

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF AVANT OPERATING, LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NOS. 22896

EXHIBIT INDEX

Compulsory Pooling Checklist

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A-1	Application & Proposed Notice of Hearing
A-2	C102s for Wells
A-3	Plat of Tracts, Ownership Interests, Uncommitted Interests to be Pooled
A-4	Sample Well Proposal Letter and AFEs
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of John Harper
B-1	Regional Locator Map
B-2	Cross-Section Locator Map
B-3	Bone Spring Structure Map
B-4	Structural Cross-Section
B-5	Stratigraphic Cross-Section
B-6	Gun Barrel Development Plan
Exhibit C	Affidavit of Dana S. Hardy
C-1	Sample Notice Letter to All Interested Parties
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C-4 Affidavit of Publication for June 19, 2022

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22896
Hearing Date:	8/18/2022
Applicant	Avant Operating, LLC
Designated Operator & OGRID	330396
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Avant Operating, LLC for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors	Marathon Oil Permian LLC
Well Family	Cutbow 36 1 Fed Com
Formation/Pool	
Formation Name(s) or Vertical Extent	Bone Spring Formation
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Bone Spring Formation
Pool Name and Pool Code	GEM; Bone Spring Pool (Code 27220)
Well Location Setback Rules	Standard
Spacing Unit Size	640-acre
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	640
Building Blocks	quarter-quarter
Orientation	South/North
Description: TRS/County	W/2 of Section 36, Township 19 South, Range 32 East and the W/2 of Section 1, Township 20 South, Range 32 East, Lea County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	Yes, the completed interval of the Cutbow 36 1 Fed Com #602H well will be located within 330' of the quarter-quarter section line separating the W/2 W/2 and E/2 W/2 of Sections 1 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit.
Proximity Defining Well: if yes, description	Yes, the Cutbow 36 1 Fed Com #602H well
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Cutbow 36 1 Fed Com #601H (API # pending) SHL: 300' FNL & 1389' FWL, Unit C, Section 36, T19S-R32E BHL: 100' FSL & 330' FWL, Unit M, Section 1, T20S-R32E Completion Target: Bone Spring (Approx. 10,900' TVD) Well Orientation: South to North
Well #2	Cutbow 36 1 Fed Com #602H (API # pending) SHL: 300' FNL & 1422' FWL, Unit C, Section 36, T19S-R32E BHL: 100' FSL & 1254' FWL, Unit M, Section 1, T20S-R32E Completion Target: Bone Spring (Approx. 10,900' TVD) Well Orientation: South to North

Well #3	Cutbow 36 1 Fed Com #603H (API # pending) SHL: 300' FNL & 1455' FWL, Unit C, Section 36, T19S-R32E BHL: 100' FSL & 2178' FWL, Unit N, Section 1, T20S-R32E Completion Target: Bone Spring (Approx. 10,900' TVD) Well Orientation: South to North
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$10,000.00
Production Supervision/Month \$	\$1,000.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, C-2, C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	None
Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-3
Gross Isopach	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibits B-4, B-5
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibits B-1, B-2
Structure Contour Map - Subsea Depth	Exhibit B-3
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibits B-4, B-5
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	8/15/2022

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF AVANT OPERATING, LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

CASE NO. 22896

**SELF-AFFIRMED STATEMENT
OF SHELLY ALBRECHT**

1. I am the Vice President of Land for Avant Operating, LLC (“Avant”) and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”) and my credentials as an expert in petroleum land matters were accepted and made a matter of record.

2. I am familiar with the land matters involved in the above-referenced case. Copies of Avant’s Application and proposed hearing notice are attached as **Exhibit A-1**.

3. None of the parties proposed to be pooled in this case indicated opposition to this matter proceeding by affidavit, therefore I do not expect any opposition at hearing.

4. Avant seeks an order pooling all uncommitted interests within the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the W/2 of Section 36, Township 19 South, Range 32 East and the W/2 of Section 1, Township 20 South, Range 32 East, Lea County, New Mexico (“Unit”).

5. The Unit will be dedicated to the following wells, which will be completed in the GEM; Bone Spring Pool (Code 27220):

- **Cutbow 36 1 Fed Com #601H**, which will be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range

32 East, to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 1, Township 20 South, Range 32 East;

- **Cutbow 36 1 Fed Com #602H**, which will be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 1, Township 20 South, Range 32 East; and
- **Cutbow 36 1 Fed Com #603H**, which will be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SE/4 SW/4 (Unit N) of Section 1, Township 20 South, Range 32 East.

6. The completed interval of the Cutbow 36 1 Fed Com #602H well will be located within 330' of the quarter-quarter section line separating the W/2 W/2 and E/2 W/2 of Sections 1 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit.

7. The completed intervals of the Wells will be orthodox.

8. **Exhibit A-2** contains the C-102s for the Wells.

9. **Exhibit A-3** contains a plat that identifies ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Avant seeks to pool highlighted in yellow. All of the interest owners are locatable.

10. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to the working interest owners for the Wells. The estimated costs reflected on the AFEs are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.

11. Avant has conducted a diligent search of all county public records including phone directories and computer databases.

12. In my opinion, Avant made a good-faith effort to reach voluntary joinder of uncommitted interests in the Wells as indicated by the chronology of contact described in **Exhibit A-5**.

13. Avant requests overhead and administrative rates of \$10,000 per month while the Wells are being drilled and \$1000 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Avant and other operators in the vicinity.

14. The attached exhibits were either prepared by me or under my supervision or were compiled from company business records.

15. In my opinion, the granting of Avant's application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

16. I understand this Self-Affirmed Statement will be used as written testimony in the subject cases. I affirm that my testimony above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.


Shelly Albrecht

7/27/22
Date

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

APPLICATION OF AVANT OPERATING, LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO

Case No. 22896

APPLICATION

Pursuant to NMSA § 70-2-17, Avant Operating, LLC (“Applicant”) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit (“Unit”) comprised of the W/2 of Section 36, Township 19 South, Range 32 East and the W/2 of Section 1, Township 20 South, Range 32 East, Lea County, New Mexico. In support of its application, Applicant states:

1. Applicant (OGRID No. 330396) is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the following wells (“Wells”):
 - a. **Cutbow 36 1 Fed Com #601H**, which will be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 1, Township 20 South, Range 32 East;
 - b. **Cutbow 36 1 Fed Com #602H**, which will be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 1, Township 20 South, Range 32 East; and
 - c. **Cutbow 36 1 Fed Com #603H**, which will be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township

Avant Operating, LLC
Case No. 22896
Exhibit A-1

19 South, Range 32 East, to a bottom hole location in the SE/4 SW/4 (Unit N) of Section 1, Township 20 South, Range 32 East.

3. The completed intervals of the Wells will be orthodox.
4. The completed interval of the Cutbow 36 1 Fed Com #602H well will be within 330' of the quarter-quarter section line separating the W/2 W/2 and E/2 W/2 of Sections 1 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit.
5. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all of the interest owners.
6. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.
7. In order to allow Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in the Unit should be pooled and Applicant should be designated the operator of the Wells and Unit.

WHEREFORE, Applicant requests this application be set for hearing on July 7, 2022 and that, after notice and hearing, the Division enter an order:

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the Wells in the Unit;
- C. Designating Applicant as operator of the Unit and the Wells to be drilled thereon;
- D. Authorizing Applicant to recover its costs of drilling, equipping and completing the Wells;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and

- F. Imposing a 200% penalty for the risk assumed by Applicant in drilling and completing the Wells against any working interest owner who does not voluntarily participate in the drilling of the Wells.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaelyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

Facsimile: (505) 982-8623

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for Avant Operating, LLC

Application of Avant Operating, LLC for Compulsory Pooling, Lea County, New Mexico. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit ("Unit") comprised of the W/2 of Section 36, Township 19 South, Range 32 East and the W/2 of Section 1, Township 20 South, Range 32 East, Lea County, New Mexico. The Unit will be dedicated to the following wells ("Wells"): **Cutbow 36 1 Fed Com #601H**, to be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 1, Township 20 South, Range 32 East; **Cutbow 36 1 Fed Com #602H**, to be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 1, Township 20 South, Range 32 East; and **Cutbow 36 1 Fed Com #603H**, to be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SE/4 SW/4 (Unit N) of Section 1, Township 20 South, Range 32 East. The completed interval of the Cutbow 36 1 Fed Com #602H well will be within 330' of the quarter-quarter section line separating the W/2 W/2 and E/2 W/2 of Sections 1 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the cost, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 35 miles southwest of Hobbs, New Mexico.

DISTRICT I
1625 N. French Dr., Hobbs, N.M. 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

DISTRICT II
811 S. First St., Artesia, N.M. 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
1000 Rio Brazos Rd., Aztec, N.M. 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, N.M. 87505
Phone: (505) 476-3460 Fax: (505) 476-3482

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, N.M. 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code 27220	³ Pool Name GEM; Bone Spring Pool
⁴ Property Code	⁵ Property Name Cutbow 36 1 Federal Com	⁶ Well Number 601H
⁷ GRID No. 330396	⁸ Operator Name Avant Operating, LLC	⁹ Elevation 3575

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	36	19 S	32 E		300	North	1389	West	Lea

¹¹ 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
M	1	20 S	32 E		100	South	330	West	Lea

¹² Dedicated Acres 640	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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

SURFACE LOCATION
NAD 83 NMSPC ZONE 3001
Y= 590997.19 N
X= 729015.19 E
LAT.= 32.6232219° N
LONG.= 103.7237436° W

FIRST TAKE POINT
NAD 83 NMSPC ZONE 3001
100' FNL, 330' FWL
SEC. 36, T19S, R32E
Y= 591195.99 N
X= 727955.09 E
LAT.= 32.6237849° N
LONG.= 103.7271830° W

LAST TAKE POINT
NAD 83 NMSPC ZONE 3001
100' FSL, 330' FWL
SEC. 1, T20S, R32E
Y= 580823.45 N
X= 727982.18 E
LAT.= 32.5952747° N
LONG.= 103.7272871° W

BOTTOM HOLE LOCATION
NAD 83 NMSPC ZONE 3001
Y= 580823.45 N
X= 727982.18 E
LAT.= 32.5952747° N
LONG.= 103.7272871° W

Legend:
● = Surface Location
○ = Bottom Hole Location
△ = First Take Point (FTP)
□ = Last Take Point (LTP)
⊙ = Found 1911 USGLO Brass Cap
⊕ = Found 1912 USGLO Brass Cap
⊗ = Found 1919 USGLO Brass Cap
⊚ = Found 1943 USGLO Brass Cap

17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____
Printed Name _____
E-mail Address _____

18 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.

5/18/22
Date of Survey
Plat Revised: 08/13/22
Signature and Seal of Professional Surveyor:

17078
Certificate Number

Avant Operating, LLC

Case No. 22896

Exhibit A-2

DISTRICT I
1625 N. French Dr., Hobbs, N.M. 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

DISTRICT II
811 S. First St., Artesia, N.M. 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
1000 Rio Brazos Rd., Aztec, N.M. 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, N.M. 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
District Office

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, N.M. 87505

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 27220		³ Pool Name GEM; Bone Spring Pool	
⁴ Property Code		⁵ Property Name Cutbow 36 1 Federal Com			⁶ Well Number 602H
⁷ OGRID No. 330396		⁸ Operator Name Avant Operating, LLC			⁹ Elevation 3576

