

BACK BASIN UNIT WELL NO. 1

Geologic name of the surface formation  
Seven Rivers formation

<u>Anticipated formation tops</u>	<u>Subsurface</u>
Rustler	1050
Delaware Lime	5105
Delaware Sand	5155
Bone Springs	8675
Strawn	12,225
Atoka LMS	12,630
Morrow LMS	13,175
Morrow Sd. (IV)	13,375
T.D.	14,300

SEP 16 1980

OFFICE OF THE ARCHIBUS

111

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Ray Westall			Lease Back Basin Unit		Well No. 1
Unit Letter I	Section 20	Township 23 South	Range 34 East	County Lea	
Actual Footage Location of Well: 1980 feet from the South line and 660 feet from the East line					
Ground level Elev. 3518.5	Producing Formation Atoka	Pool West Antelope Ridge Atoka gas		Dedicated Acreage: 320 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

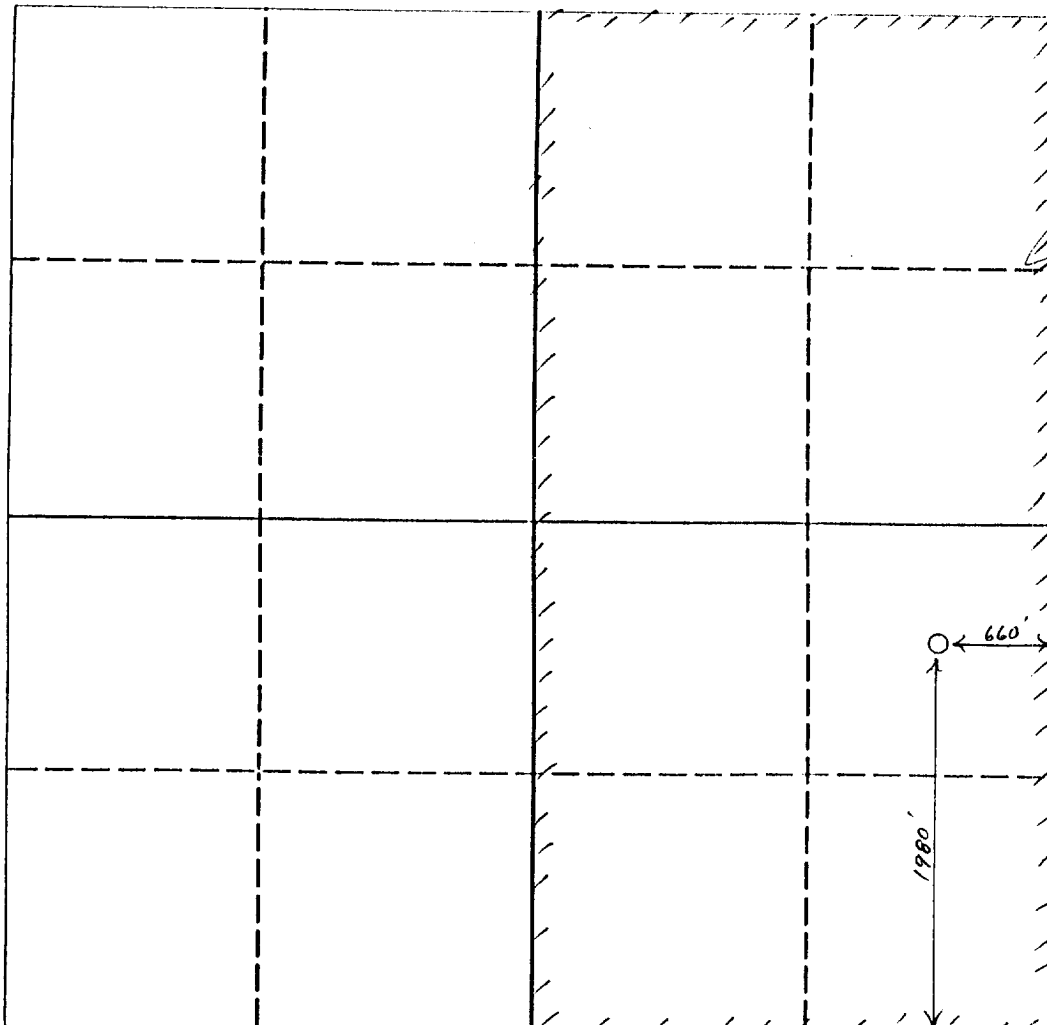
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest 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 neccessary.)

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 interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature

Printed Name

Randall L. Harris

Position

Geologist

Company

Ray Westall

Date

11/11/91

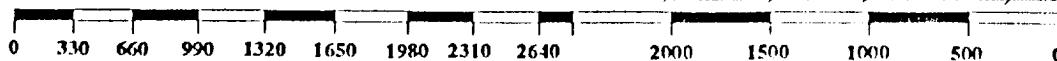
SURVEYOR CERTIFICATION

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 knowledge and belief.

Date Surveyed

Signature & Seal of  
Professional Surveyor

Certificate No.



RECEIVED

NOV 13 1991

HEALTH OFFICE