1                        |                              | I hereby cert                         | ify that the well                 | location show                   |
|                                     | i                                                             |                                               |                                      |                             | ]                        |                              | on this plat                          | was plotted from<br>is made by me | n jiela noles i<br>e or under m |
|                                     | i                                                             |                                               | ł                                    |                             |                          |                              | supervison, a                         | end that the sai                  | me is true an                   |
|                                     | i                                                             |                                               |                                      |                             | 1                        |                              | 1                                     | he best of my                     | knowledge an                    |
|                                     | i                                                             |                                               | İ                                    |                             | 1                        | 1                            | belief.                               |                                   |                                 |
|                                     | İ                                                             |                                               |                                      |                             | 1                        |                              | Date Surveye                          | đ                                 |                                 |
|                                     |                                                               |                                               |                                      |                             | <del> </del>             |                              | Signature & S                         | teel of                           |                                 |
|                                     |                                                               |                                               |                                      |                             | 1                        |                              | Professional S                        | Surveyor                          |                                 |
|                                     | ļ.                                                            |                                               | 1                                    |                             | 1                        |                              |                                       |                                   |                                 |
|                                     | ļ                                                             |                                               |                                      |                             | 1                        |                              |                                       |                                   |                                 |
|                                     | ļ                                                             |                                               |                                      |                             | į<br>Į                   |                              |                                       |                                   |                                 |
|                                     | ļ                                                             |                                               | 1                                    |                             |                          |                              |                                       |                                   |                                 |
|                                     | ļ                                                             |                                               |                                      |                             | 1                        |                              | Certificate No                        | D.                                |                                 |
|                                     |                                                               |                                               |                                      |                             |                          |                              |                                       |                                   |                                 |
| 0 320 660                           | 990 1320 1650                                                 | 1980 2310 2                                   | 2640 2                               | 2000 1500                   | 1000                     | 500 0                        |                                       |                                   |                                 |
| 0 330 660                           | 770 W40 1000                                                  | . 1700 2000                                   |                                      |                             |                          |                              | · · · · · · · · · · · · · · · · · · · |                                   |                                 |

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