¹⁰ Surface Location

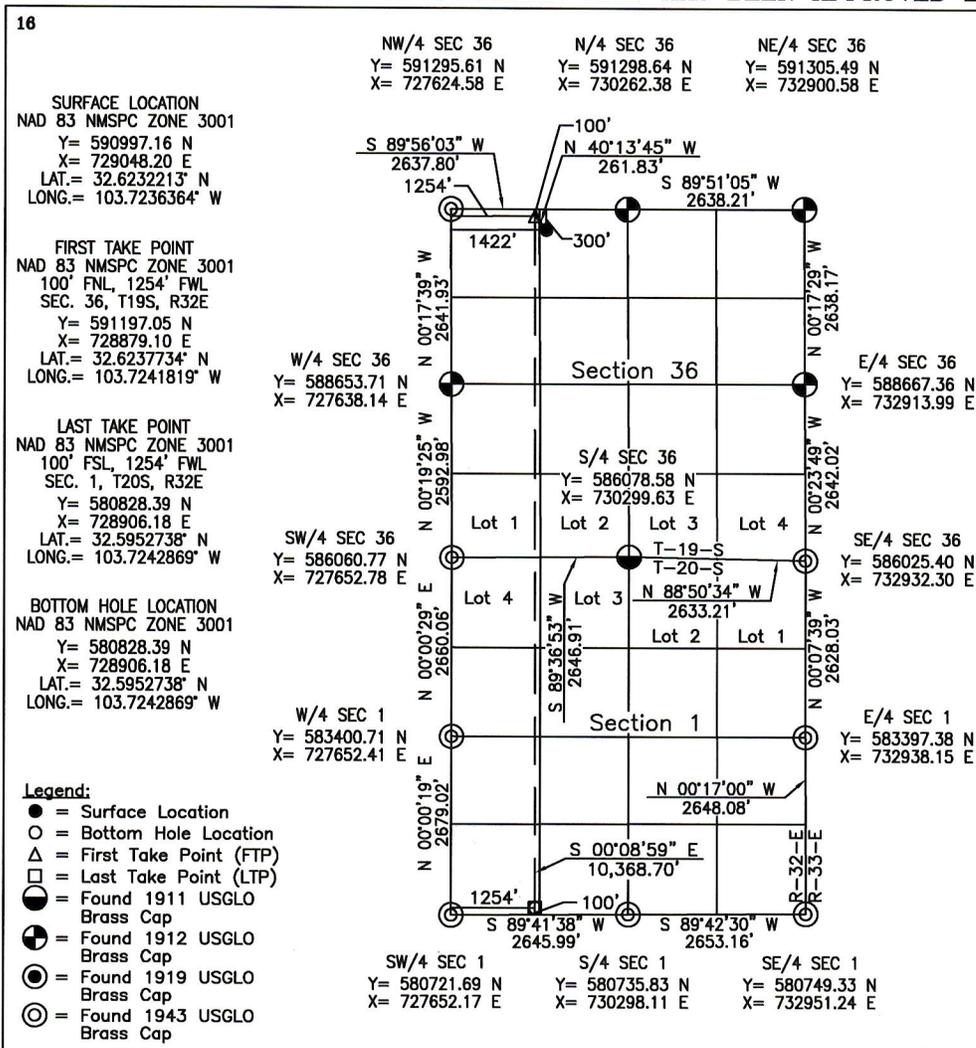
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	36	19 S	32 E		300	North	1422	West	Lea

¹¹ 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
M	1	20 S	32 E		100	South	1254	West	Lea

¹² Dedicated Acres 640-acre	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____
Printed Name _____
E-mail Address _____

18 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.

5/18/22

Date of Survey
Plat Revised: 06/13/22
Signature and Seal of Professional Surveyor:

MARSHALL W. LINDEN
NEW MEXICO
17078
6-21-22
PROFESSIONAL SURVEYOR

17078
Certificate Number

DISTRICT I
 1625 N. French Dr., Hobbs, N.M. 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

DISTRICT II
 811 S. First St., Artesia, N.M. 88210
 Phone: (575) 748-1283 Fax: (575) 748-9720

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 Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
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 Phone: (505) 476-3460 Fax: (505) 476-3482

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
 District Office

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, N.M. 87505

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code	³ Pool Name
	27220	GEM; Bone Spring Pool
⁴ Property Code	⁵ Property Name	
	Cutbow 36 1 Federal Com	
⁷ OGRID No.	⁸ Operator Name	⁶ Well Number
330396	Avant Operating, LLC	603H
		⁹ Elevation
		3575

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	36	19 S	32 E		300	North	1455	West	Lea

¹¹ 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
N	1	20 S	32 E		100	South	2178	West	Lea

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
640			

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

SURFACE LOCATION
 NAD 83 NMSPC ZONE 3001
 Y= 591295.61 N
 X= 727624.58 E
 LAT.= 32.6232209° N
 LONG.= 103.7235292° W

FIRST TAKE POINT
 NAD 83 NMSPC ZONE 3001
 100' FNL, 2178' FWL
 SEC. 36, T19S, R32E
 Y= 591198.11 N
 X= 729803.11 E
 LAT.= 32.6237617° N
 LONG.= 103.7211808° W

LAST TAKE POINT
 NAD 83 NMSPC ZONE 3001
 100' FSL, 2178' FWL
 SEC. 1, T20S, R32E
 Y= 580833.33 N
 X= 729830.18 E
 LAT.= 32.5952728° N
 LONG.= 103.7212867° W

BOTTOM HOLE LOCATION
 NAD 83 NMSPC ZONE 3001
 Y= 580833.33 N
 X= 729830.18 E
 LAT.= 32.5952728° N
 LONG.= 103.7212867° W

Legend:
 ● = Surface Location
 ○ = Bottom Hole Location
 △ = First Take Point (FTP)
 □ = Last Take Point (LTP)
 ⊙ = Found 1911 USGLO Brass Cap
 ⊕ = Found 1912 USGLO Brass Cap
 ⊗ = Found 1919 USGLO Brass Cap
 ⊚ = Found 1943 USGLO Brass Cap

17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____

Printed Name _____

E-mail Address _____

18 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.

5/18/22

Date of Survey
 Plat Revised: 08/16/22
 Signature and Seal of Professional Surveyor

17078
 Certificate Number

Unit-Tract Ownership
 W/2 Sec 36-T19S-R32E &
 W/2 Sec 1-T20S-R32E

Avant Operating, LLC
 Exhibit A-3
 Case No. 22896



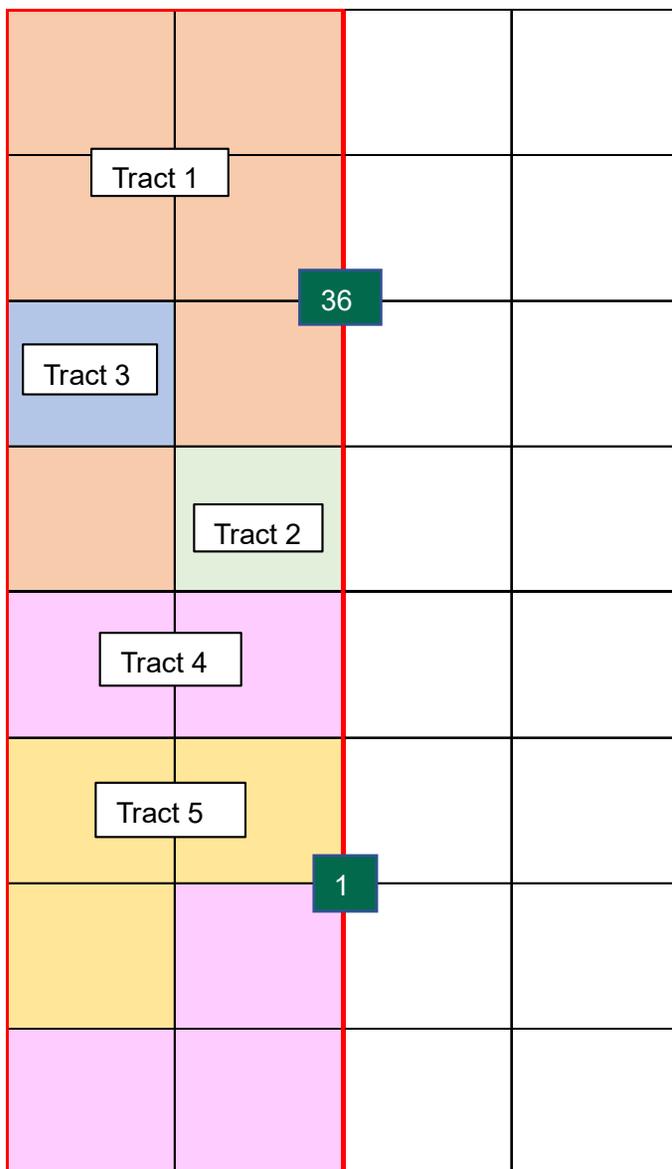
CUTBOW 36 1 FEDERAL COM 601H, 602H and 603H (W2 Sec 36 and W2 Sec 01 Bone Spring) Case No. 22896				
WI OWNER	WI	Net Ac	Tract No	FORCE POOL INTEREST
Avant Operating, LLC	83.2745%	530.5838	1, 4, 5	Operator
OXY USA WTP, LP	6.1508%	39.1900	2	Yes
OXYI Y-1	3.1249%	19.9100	4	Yes
Chevron USA Inc.	6.2780%	40.0000	3	Yes
Sharbro Energy, LLC	1.1718%	7.4663	4	Yes
	100.0000%	637.1500		

Lessee of Record	WI	Net Ac	Tract No	FORCE POOL INTEREST
Magnum Hunter Production, Inc	N/A	N/A	1	Yes
Oxy USA WTP, LP	N/A	N/A	2	Yes
Chevron USA, Inc.	N/A	N/A	3	Yes
EOG Resources, Inc.	N/A	N/A	4	Yes
Oxy Y-1 Company	N/A	N/A	4	Yes
Sharbro Energy, LLC	N/A	N/A	4	Yes
Rolla R. Hinkle, III	N/A	N/A	5	Yes



Lease Tract Map
 W/2 Sec 36-T19S-R32E &
 W/2 Sec 1-T20S-R32E

Avant Operating, LLC
 Exhibit A-3
 Case No. 22896



Tract	State/ Fed/ Fee	Lease
Tract 1	State	L-6691
Tract 2	State	B- 1482
Tract 3	State	B- 1565
Tract 4	Fed	NM-77054
Tract 5	Fee	Fee

ORRI Owners	Tract
Penasco Petroleum, LLC	5
Mark McClellan	5
Rolla R. Hinkle, III	5
Magnum Hunter Production, Inc.	1
Nilo Operating Company	4





March 25, 2022

Sent Via Certified Mail
Tracking # 7018 2290 0002 1892 9080

Sharbro Energy, LLC
505 W. Main Street
Artesia, NM 88210

RE: Cutbow 36 1 Fed Com #301H, #302H, #303H,
#304H, #305H, #306H, #501H, #502H, #503H,
#601H, #602H, #603H, #604H, #605H and #606H
SHL: NW of Section 36 & S2 of Section 25, Township 19 South, Range 32 East
BHL: S2 of Section 1, Township 20 South, Range 32 East
Lea County, New Mexico

Ladies and Gentlemen:

Avant Operating, LLC ("Avant") proposes to drill and complete the Cutbow 36 1 Fed Com #301H, #302H, #303H, #304H, #305H, #306H, #501H, #502H, #503H, #601H, #602H, #603H, #604H, #605H, & #606H wells, located in Section 36, Township 19 South, Range 32 East and Section 1, Township 20 South, Range 32 East, Lea County, New Mexico, to test the Bone Spring Formation.

In connection with the above, please note the following:

- The estimated cost of drilling, testing, completing, and equipping of each proposed well is itemized on the enclosed Authority for Expenditures ("AFE").
- **Cutbow 36 1 Fed Com #301H:** to be drilled from a legal location with a proposed surface hole location SW4 of Section 25-19S-32E and a proposed bottom hole location SW4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 9,000'TVD and will be drilled horizontally to a Measured Depth of approximately 19,400'.
- **Cutbow 36 1 Fed Com #302H:** to be drilled from a legal location with a proposed surface hole location SW4 of Section 25-19S-32E and a proposed bottom hole location SW4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 9,000'TVD and will be drilled horizontally to a Measured Depth of approximately 19,400'.

Avant Operating, LLC
Case No. 22896
Exhibit A-4

- **Cutbow 36 1 Fed Com #303H:** to be drilled from a legal location with a proposed surface hole location SW4 of Section 25-19S-32E and a proposed bottom hole location SW4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 9,000'TVD and will be drilled horizontally to a Measured Depth of approximately 19,400'.
- **Cutbow 36 1 Fed Com #304H:** to be drilled from a legal location with a proposed surface hole location SE4 of Section 25-19S-32E and a proposed bottom hole location SE4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 9,000'TVD and will be drilled horizontally to a Measured Depth of approximately 19,400'.
- **Cutbow 36 1 Fed Com #305H:** to be drilled from a legal location with a proposed surface hole location SE4 of Section 25-19S-32E and a proposed bottom hole location SE4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 9,000'TVD and will be drilled horizontally to a Measured Depth of approximately 19,400'.
- **Cutbow 36 1 Fed Com #306H:** to be drilled from a legal location with a proposed surface hole location SE4 of Section 25-19S-32E and a proposed bottom hole location SE4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 9,000'TVD and will be drilled horizontally to a Measured Depth of approximately 19,400'.
- **Cutbow 36 1 Fed Com #501H:** to be drilled from a legal location with a proposed surface hole location SW4 of Section 25-19S-32E and a proposed bottom hole location SW4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 9,900'TVD and will be drilled horizontally to a Measured Depth of approximately 20,300'.
- **Cutbow 36 1 Fed Com #502H:** to be drilled from a legal location with a proposed surface hole location SW4 of Section 25-19S-32E and a proposed bottom hole location SW4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 9,900'TVD and will be drilled horizontally to a Measured Depth of approximately 20,300'.
- **Cutbow 36 1 Fed Com #503H:** to be drilled from a legal location with a proposed surface hole location SW4 of Section 25-19S-32E and a proposed bottom hole location SW4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 9,900'TVD and will be drilled horizontally to a Measured Depth of approximately 20,300'.
- **Cutbow 36 1 Fed Com #601H:** to be drilled from a legal location with a proposed surface hole location NW4 of Section 36-19S-32E and a proposed bottom hole location SW4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 10,800'TVD and will be drilled horizontally to a Measured Depth of approximately 21,200'.
- **Cutbow 36 1 Fed Com #602H:** to be drilled from a legal location with a proposed surface hole location NW4 of Section 36-19S-32E and a proposed bottom hole location SW4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 10,800'TVD and will be drilled horizontally to a Measured Depth of approximately 21,200'.

