

Form C-102
Revised 1-1-89

All Distances must be from the outer boundaries of the section

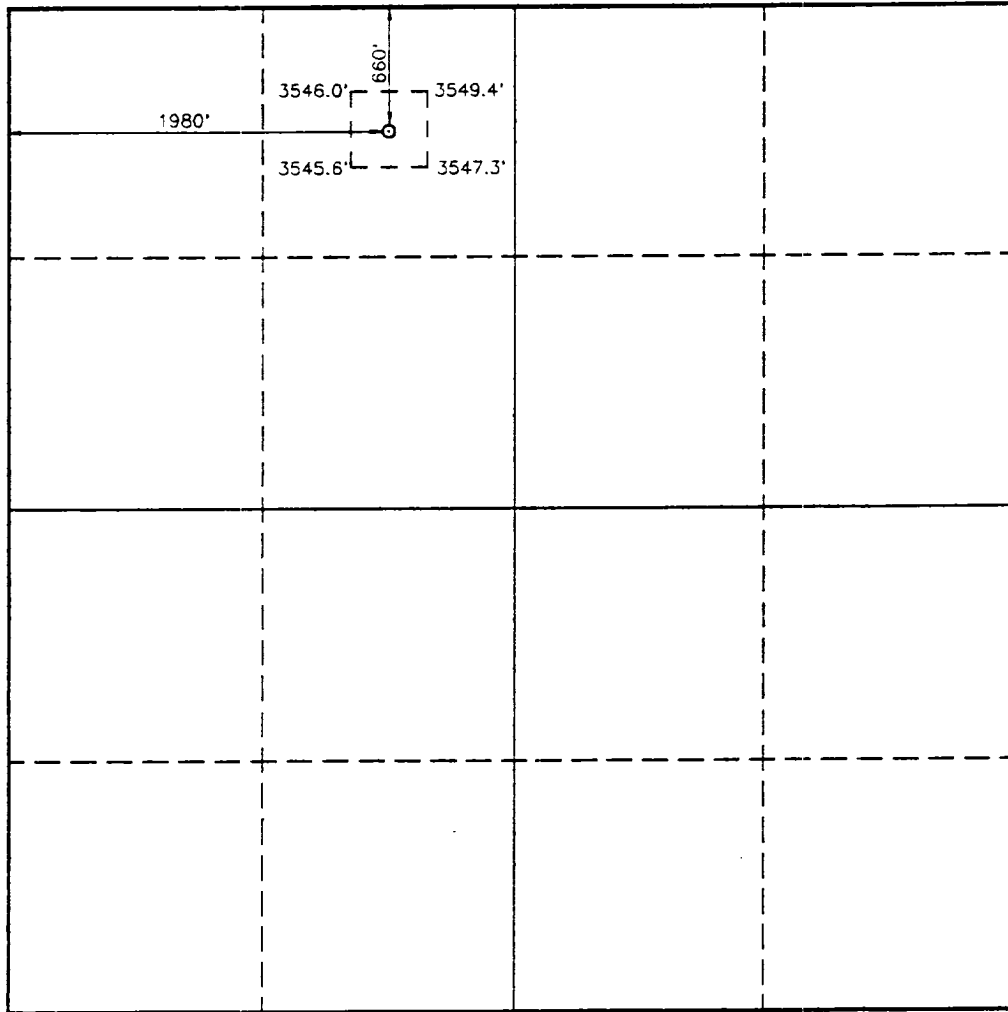
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|---|---------------------------------|---------------------------------|--------------------------|--------------------------------|
| Operator ENRON OIL & GAS CO. | | Lease MESA VERDE "7" FEDERAL | | Well No. 2 |
| Unit Letter C | Section 7 | Township 24 SOUTH | Range 32 EAST NMPM | County LEA |
| Actual Footage Location of Well: | | | | |
| 660 feet from the NORTH line and 1980 feet from the WEST line | | | | |
| Ground Level Elev. 3545.5' | Producing Formation Delaware | | Pool Und. | Dedicated Acreage: 40 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 of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature

Printed Name Betty Gildon

Position
Regulatory Analyst

| | |
|---------|-------------------------|
| Company | Enron Oil & Gas Company |
|---------|-------------------------|

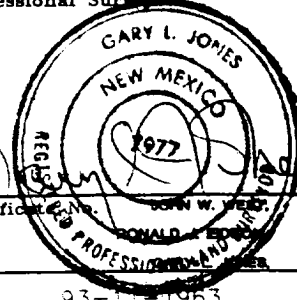
Date 11/9/93

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
OCTOBER 11, 1993

Signature & Seal of
Professional Surgeon



| | | |
|-----------------|-----------------|------|
| Certificate No. | JOHN W. WELF. | 676 |
| | RONALD A. EDSON | 3238 |
| | | 7977 |

93-11-1963