District I PO Box 1980, Hobbs, NM 88241-1980 District [] PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM \$7410 District IV

PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Form C-102 Revised February 10, 1994 Instructions on back

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

MENDED REPORT

		W	ELL LC)CATIO	N AND AC	CREAGE DEDI	CATION P	LAT		
ł	ber		³ Pool Cod	k	³ Pool Name					
30-025			33820			Jalmat (Pro Gas) Tansill Y-SR				
⁴ Property Code			n	1 Property Name					* Well Number	
009392 We1			ells B-	IS B-1 Operator Name					4	
			rime Op	erating	Company	r Name			*Elevation 3215 1	
					10 Surface	e Location				
UL or lot no.	Section	Township	1 -	Lot Ida	Feet from the	North/South line	Feet from the	East/West East	County	
I	1	25S	36E	<u></u>	1980	South	660	East	Lea	
11 Bottom Hole Location If Different From Surface										
UL or lot ao.	Section	Township	Range	Lot Ide	Feet from the	North/South line	Feet from the	East/West fine	County	
	<u> </u>	<u> </u>								
12 Dedicated Acr	'es '' Joint	or Infill 14	Consolidatio	a Code 14 O	Order No.					
40 NO 41 LO	TABLE:	"MI DE	· colonie							
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					UMII IDW D	T T T T T T T T T T T T T T T T T T T				
								17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief		
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					1					
					1	1				
								Signature Signature		
							Signature			
						Runell A. Seale			ale	
								Engineering Assistant		
							Title	Title		
							Date Feb	ruary 5, 1	1996	
)										
İ							"SURV	EYOR CE	RTIFICATION	
						////	I hereby certif	fy that the well loc	nation shown on this plat	
i -							me or under n	was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true		
ı	-				ł	(/ '/ /	and correct so	the best of my bel	lid.	
							/			
						' / / /	Date of Survey	· ·		
	1						Signature and	Scal of Profession	al Surveyor:	
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1				Į			Certificate Nur	mber		