- **Cutbow 36 1 Fed Com #603H:** to be drilled from a legal location with a proposed surface hole location NW4 of Section 36-19S-32E and a proposed bottom hole location SW4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 10,800'TVD and will be drilled horizontally to a Measured Depth of approximately 21,200'.
- **Cutbow 36 1 Fed Com #604H:** to be drilled from a legal location with a proposed surface hole location SE4 of Section 25-19S-32E and a proposed bottom hole location SE4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 10,800'TVD and will be drilled horizontally to a Measured Depth of approximately 21,200'.
- **Cutbow 36 1 Fed Com #605H:** to be drilled from a legal location with a proposed surface hole location SE4 of Section 25-19S-32E and a proposed bottom hole location SE4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 10,800'TVD and will be drilled horizontally to a Measured Depth of approximately 21,200'.
- **Cutbow 36 1 Fed Com #606H:** to be drilled from a legal location with a proposed surface hole location SE4 of Section 25-19S-32E and a proposed bottom hole location SE4 of Section 1-20S-32E. The Well will have a targeted interval within the Bone Spring formation at a depth of approximately 10,800'TVD and will be drilled horizontally to a Measured Depth of approximately 21,200'.

Avant reserves the right to modify the locations and drilling plans described above in order to address topography, cultural or environmental concerns, among other reasons. Avant will advise you of any material modifications.

Avant is proposing to drill the proposed wells under the terms of a modified 1989 AAPL form of Operating Agreement ("JOA"). This JOA will be sent to you following this proposal with the following general provisions:

- 100%/300%/300% non-consent penalty
- \$10,000/\$1000 drilling and producing monthly overhead rates
- Contract Area of all of Section 36-T19S-R32E and Section 1-T20S-R32E
- This proposed Operating Agreement will supersede any and all existing Operating Agreements as to all depths on all horizontal wells drilled after the effective date of the JOA.

If we do not reach an agreement within thirty (30) days of receipt of these well proposals, Avant will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit or units for the proposed wells.

Please indicate your elections in the spaces provided on the following pages. If you elect to participate in the drilling and completion of the wells proposed herein, please sign and return a copy of this letter along with the enclosed AFEs within thirty (30) days of receipt of this proposal.

In the event you do not wish to participate in this proposed development, Avant is keen to discuss a deal to either trade for or purchase your interest.

Should you have any questions, please contact the undersigned at shelly@avantnr.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Shelly Albrecht".

Shelly Albrecht

Vice President of Land

Enclosures

Sharbro Energy, LLC elects as follows:

Cutbow 36 1 Fed Com #301H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #301H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #301H** well.

Cutbow 36 1 Fed Com #302H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #302H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #302H** well.

Cutbow 36 1 Fed Com #303H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #303H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #303H** well.

Cutbow 36 1 Fed Com #304H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #304H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #304H** well.

Cutbow 36 1 Fed Com #305H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #305H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #305H** well.

Cutbow 36 1 Fed Com #306H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #306H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #306H** well.

Cutbow 36 1 Fed Com #501H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #501H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #501H** well.

Cutbow 36 1 Fed Com #502H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #502H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #502H** well.

Cutbow 36 1 Fed Com #503H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #503H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #503H** well.

Cutbow 36 1 Fed Com #601H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #601H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #601H** well.

Cutbow 36 1 Fed Com #602H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #602H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #602H** well.

Cutbow 36 1 Fed Com #603H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #603H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #603H** well.

Cutbow 36 1 Fed Com #604H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #604H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #604H** well.

Cutbow 36 1 Fed Com #605H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #605H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #605H** well.

Cutbow 36 1 Fed Com #606H:

_____ I/We hereby elect to participate in the **Cutbow 36 1 Fed Com #606H** well.
_____ I/We hereby elect **NOT** to participate in the **Cutbow 36 1 Fed Com #606H** well.

Sharbro Energy, LLC

By: _____

Printed Name: _____

Title: _____

Date: _____

Authority For Expenditure - Well AFE

Well Name:	Well: Cutbow Federal Com 601H	Date:	3/23/2022
AFE:	#: NM0019	Operator:	AVANT OPERATING, LLC
County/State:	County: Lea	Completed LL:	10,000 ft
	State: New Mexico	# of Stages:	46
Field:	Field: Antelope Ridge; Bone Spring North	Total Proppant:	25,000,000 lbs
Total Depth:	TVD: 10,900 ft	Total Fluid:	642,857 bbls
	MD: 20,900 ft		

Drill and complete a 3rd Bonespring horizontal with an estimated 10,000' lateral. Drill costs include rig daywork, drilling fluid, tubulars, cement, and other services and rentals. Completion Costs include 46 stage frac job, water, sand, frac plugs, perforations, drilloout, flow back, tubing, artificial lift, tanks and facilities.

ACCOUNT CODES	INTANGIBLE DRILLING COSTS	AFE AMOUNT
8200.102	Daywork Cost	\$ 569,400.00
8200.103	Rig Mob/Demob	\$ 59,300.00
8200.104	Rig Fuel & Power	\$ 117,800.00
8200.106	Transportation & Hauling	\$ 53,000.00
8200.111	Permit/Surveys/Fees	\$ 21,500.00
8200.112	Roads, Location, Pits & Restoration	\$ 216,100.00
8200.115	Drilling Water & Hauling	\$ 51,400.00
8200.116	Drill Bits	\$ 98,000.00
8200.117	Drilling Mud & Chemicals	\$ 108,700.00
8200.124	Rental Equipment, Tools & Services	\$ 117,900.00
8200.125	Equipment Repairs & Maintenance	\$ 46,200.00
8200.127	Contract Labor	\$ 62,500.00
8200.128	Directional Services	\$ 270,800.00
8200.135	Coring & Analysis	\$ -
8200.136	Mud Logging	\$ 41,600.00
8200.137	Casing Services	\$ 53,000.00
8200.138	Cement & Services	\$ 183,500.00
8200.139	Fishing/Sidetrack	\$ -
8200.144	Engineering & Drilling Supervision	\$ 346,100.00
8200.151	Insurance Gen Liability	\$ 8,000.00
8200.152	Insurance OEE	\$ 20,000.00
8200.161	Log/Perf/Core	\$ 11,500.00
8200.162	Surface Equipment Rental	\$ 78,000.00
8200.163	Drillstem Test	\$ -
8200.164	Solids Control	\$ 155,000.00
8200.165	Safety/Environment	\$ 28,300.00
	INTANGIBLE DRILLING COSTS - SUBTOTAL	\$ 2,717,600.00
	TANGIBLE DRILLING COSTS	
8400.301	Surface Casing	\$ 67,800.00
8400.302	Intermediate Casing	\$ 204,200.00
8400.303	Production Casing	\$ 697,500.00
8400.304	Conductor Pipe	\$ 22,400.00
8400.340	Wellhead Equipment	\$ 42,000.00
	TANGIBLE DRILLING COSTS - SUBTOTAL	\$ 1,033,900.00
	DRILLING AFE TOTAL	\$ 3,751,500.00

INTANGIBLE COMPLETION COSTS			
8300.201	Completion Rig		\$ -
8300.203	Fuel & Power		\$ 690,000.00
8300.205	Roads, Location, Pits & Restoration		\$ -
8300.207	Water & Hauling		\$ 927,858.00
8300.209	Completion Fluids/Mud/Chemicals		\$ 15,000.00
8300.210	Rental Equipment Tools & Services		\$ 322,000.00
8300.212	Contract Labor		\$ 95,000.00
8300.214	Perforating & Bridge Plugs		\$ 469,200.00
8300.220	Engineering & Drilling Supervision		\$ 133,000.00
8300.227	Insurance Gen Liability		\$ 8,000.00
8300.229	Transportation & Hauling		\$ 50,000.00
8300.240	Special Services		\$ 26,500.00
8300.253	Inspection/Tubular Testing		\$ 10,000.00
8300.270	Hydraulic Fracturing		\$ 1,955,000.00
8300.271	Coil Tubing		\$ 105,200.00
INTANGIBLE COMPLETION COSTS - SUBTOTAL			\$ 4,806,758.00
TANGIBLE COMPLETION COSTS			
8300.251	Tubing		\$ 100,000.00
8400.312	Gas Lift		\$ 50,000.00
8400.313	Tank Battery		\$ 175,900.00
8400.314	Heater Treater / Separator		\$ 180,000.00
8400.316	Valves/Fitting		\$ 350,000.00
8400.331	Automation		\$ 350,000.00
8400.340	Wellhead Equipment		\$ 92,000.00
TANGIBLE COMPLETION COSTS - SUBTOTAL			\$ 1,297,900.00
COMPLETION AFE TOTAL			\$ 6,104,658.00
Added Contingency			\$ 492,807.90
TOTAL AFE			\$ 10,348,965.90
APPROVED BY:	TITLE: VP of Engineering	DATE:	
COMPANY: Avant Operating, LLC			
APPROVED BY:	TITLE: CFO	DATE:	
COMPANY: Avant Operating, LLC			
APPROVED BY:	TITLE: CEO	DATE:	
COMPANY: Avant Operating, LLC			
APPROVED BY:	TITLE:	DATE:	
COMPANY:	WORKING INTEREST:		
COSTS SHOWN ON THIS FORM ARE ESTIMATES ONLY AND APPROVAL OF THIS AUTHORIZATION SHALL EXTEND TO THE ACTUAL COSTS INCURRED IN CONDUCTING THE WORK AUTHORIZED WHETHER MORE OR LESS THAN HEREIN SET OUT.			

Authority For Expenditure - Well AFE

Well Name:	Well:	Cutbow Federal Com 602H	Date:	3/23/2022
AFE:	#:	NM0020	Operator:	AVANT OPERATING, LLC
County/State:	County:	Lea	Completed LL:	10,000 ft
	State:	New Mexico	# of Stages:	46
Field:	Field:	Antelope Ridge; Bone Spring North	Total Proppant:	25,000,000 lbs
Total Depth:	TVD:	10,900 ft	Total Fluid:	642,857 bbls
	MD:	20,900 ft		

Drill and complete a 3rd Bonespring horizontal with an estimated 10,000' lateral. Drill costs include rig daywork, drilling fluid, tubulars, cement, and other services and rentals. Completion Costs include 46 stage frac job, water, sand, frac plugs, perforations, drilloout, flow back, tubing, artificial lift, tanks and facilities.

ACCOUNT CODES	INTANGIBLE DRILLING COSTS	AFE AMOUNT
8200.102	Daywork Cost	\$ 569,400.00
8200.103	Rig Mob/Demob	\$ 59,300.00
8200.104	Rig Fuel & Power	\$ 117,800.00
8200.106	Transportation & Hauling	\$ 53,000.00
8200.111	Permit/Surveys/Fees	\$ 21,500.00
8200.112	Roads, Location, Pits & Restoration	\$ 216,100.00
8200.115	Drilling Water & Hauling	\$ 51,400.00
8200.116	Drill Bits	\$ 98,000.00
8200.117	Drilling Mud & Chemicals	\$ 108,700.00
8200.124	Rental Equipment, Tools & Services	\$ 117,900.00
8200.125	Equipment Repairs & Maintenance	\$ 46,200.00
8200.127	Contract Labor	\$ 62,500.00
8200.128	Directional Services	\$ 270,800.00
8200.135	Coring & Analysis	\$ -
8200.136	Mud Logging	\$ 41,600.00
8200.137	Casing Services	\$ 53,000.00
8200.138	Cement & Services	\$ 183,500.00
8200.139	Fishing/Sidetrack	\$ -
8200.144	Engineering & Drilling Supervision	\$ 346,100.00
8200.151	Insurance Gen Liability	\$ 8,000.00
8200.152	Insurance OEE	\$ 20,000.00
8200.161	Log/Perf/Core	\$ 11,500.00
8200.162	Surface Equipment Rental	\$ 78,000.00
8200.163	Drillstem Test	\$ -
8200.164	Solids Control	\$ 155,000.00
8200.165	Safety/Environment	\$ 28,300.00
	INTANGIBLE DRILLING COSTS - SUBTOTAL	\$ 2,717,600.00
	TANGIBLE DRILLING COSTS	
8400.301	Surface Casing	\$ 67,800.00
8400.302	Intermediate Casing	\$ 204,200.00
8400.303	Production Casing	\$ 697,500.00
8400.304	Conductor Pipe	\$ 22,400.00
8400.340	Wellhead Equipment	\$ 42,000.00
	TANGIBLE DRILLING COSTS - SUBTOTAL	\$ 1,033,900.00
	DRILLING AFE TOTAL	\$ 3,751,500.00

INTANGIBLE COMPLETION COSTS			
8300.201	Completion Rig		\$ -
8300.203	Fuel & Power		\$ 690,000.00
8300.205	Roads, Location, Pits & Restoration		\$ -
8300.207	Water & Hauling		\$ 927,858.00
8300.209	Completion Fluids/Mud/Chemicals		\$ 15,000.00
8300.210	Rental Equipment Tools & Services		\$ 322,000.00
8300.212	Contract Labor		\$ 95,000.00
8300.214	Perforating & Bridge Plugs		\$ 469,200.00
8300.220	Engineering & Drilling Supervision		\$ 133,000.00
8300.227	Insurance Gen Liability		\$ 8,000.00
8300.229	Transportation & Hauling		\$ 50,000.00
8300.240	Special Services		\$ 26,500.00
8300.253	Inspection/Tubular Testing		\$ 10,000.00
8300.270	Hydraulic Fracturing		\$ 1,955,000.00
8300.271	Coil Tubing		\$ 105,200.00
INTANGIBLE COMPLETION COSTS - SUBTOTAL			\$ 4,806,758.00
TANGIBLE COMPLETION COSTS			
8300.251	Tubing		\$ 100,000.00
8400.312	Gas Lift		\$ 50,000.00
8400.313	Tank Battery		\$ 175,900.00
8400.314	Heater Treater / Separator		\$ 180,000.00
8400.316	Valves/Fitting		\$ 350,000.00
8400.331	Automation		\$ 350,000.00
8400.340	Wellhead Equipment		\$ 92,000.00
TANGIBLE COMPLETION COSTS - SUBTOTAL			\$ 1,297,900.00
COMPLETION AFE TOTAL			\$ 6,104,658.00
Added Contingency			\$ 492,807.90
TOTAL AFE			\$ 10,348,965.90
APPROVED BY:	TITLE: VP of Engineering	DATE:	
COMPANY: Avant Operating, LLC			
APPROVED BY:	TITLE: CFO	DATE:	
COMPANY: Avant Operating, LLC			
APPROVED BY:	TITLE: CEO	DATE:	
COMPANY: Avant Operating, LLC			
APPROVED BY:	TITLE:	DATE:	
COMPANY: WORKING INTEREST:			
COSTS SHOWN ON THIS FORM ARE ESTIMATES ONLY AND APPROVAL OF THIS AUTHORIZATION SHALL EXTEND TO THE ACTUAL COSTS INCURRED IN CONDUCTING THE WORK AUTHORIZED WHETHER MORE OR LESS THAN HEREIN SET OUT.			

Authority For Expenditure - Well AFE

Well Name:	Well: Cutbow Federal Com 603H	Date:	3/23/2022
AFE:	#: NM0021	Operator:	AVANT OPERATING, LLC
County/State:	County: Lea	Completed LL:	10,000 ft
	State: New Mexico	# of Stages:	46
Field:	Field: Antelope Ridge; Bone Spring North	Total Proppant:	25,000,000 lbs
Total Depth:	TVD: 10,900 ft	Total Fluid:	642,857 bbls
	MD: 20,900 ft		

Drill and complete a 3rd Bonespring horizontal with an estimated 10,000' lateral. Drill costs include rig daywork, drilling fluid, tubulars, cement, and other services and rentals. Completion Costs include 46 stage frac job, water, sand, frac plugs, perforations, drilloout, flow back, tubing, artificial lift, tanks and facilities.

ACCOUNT CODES	INTANGIBLE DRILLING COSTS	AFE AMOUNT
8200.102	Daywork Cost	\$ 569,400.00
8200.103	Rig Mob/Demob	\$ 59,300.00
8200.104	Rig Fuel & Power	\$ 117,800.00
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8200.112	Roads, Location, Pits & Restoration	\$ 216,100.00
8200.115	Drilling Water & Hauling	\$ 51,400.00
8200.116	Drill Bits	\$ 98,000.00
8200.117	Drilling Mud & Chemicals	\$ 108,700.00
8200.124	Rental Equipment, Tools & Services	\$ 117,900.00
8200.125	Equipment Repairs & Maintenance	\$ 46,200.00
8200.127	Contract Labor	\$ 62,500.00
8200.128	Directional Services	\$ 270,800.00
8200.135	Coring & Analysis	\$ -
8200.136	Mud Logging	\$ 41,600.00
8200.137	Casing Services	\$ 53,000.00
8200.138	Cement & Services	\$ 183,500.00
8200.139	Fishing/Sidetrack	\$ -
8200.144	Engineering & Drilling Supervision	\$ 346,100.00
8200.151	Insurance Gen Liability	\$ 8,000.00
8200.152	Insurance OEE	\$ 20,000.00
8200.161	Log/Perf/Core	\$ 11,500.00
8200.162	Surface Equipment Rental	\$ 78,000.00
8200.163	Drillstem Test	\$ -
8200.164	Solids Control	\$ 155,000.00
8200.165	Safety/Environment	\$ 28,300.00
	INTANGIBLE DRILLING COSTS - SUBTOTAL	\$ 2,717,600.00
	TANGIBLE DRILLING COSTS	
8400.301	Surface Casing	\$ 67,800.00
8400.302	Intermediate Casing	\$ 204,200.00
8400.303	Production Casing	\$ 697,500.00
8400.304	Conductor Pipe	\$ 22,400.00
8400.340	Wellhead Equipment	\$ 42,000.00
	TANGIBLE DRILLING COSTS - SUBTOTAL	\$ 1,033,900.00
	DRILLING AFE TOTAL	\$ 3,751,500.00

INTANGIBLE COMPLETION COSTS			
8300.201	Completion Rig		\$ -
8300.203	Fuel & Power		\$ 690,000.00
8300.205	Roads, Location, Pits & Restoration		\$ -
8300.207	Water & Hauling		\$ 927,858.00
8300.209	Completion Fluids/Mud/Chemicals		\$ 15,000.00
8300.210	Rental Equipment Tools & Services		\$ 322,000.00
8300.212	Contract Labor		\$ 95,000.00
8300.214	Perforating & Bridge Plugs		\$ 469,200.00
8300.220	Engineering & Drilling Supervision		\$ 133,000.00
8300.227	Insurance Gen Liability		\$ 8,000.00
8300.229	Transportation & Hauling		\$ 50,000.00
8300.240	Special Services		\$ 26,500.00
8300.253	Inspection/Tubular Testing		\$ 10,000.00
8300.270	Hydraulic Fracturing		\$ 1,955,000.00
8300.271	Coil Tubing		\$ 105,200.00
INTANGIBLE COMPLETION COSTS - SUBTOTAL			\$ 4,806,758.00
TANGIBLE COMPLETION COSTS			
8300.251	Tubing		\$ 100,000.00
8400.312	Gas Lift		\$ 50,000.00
8400.313	Tank Battery		\$ 175,900.00
8400.314	Heater Treater / Separator		\$ 180,000.00
8400.316	Valves/Fitting		\$ 350,000.00
8400.331	Automation		\$ 350,000.00
8400.340	Wellhead Equipment		\$ 92,000.00
TANGIBLE COMPLETION COSTS - SUBTOTAL			\$ 1,297,900.00
COMPLETION AFE TOTAL			\$ 6,104,658.00
Added Contingency			\$ 492,807.90
TOTAL AFE			\$ 10,348,965.90
APPROVED BY:	TITLE: VP of Engineering	DATE:	
COMPANY: Avant Operating, LLC			
APPROVED BY:	TITLE: CFO	DATE:	
COMPANY: Avant Operating, LLC			
APPROVED BY:	TITLE: CEO	DATE:	
COMPANY: Avant Operating, LLC			
APPROVED BY:	TITLE:	DATE:	
COMPANY:	WORKING INTEREST:		
COSTS SHOWN ON THIS FORM ARE ESTIMATES ONLY AND APPROVAL OF THIS AUTHORIZATION SHALL EXTEND TO THE ACTUAL COSTS INCURRED IN CONDUCTING THE WORK AUTHORIZED WHETHER MORE OR LESS THAN HEREIN SET OUT.			

Cutbow 36 1 Fed Com Communication Timeline

March 25, 2022- Proposals sent for the Cutbow 36 1 Fed Com wells. Avant in the process of confirming Marathon's title

April 27, 2022- Supplemental proposal sent to Marathon Oil Permian, LLC upon determining ownership

Late March-Early April- Parties received well proposals

April 26, 2022- Call with Marathon's Blake Williams about appetite to divest or trade interests to Avant

May 2, 2022- Marathon Oil Permian, LLC receives well proposals

May 10, 2022- Sharbro Energy, LLC elected NOT to participate in the Cutbow 36 1 Fed Com #601H, #602H, 603H, #604H, #605H and #606H wells

May 12, 2022- Marathon's Blake Williams emailed Avant to express an interest in working a trade that would transfer ownership of Marathon's interests to Avant

May 16, 2022- Avant emailed Marathon's Blake Williams to explore other deal options, as Avant's trade potential was limited at that time

May 20, 2022- JOA form sent to Chevron, Marathon, Oxy, Sharbro for review. Avant initiated deal discussions with Oxy

June 1, 2022- Avant had a phone call with Marathon's Blake Williams to further discuss a potential deal

June 10-13, 2022- Emails exchanged between Avant and Oxy's Jonathan Gonzales about a potential deal and Oxy's title. Oxy did not respond to deal discussions

Early to mid-June, 2022- Q&A between Chevron and Avant, as well as Oxy and Avant, regarding title interests, JOA form, spacing, timing of operations, timing of pooling, etc. Continued deal discussions with Marathon

June 27, 2022- Avant emailed a written trade proposal to Marathon's Blake Williams based on terms discussed over the phone. Blake confirmed receipt

June 28, 2022- Marathon requested continuance of Avant cases to allow time for Marathon and Avant to work a deal

July 8, 2022- Followed up with Marathon's Blake Williams on deal proposal sent to Marathon on June 27, 2022

July 15, 2022- Phone call with Marathon's Blake Williams in response to Avant's proposal. Blake said Marathon explained our proposal needed to be slightly revised, from their perspective, and would email more specifics

July 18, 2022- Received email from Marathon's Blake Williams regarding Avant's proposal reiterating what was discussed on the phone on July 15, 2022 but with added specifics [around terms for a counterproposal]. Quickly responded via phone to Marathon's Blake Williams with revisions, in attempt to address counterproposal requests

Avant Operating, LLC
Case No. 22896
Exhibit A-5

July 20, 2022- Sent Marathon's Blake Williams email following up on the latest proposal terms to solicit feedback; Blake responded saying internal feedback was taking longer than he had hoped

July 21, 2022- Phone call with Marathon's Blake Williams where he explained the terms of Avant's proposal were "in line" but structurally needed to be slightly revised to fit Marathon company preferences. Blake Williams mentioned he didn't think Marathon would need to delay hearings

July 26, 2022- Left message with Blake Williams attempting to address and accommodate what seemed to be Marathon's final request relating to Avant's proposal. Followed with an email and received Blake's out of office reply stating he was out until August 1, 2022

July 27, 2022- Chase Rice, Landman from Marathon, stepped in, in Blake's absence, and questioned Marathon's title and trade discussions to date. Requested additional continuance

July 28, 2022- Responded to Chase Rice email and explained we have a title opinion and had already worked through Marathon's title with Blake Williams. Offered to fill him in on the title details. Chase responded and said Blake would handle when he returned to the office August 8th

August 1, 2022- Spoke to Blake Williams and was informed he resigned from Marathon but would attempt to progress the proposal until he needed to hand off the work to Chase Rice. I told him Avant would put the latest rendition of the proposal letter in an email for him for extra clarity

August 2, 2022- Sent revised proposal to both Blake and Chase via email for their review

August 9, 2022- Left voicemails with both Blake Williams and Chase Rice following up on the proposal seeking clarity on Marathon's position on each the proposal and the upcoming hearings- no response.

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

APPLICATION OF AVANT OPERATING, LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 22896

SELF-AFFIRMED STATEMENT
OF JOHN HARPER

1. I am the Vice President of Geosciences at Avant Operating, LLC (“Avant”) and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”), and my credentials as an expert in petroleum geology matters were accepted and made a matter of record.

2. I am familiar with the geological matters that pertain to the above-referenced case.

3. **Exhibit B-1** is a regional locator map that identifies the Cutbow project area for the Bone Spring horizontal spacing unit that is the subject of this application.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit within the Bone Spring formation. The approximate wellbore paths for the proposed **Cutbow 36 1 Fed Com #601H, Cutbow 36 1 Fed Com #602H, and Cutbow 36 1 Fed Com #603H** wells (“Wells”) are represented by dashed lines. This map identifies a line of cross-section running from A-A’ and includes the cross-section well names.

5. **Exhibit B-3** is a Wolfcamp Structure map in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore paths for the **Cutbow 36 1 Fed Com #601H, Cutbow 36 1 Fed Com #602H, and Cutbow 36 1 Fed Com #603H** proposed Bone Spring wells. It also identifies the location of the cross-section running from A-A’ in proximity to the proposed

wells. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

6. **Exhibit B-4** is a structural cross-section that identifies four wells penetrating the targeted interval that I used to construct a structural cross-section from A to A'. The structural cross section from north to south shows the regional dip to the East-Southeast for Third Bone Spring Sand. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area. The target zone for the proposed wells is the Third Bone Spring formation, which is consistent across the units. The approximate well-path for the proposed wells is indicated by dashed line to be drilled from north to south across the units.

7. **Exhibit B-5** is a stratigraphic cross-section from A to A' using the representative wells identified on **Exhibit B-4**. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from north to south and is hung on the top of the Wolfcamp formation. The proposed landing zone for the Well is labeled on the exhibit. . The approximate well-path for the proposed wells is indicated by a dashed line to be drilled from north to south across the units. This cross-section demonstrates the target interval is continuous across the Unit.

8. **Exhibit B-6** is a gun barrel diagram that shows the **Cutbow 36 1 Fed Com #601H**, **Cutbow 36 1 Fed Com #602H**, and **Cutbow 36 1 Fed Com #603H** wells in the Bone Spring formation, along with wells that currently exist.

9. In my opinion, a North-South orientation for the Wells is appropriate to properly develop the subject acreage due to consistent rock properties throughout the Unit and the preferred fracture orientation in this portion of the trend.

10. Based on my geologic study of the area, the targeted interval underlying the Unit is suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Wells.

11. In my opinion, the granting of Avant's application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

12. The attached exhibits were either prepared by me or under my supervision or were compiled from company business records.

13. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.

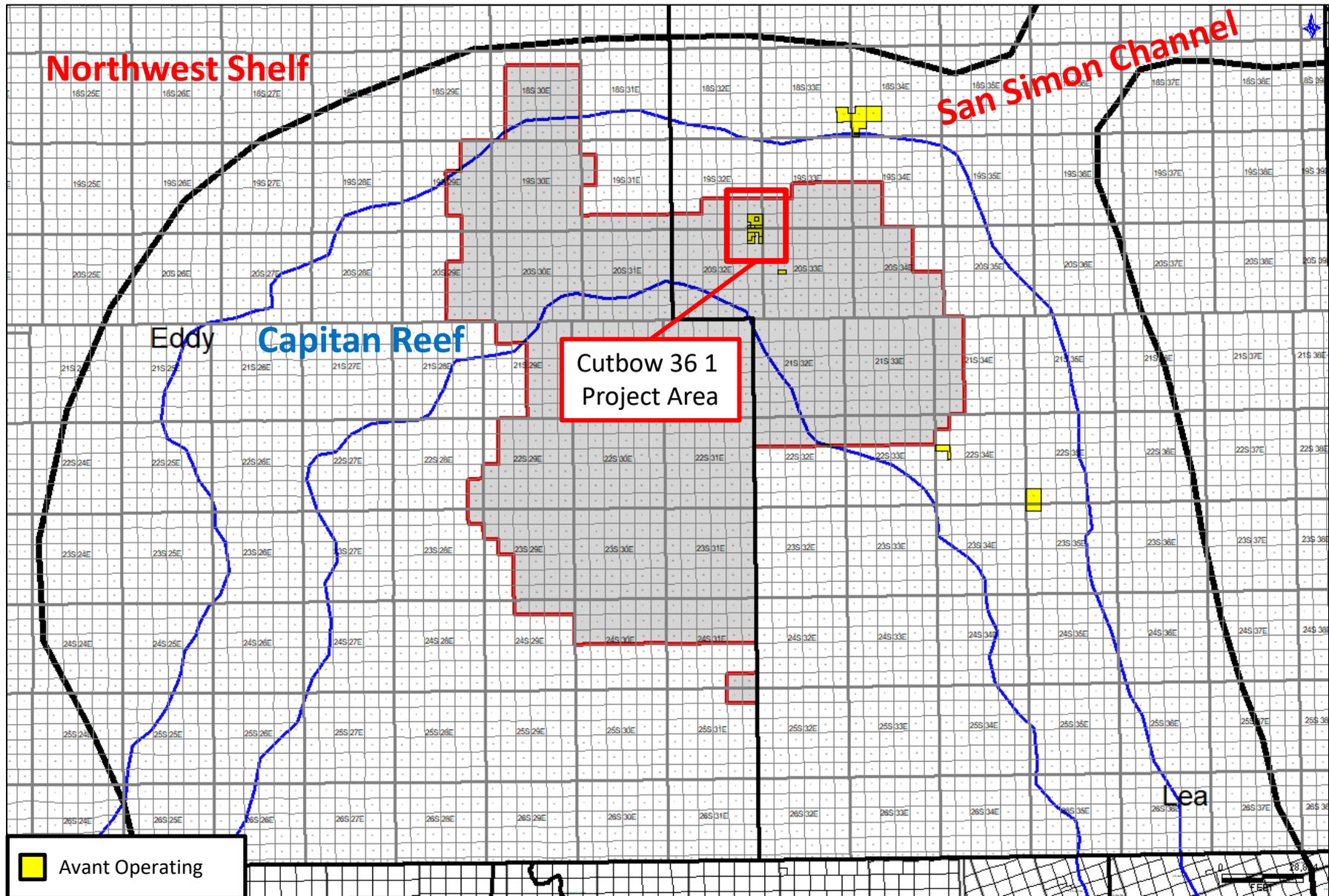


John Harper

7-27-2022
Date

Regional Locator Map
Cutbow 36 1 Fed Com #601H/#602H/#603H

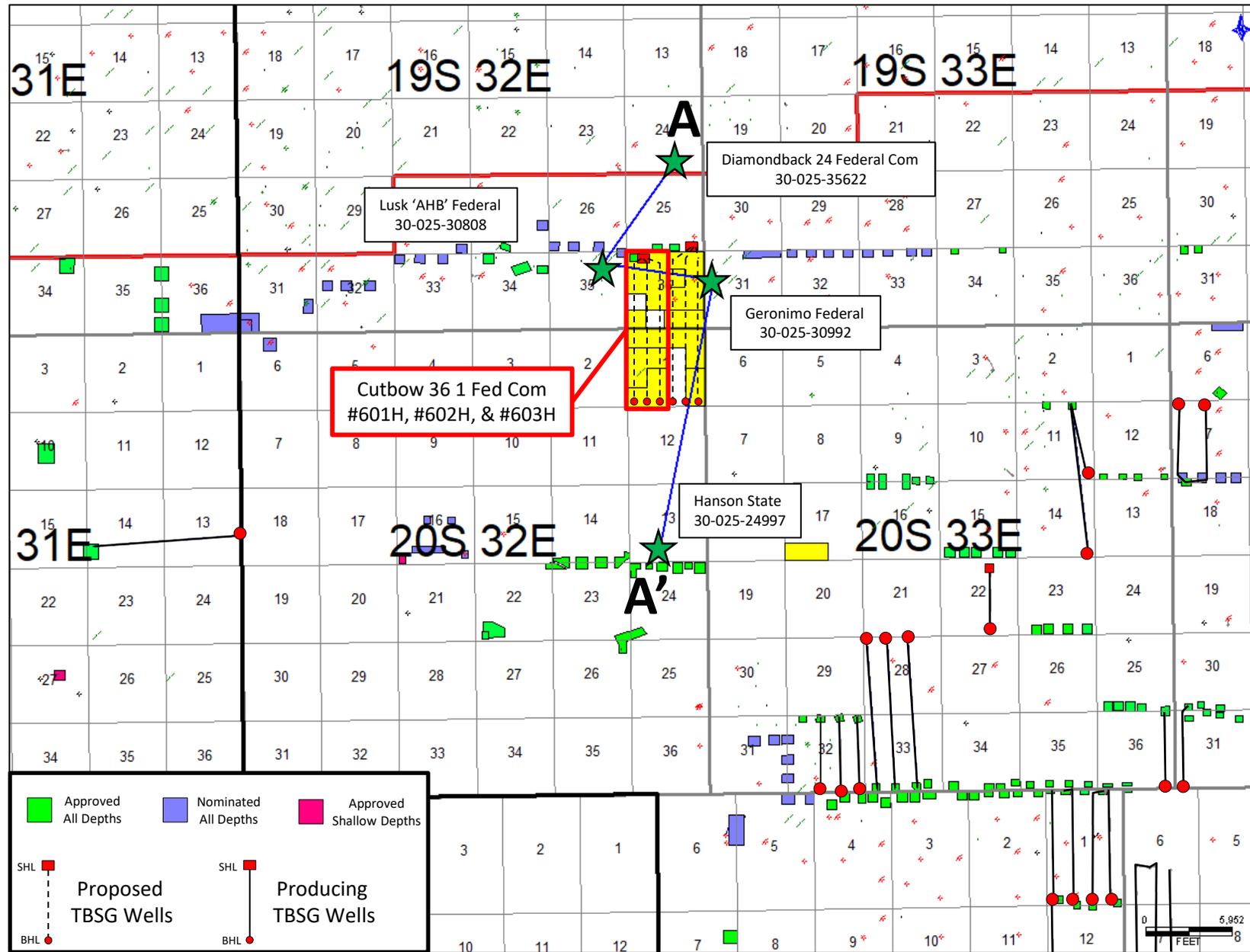
Avant Operating, LLC
Case No. 22896
Exhibit B-1



Cross-Section Locator Map

Cutbow 36 1 Fed Com #601H/#602H/#603H

Avant Operating, LLC
Case No. 22896
Exhibit B-2



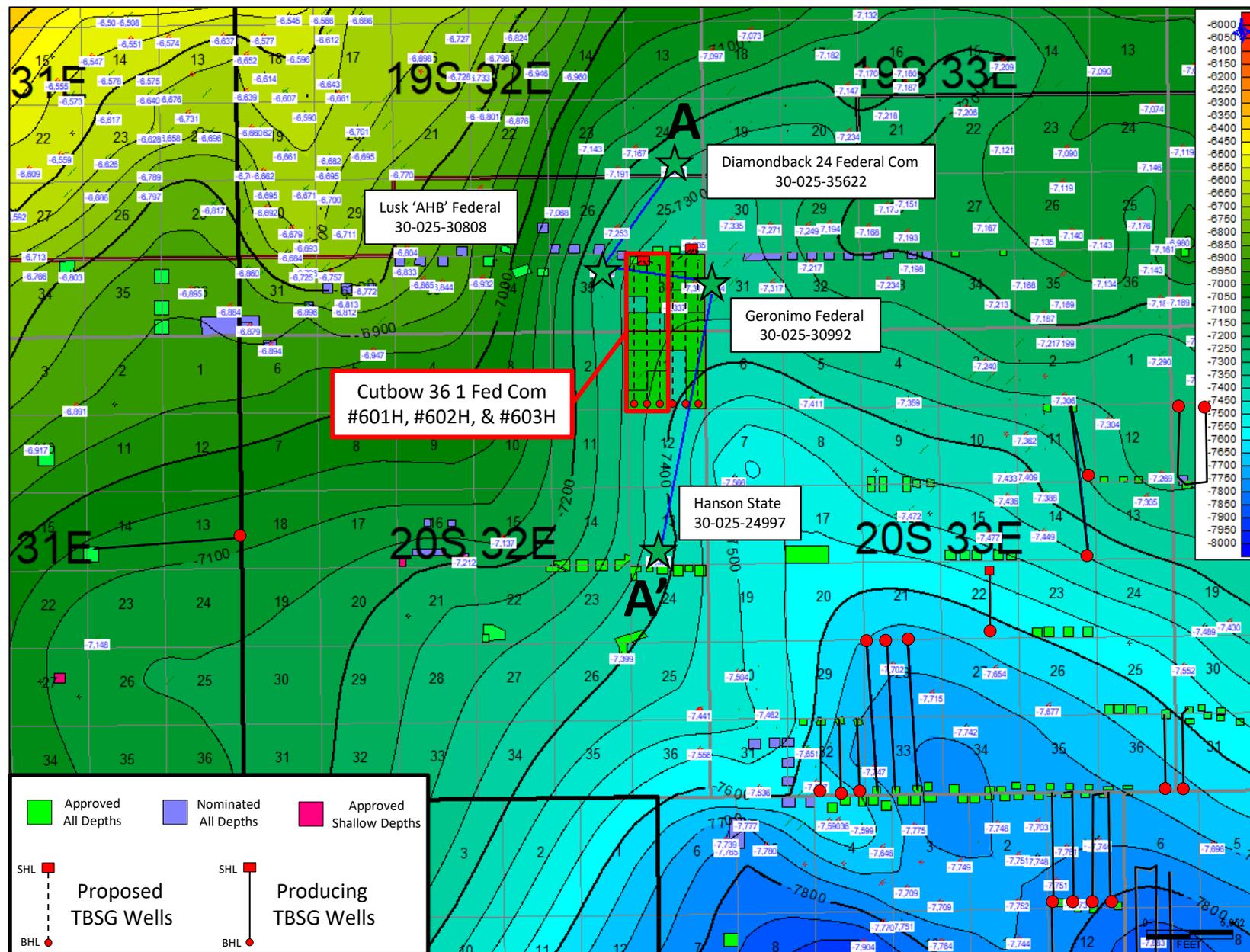
Bone Spring Structure Map (TVDs)

Cutbow 36 1 Fed Com #601H/#602H/#603H

Avant Operating, LLC

Case No. 22896

Exhibit B-3



Structural Cross-Section A-A'

Cutbow 36 1 Fed Com #601H/#602H/#603H

Avant Operating, LLC
Case No. 22896
Exhibit B-4



A

A'

DIAMONDBACK 24 FEDERAL COM
30025356220000

LUSK 'AHB' FEDERAL
30025308080000

GERONIMO FEDERAL
30025309920000

HANSON STATE
30025249970000

North

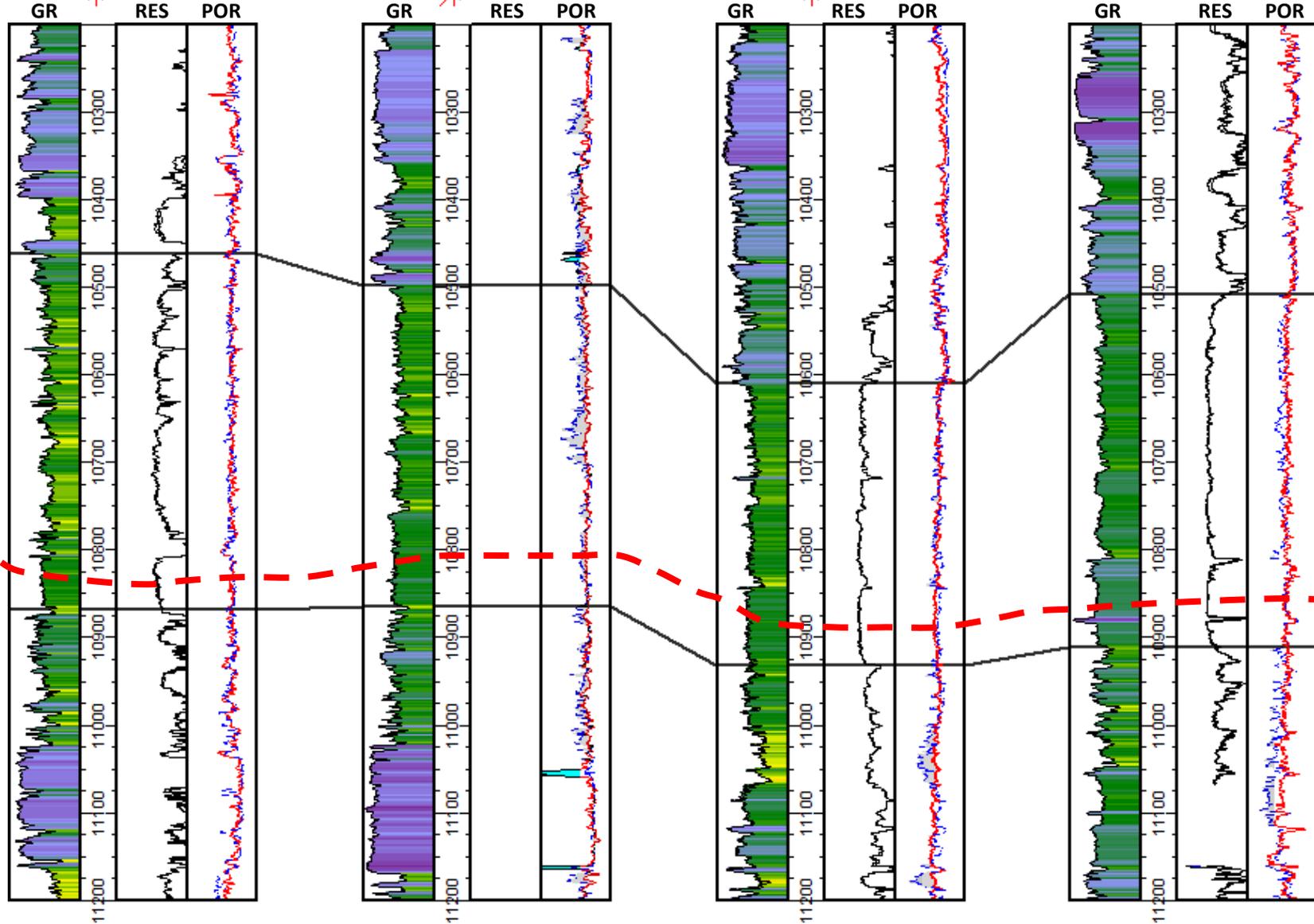
South

TBSG SD

TBSG SD

WFMP

Cutbow 36 1
Fed Com
#601H/#602H/
#603H
WFMP



Stratigraphic Cross-Section A-A'

Cutbow 36 1 Fed Com #601H/#602H/#603H

Avant Operating, LLC
Case No. 22896
Exhibit B-5



A

A'

DIAMONDBACK 24 FEDERAL COM
30025356220000

LUSK 'AHB' FEDERAL
30025308080000

GERONIMO FEDERAL
30025309920000

HANSON STATE
30025249970000

North

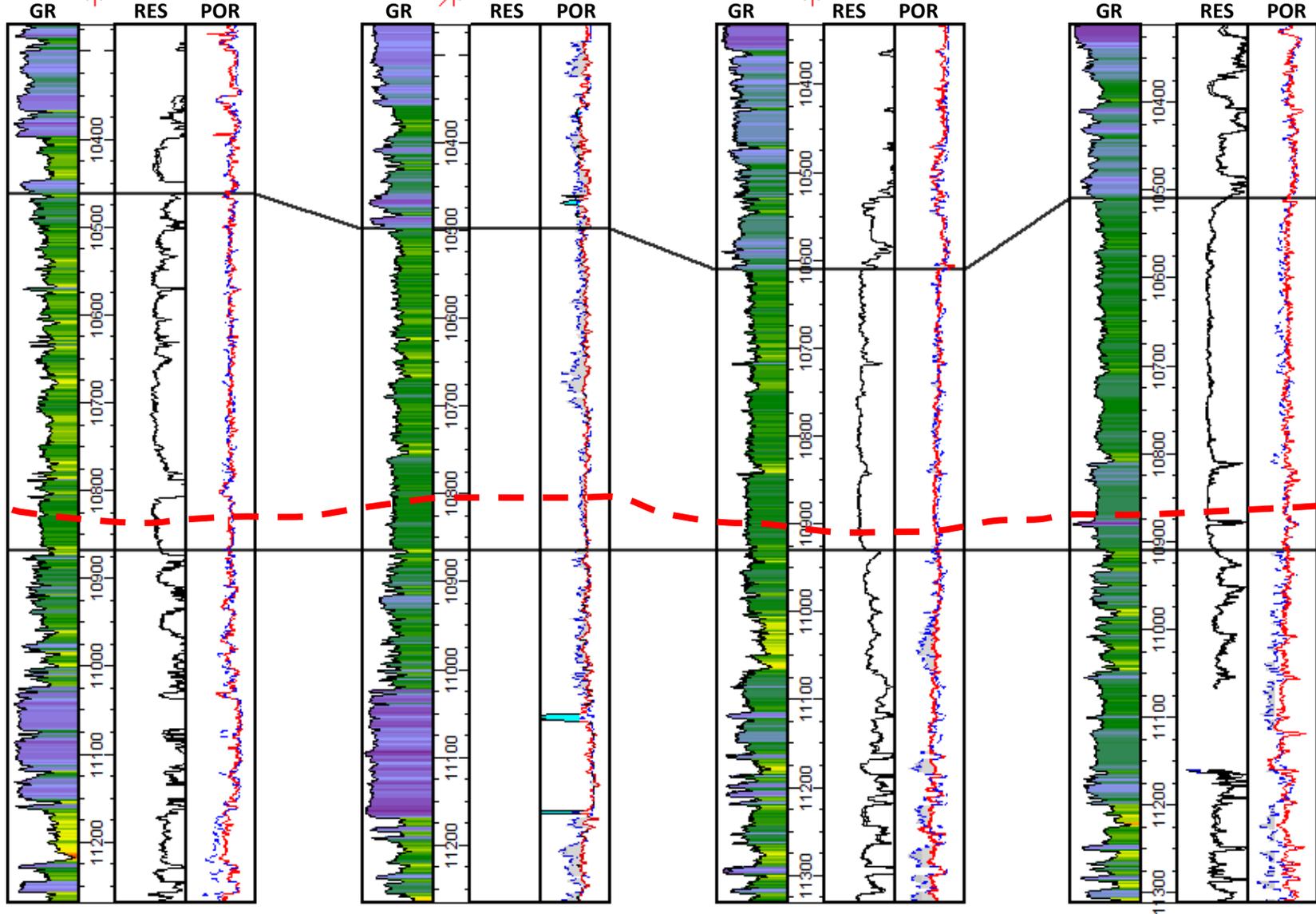
South

TBSG SD

TBSG SD

WFMP

WFMP



Cutbow 36 1
Fed Com
#601H/#602H/
#603H



Gun Barrel Development Plan

TBSG – SBSG - FBSG

Cutbow 36 1 Fed Com #601H/#602H/#603H

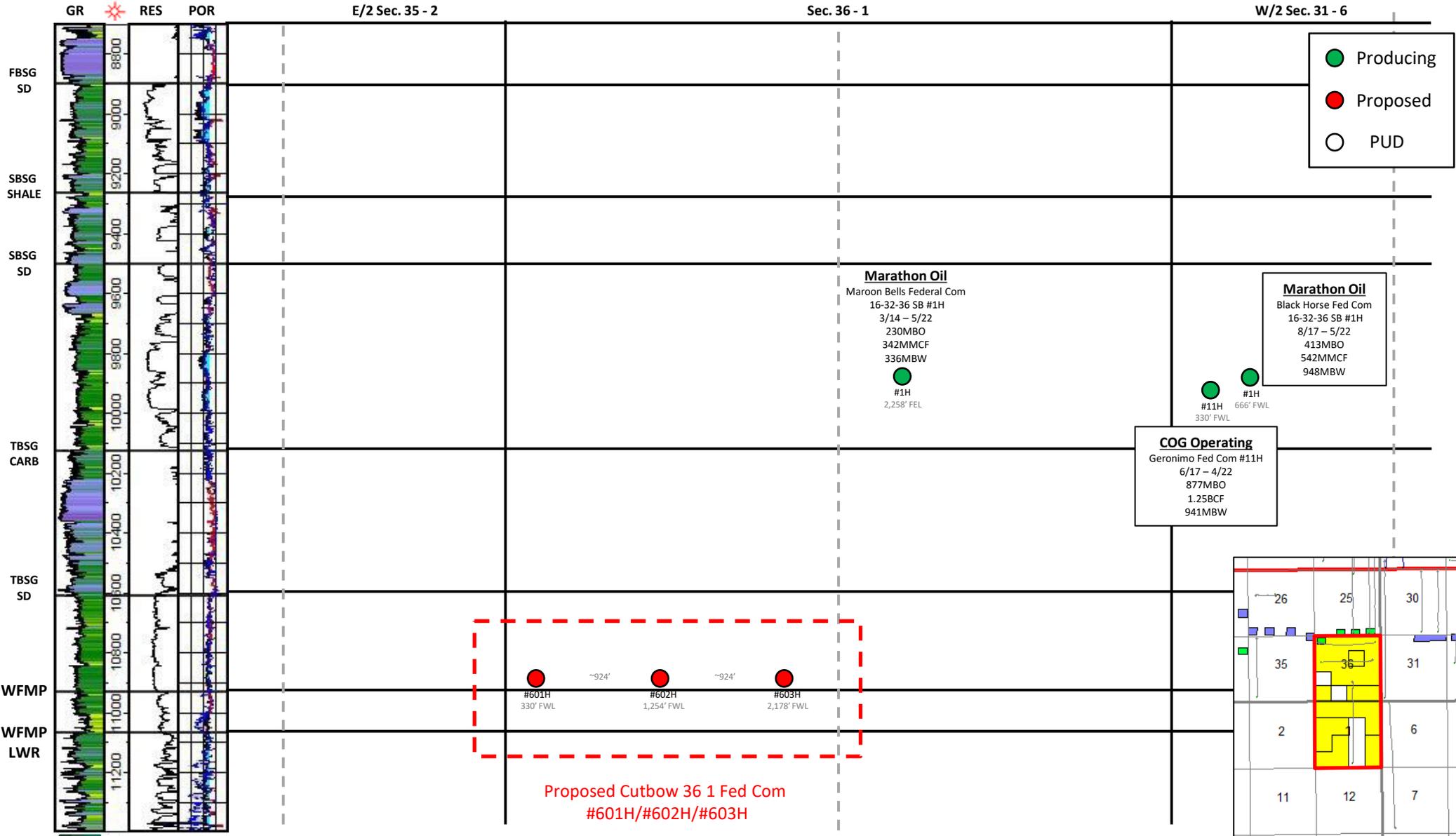
Avant Operating, LLC

Case No. 22896

Exhibit B-6



GERONIMO FEDERAL
30025309920000



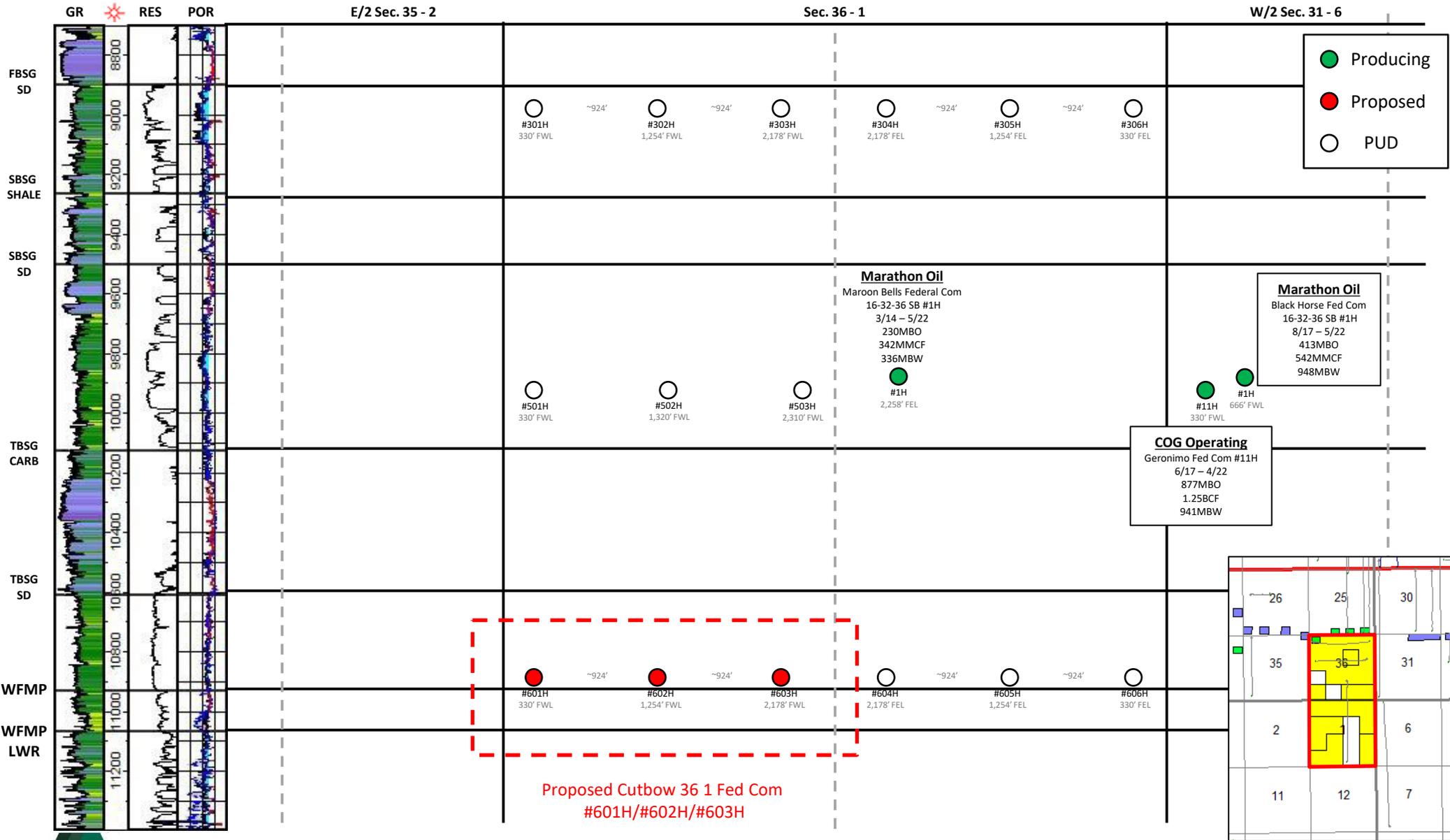
Gun Barrel Development Plan

TBSG – SBSG - FBSG

Cutbow 36 1 Fed Com #601H/#602H/#603H



GERONIMO FEDERAL
30025309920000



STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

APPLICATIONS OF AVANT OPERATING, LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 22896

SELF-AFFIRMED STATEMENT OF
DANA S. HARDY

1. I am attorney in fact and authorized representative of Avant Operating LLC, the Applicant herein.

2. I am familiar with the Notice Letter attached as **Exhibit C-1** and caused the Notice Letter to be sent to the parties set out in the chart attached as **Exhibit C-2**.

3. The above-referenced Application was provided, along with the Notice Letters, to the recipients listed in Exhibit C-2.

4. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.

5. Copies of the certified mail green cards and white slips are attached as **Exhibit C-3** as supporting documentation for proof of mailing and the information provided on Exhibit C-2.

6. On June 19, 2022, I caused a notice to be published to all interested parties in the Hobbs News Sun. An Affidavit of Publication from the Legal Clerk of the Hobbs News Sun, along with a copy of the notice publication, is attached as **Exhibit C-4**.

/s/ Dana S. Hardy
Dana S. Hardy

8/12/22
Date

Avant Operating, LLC
Case No. 22896
Exhibit C



hinklelawfirm.com

HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

June 10, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 22896 - Application of Avant Operating, LLC for Compulsory Pooling, Lea County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **July 7, 2022** beginning at 8:15 a.m.

Hearings are currently conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. Mountain Time, on the Thursday preceding the scheduled hearing date. The statement must be submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) or via e-mail to ocd.hearings@state.nm.us and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Please do not hesitate to contact me if you have questions regarding this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

Avant Operating, LLC
Case No. 22896
Exhibit C-1

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

7601 JEFFERSON ST NE • SUITE 180
ALBUQUERQUE, NEW MEXICO 87109
505-858-8320
(FAX) 505-858-8321



HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

June 24, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 22896 - Application of Avant Operating, LLC for Compulsory Pooling, Lea County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **July 7, 2022** beginning at 8:15 a.m.

Hearings are currently conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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Please do not hesitate to contact me if you have questions regarding this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure



HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

WRITER:
Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

July 6, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 22896 - Application of Avant Operating, LLC for Compulsory Pooling, Lea County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **August 4, 2022** beginning at 8:15 a.m.

Hearings are currently conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. Mountain Time, on the Thursday preceding the scheduled hearing date. The statement must be submitted through the OCD E-Permitting system (<https://www.wapps.emnrd.state.nm.us/ocd/ocdpermitting/>) or via e-mail to ocd.hearings@state.nm.us and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Please do not hesitate to contact me if you have questions regarding this matter.

Sincerely,
/s/ Dana S. Hardy
Dana S. Hardy

Enclosure

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

7601 JEFFERSON ST NE • SUITE 180
ALBUQUERQUE, NEW MEXICO 87109
505-858-8320
(FAX) 505-858-8321

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF AVANT OPERATING, LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

Case No. 22896

NOTICE LETTER LIST

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Chevron USA, Inc. 1400 Smith Street Houston, TX 77002	06/10/22	06/24/22
Chevron USA, Inc. 6301 Deauville Blvd Midland, TX 79706	06/10/22	06/16/22
Double Cabin Minerals, LLC 1515 Wynkoop Street, Suite 700 Denver, CO 80202	06/24/22	07/06/22
EOG Resources, Inc ATTN: Laci Stretcher 5509 Champions Drive Midland, TX 79706	06/10/22	06/21/22
Guard Income Fund, LP 1550 Larimer Street #505 Denver, CO 80202	06/24/22	07/05/22
Rolla R. Hinkle III PO Box 2292 Roswell, NM 88202	06/10/22	06/15/22
Magnum Hunter ATTN: John Coffman 600 N. Marienfeld, Suite 600 Midland, TX 79701	06/10/22	06/16/22
Marathon Oil Permian, LLC ATTN: Blake Williams 990 Town & Country Blvd Houston, TX 77024	06/10/22	06/24/22
Mark McClellan PO Box 730 Roswell, NM 88202-0730	06/10/22	06/16/22
New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501	07/06/22	07/12/22

Avant Operating, LLC
Case No. 22896
Exhibit C-2

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF AVANT OPERATING, LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

Case No. 22896

NOTICE LETTER LIST

Nilo Operating Company PO BOX 4362 Houston, TX 77210-4362	06/24/22	07/05/22
Oxy USA WTP, LP 5 Greenway Plaza, Suite 110 Houston, TX 77046	06/24/22	07/01/22
Oxy Y-1 Company ATTN: Jonathan Gonzales 5 Greenway Plaza, Suite 110 Houston, TX 77046	06/10/22	06/21/22
Penasco Petroleum, LLC PO Box 2292 Roswell, NM 88202	06/10/22	06/15/22
Sharbro Energy, LLC 327 W Main Street Artesia, NM 88210	06/10/22	06/16/22
Sharbro Energy, LLC 505 W. Main Street Artesia, NM 88210	06/10/22	06/16/22
Sharbro Energy, LLC PO Box 840 Artesia, NM 88211	06/10/22	06/16/22
The United States of America 301 Dinosaur Trail Santa Fe, NM 87508	06/10/22	06/23/22

7021 0950 0002 0371 4511

U.S. Postal Service
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Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Chevron USA, Inc.
 1400 Smith Street
 Houston, TX 77002
 22896 Avant - Cutbow W2

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SE _____ ERY

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chevron USA, Inc.
 1400 Smith Street
 Houston, TX 77002
 22896 Avant - Cutbow W2

Barcode: 9590 9402 6746 1074 2352 32

2. Article Number (Transfer from service label)
 7021 0950 0002 0371 4511

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Insured Mail

Insured Mail Restricted Delivery (over \$500)

B. Received by (Printed Name) Agent
 Anthony Allegre Addressee

C. Date of Delivery
 6-15-22

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

Avant Operating, LLC
Case No. 22896
Exhibit C-3

7021 0950 0002 0371 4696

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Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Chevron USA, Inc.
6301 Deauville Blvd
Midland, TX 79706

City, State, ZIP+4® 22896 Avant - Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Stephanie Gambale 6/13/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Chevron USA, Inc. 6301 Deauville Blvd Midland, TX 79706</p> <p>22896 Avant - Cutbow W2</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0371 4696</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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SANTA FE MAIN POST OFFICE
JUN 24 2022
81521-9900

7021 0950 0002 0373 8036

Certified Mail Fee		\$
Extra Services & Fees (check box, add fees as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		\$
Total Postage and Fees		\$
Sent To		
Street and Apt. No., or PO Box No.		Double Cabin Minerals, LLC 1515 Wynkoop Street, Suite 700 Denver, CO 80202
City, State, ZIP+4®		22896 - Avant Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>J. Schmidt</i></p> <p>B. Received by (Printed Name) <i>J. Schmidt</i></p> <p>C. Date of Delivery <i>6/27/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Double Cabin Minerals, LLC 1515 Wynkoop Street, Suite 700 Denver, CO 80202</p> <p style="text-align: right; font-size: 0.8em;">22896 - Avant Cutbow W2</p> </div> <p style="text-align: center;">  9590 9402 7543 2098 9416 20 </p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">7021 0950 0002 0373 8036</p>	<p>Domestic Return Receipt</p>																

PS Form 3811, July 2020 PSN 7530-02-000-9053

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Postmark Here
JUN 10 2022

7021 0950 0002 0371 4689

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. No., or PO Box No. _____
 City, State, ZIP+4® _____

EOG Resources, Inc
 ATTN: Laci Stretcher
 5509 Champions Drive
 Midland, TX 79706
 22896 Avant - Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>EOG Resources, Inc ATTN: Laci Stretcher 5509 Champions Drive Midland, TX 79706 22896 Avant - Cutbow W2</p> </div> <p style="text-align: center;">9590 9402 6746 1074 2352 56</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4689</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Laci Stretcher 6/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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Postmark Here
JUN 24 2022
87501-9998

7021 0950 0002 0373 8029

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

Guard Income Fund, LP
1550 Larimer Street #505
Denver, CO 80202
22896 - Avant Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Guard Income Fund, LP 1550 Larimer Street #505 Denver, CO 80202</p> <p style="font-size: 0.8em;">22896 - Avant Cutbow W2</p>  <p style="font-size: 1.2em; font-weight: bold;">9590 9402 7543 2098 9416 44</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8029</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Jeremiah Newell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Jeremiah Newell</i> <i>6/29/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0950 0002 0371 4627

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Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Rolla R. Hinkle III
 PO Box 2292
 Roswell, NM 88202

City, State, ZIP+4® 22896 Avant - Cutbow W2

PS Form 3800, April 2015 PSN 7580-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rolla R. Hinkle III
 PO Box 2292
 Roswell, NM 88202

22896 Avant - Cutbow W2

9590 9402 6746 1074 2352 18

2. Article Number (Transfer from service label)

7021 0950 0002 0371 4627

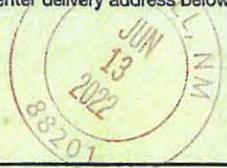
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

A. Hinkle III JUN 13 2022

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery Signature Confirmation™
- Collect on Delivery Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

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Domestic Mail Only

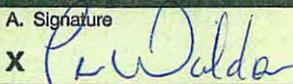
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OFFICIAL USE

7021 0950 0002 0371 4634

Certified Mail Fee \$ _____	 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. City, State, ZIP+4®	Magnum Hunter SPS ATTN: John Coffman 600 N. Marienfeld, Suite 600 Midland, TX 79701 22896 Avant - Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Magnum Hunter ATTN: John Coffman 600 N. Marienfeld, Suite 600 Midland, TX 79701 22896 Avant - Cutbow W2 </div> <div style="text-align: center;">  9590 9402 6746 1074 2352 25 </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4634</p>	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Pamela Walden 6/13/2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0950 0002 0371 4610

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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Marathon Oil Permian, LLC
 ATTN: Blake Williams
 990 Town & Country Blvd
 Houston, TX 77024

City, State, ZIP+4® 22896 Avant - Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery CJ9 6/21/2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Marathon Oil Permian, LLC ATTN: Blake Williams 990 Town & Country Blvd Houston, TX 77024</p> <p>22896 Avant - Cutbow W2</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>Barcode: 9590 9402 6746 1074 2351 88</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4610</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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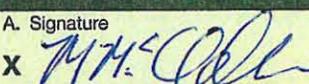
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OFFICIAL USE

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. Mark McClellan PO Box 730 City, State, ZIP+4® Roswell, NM 88202-0730 22896 Avant - Cutbow W2	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0371 4641

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Mark McClellan PO Box 730 Roswell, NM 88202-0730 22896 Avant - Cutbow W2 </div>	B. Received by (Printed Name) C. Date of Delivery <div style="display: flex; justify-content: space-between;"> Mark McClellan 6-14-22 </div>
2. Article Number (Transfer from service label) 7021 0950 0002 0371 4641	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
9590 9402 6746 1074 2352 01 	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

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Domestic Return Receipt

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OFFICIAL USE

SANTA FE NM
JUL 06 2022
MAIN POST OFFICE 87501

7121 0373 0002 0950 2021

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe, NM 87501

22896 - Avant Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501</p> <p style="text-align: right; font-size: 0.8em;">22896 - Avant Cutbow W2</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0373 7121</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
 9590 9402 7543 2098 9428 70	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL USE

7021 0950 0002 0373 8012

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Nilo Operating Company
PO BOX 4362

City, State, ZIP+4® Houston, TX 77210-4362
22896 - Avant Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SANTA FE MAIN POST OFFICE
JUN 24 2022
87501-0000

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) M. Crites C. Date of Delivery 6-24-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Nilo Operating Company PO BOX 4362 Houston, TX 77210-4362</p> <p style="text-align: center; font-size: 0.8em;">22896 - Avant Cutbow W2</p> <p style="text-align: center;">9590 9402 7543 2098 9416 51</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8012</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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7021 0950 0002 0373 8005

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. _____ Oxy USA WTP, LP
5 Greenway Plaza, Suite 110
Houston, TX 77046

City, State, ZIP+4® _____ 22896 - Avant Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>EM</u></p> <p>C. Date of Delivery <u>6/28/2022</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="text-align: center; padding: 10px;"> <p>Oxy USA WTP, LP 5 Greenway Plaza, Suite 110 Houston, TX 77046</p> <p style="font-size: 0.8em;">22896 - Avant Cutbow W2</p>  <p>9590 9402 7543 2098 9416 68</p> </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0373 8005</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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NOV 10 2022
SANTA FE, NM 87501

7021 0950 0002 0371 4542

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Oxy Y-1 Company	
ATTN: Jonathan Gonzales	
5 Greenway Plaza, Suite 110	
Houston, TX 77046	
22896 Avant - Cutbow W2	
Street and Apt. No., or PO Box No	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Oxy Y-1 Company ATTN: Jonathan Gonzales 5 Greenway Plaza, Suite 110 Houston, TX 77046</p> <p style="text-align: right; font-size: 0.8em;">22896 Avant - Cutbow W2</p> </div> <div style="text-align: center; margin: 5px 0;">  9590 9402 6746 1074 2352 87 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0371 4542</p>	<p>A. Signature</p> <p style="font-size: 1.5em; color: blue;">X <i>[Signature]</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p style="font-size: 1.5em; color: blue;"><i>[Signature]</i></p> <p>C. Date of Delivery</p> <p style="font-size: 1.5em; color: blue;">6-14-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7021 0950 0002 0371 4658

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
\$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
Penasco Petroleum, LLC
PO Box 2292
Roswell, NM 88202
22896 Avant - Cutbow W2

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Penasco Petroleum, LLC
PO Box 2292
Roswell, NM 88202

22896 Avant - Cutbow W2

9590 9402 6746 1074 2351 95

2. Article Number (Transfer from service label)
7021 0950 0002 0371 4658

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
A. Moody

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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SANTA FE, NM 87501
JUN 10 2022
USPS

7021 0950 0002 0371 4528

Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No.	Sharbro Energy, LLC 327 W Main Street Artesia, NM 88210
City, State, ZIP+4®	22896 Avant - Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kaguz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kindra Kaguz</i></p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Sharbro Energy, LLC 327 W Main Street Artesia, NM 88210</p> <p style="text-align: right; font-size: 0.8em;">22896 Avant - Cutbow W2</p> </div> <div style="text-align: center; margin: 5px 0;">  9590 9402 6746 1074 2353 17 </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4528</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7021 0950 0002 0371 4535

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OFFICIAL RECEIPT

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. No., or PO Box No. Sharbro Energy, LLC
 505 W. Main Street
 Artesia, NM 88210

City, State, ZIP+4® 22896 Avant - Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Sharbro Energy, LLC 505 W. Main Street Artesia, NM 88210</p> <p>22896 Avant - Cutbow W2</p> <p>9590 9402 6746 1074 2353 00</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2 Article Number (Transfer from service label) 7021 0950 0002 0371 4535</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

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OFFICIAL RECEIPT

Postmark Here
JUN 10 2022
USPS

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Sharbro Energy, LLC
PO Box 840
Artesia, NM 88211

City, State, ZIP+4® 22896 Avant - Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0371 4559

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold;">Sharbro Energy, LLC PO Box 840 Artesia, NM 88211</p> <p style="text-align: right; font-size: small;">22896 Avant - Cutbow W2</p> <div style="text-align: center;">  9590 9402 6746 1074 2352 94 </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4559</p>	<p>A. Signature</p> <p>X <i>Kguy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Kindra Guy</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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OFFICIAL USE

7021 0950 0002 0371 4665

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. _____ The United States of America
 301 Dinosaur Trail
 Santa Fe, NM 87508

City, State, ZIP+4® _____ 22896 Avant - Cutbow W2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here JUN 16 2022

SANTA FE, NM 87501

USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x R Duran</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Regina Duran</i> C. Date of Delivery <i>6-13-22</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>The United States of America 301 Dinosaur Trail Santa Fe, NM 87508</p> <p>22896 Avant - Cutbow W2</p>  <p>9590 9402 6746 1074 2352 70</p>	<p>BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE 620 EAST GREEN STREET CARLSBAD, NM 88220-6292</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 4665</p>	<p>3.</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
June 19, 2022
and ending with the issue dated
June 19, 2022.



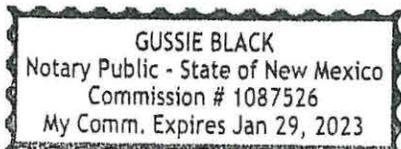
Publisher

Sworn and subscribed to before me this
19th day of June 2022.



Business Manager

My commission expires
January 29, 2023
(Seal)



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL NOTICE June 19, 2022

This is to notify all interested parties, including Oxy Y-1 Company; Calvary Resources, LLC; Chevron USA, Inc.; EOG Resources, Inc.; Larry C. Squires, Trustee of the Larry C. Squires Revocable Trust dated 10/6/2004; State of New Mexico; The United States of America; Penasco Petroleum, LLC; Mark McClellan; Rolla R. Hinkle III; Magnum Hunter; Marathon Oil Permian, LLC; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Avant Operating, LLC (Case No. 22896). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on July 7, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emprd.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 640-acre, more or less, standard horizontal spacing unit ("Unit") comprised of the W/2 of Section 36, Township 19 South, Range 32 East and the W/2 of Section 1, Township 20 South, Range 32 East, Lea County, New Mexico. The Unit will be dedicated to the following wells ("Wells"): **Cutbow 36 1 Fed Com #601H**, to be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 1, Township 20 South, Range 32 East; **Cutbow 36 1 Fed Com #602H**, to be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 1, Township 20 South, Range 32 East; and **Cutbow 36 1 Fed Com #603H**, to be horizontally drilled from a surface hole location in the NE/4 NW/4 (Unit C) of Section 36, Township 19 South, Range 32 East, to a bottom hole location in the SE/4 SW/4 (Unit N) of Section 1, Township 20 South, Range 32 East. The completed interval of the Cutbow 36 1 Fed Com #602H well will be within 330' of the quarter-quarter section line separating the W/2 W/2 and E/2 W/2 of Sections 1 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the cost, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 35 miles southwest of Hobbs, New Mexico.
#37767

02107475

00267837

GILBERT
HINKLE, SHANOR LLP
PO BOX 2068
SANTA FE, NM 87504

Avant Operating, LLC
Case No. 22896
Exhibit C-4