

12/02/2014 DATE IN	SUSPENSE	ENGINEER	12/03/2014 LOGGED IN	PMAM1433954070 APP NO.
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with a fee

ABOVE THIS LINE FOR DIVISION USE ONLY

## NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



### ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

#### Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]  
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]  
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]  
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]  
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]  
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A] Well: EVGSAU 2622-002 API #30-025-26573

[A] Location - Spacing Unit - Simultaneous Dedication  
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement  
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
☒ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify \_\_\_\_\_

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or ☐ Does Not Apply

[A] ☐ Working, Royalty or Overriding Royalty Interest Owners

[B] ☒ Offset Operators, Leaseholders or Surface Owner

[C] ☒ Application is One Which Requires Published Legal Notice

[D] ☐ Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] CERTIFICATION: I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Susan B. Maunder  
Print or Type Name

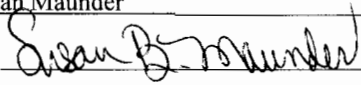
Susan B. Maunder  
Signature

Senior Regulatory Specialist  
Title

11/25/14  
Date

Susan.B.Maunder@conocophillips.com  
e-mail Address

**APPLICATION FOR AUTHORIZATION TO INJECT**

- I. PURPOSE: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage  
Application qualifies for administrative approval? ☒ Yes ☐ No
- II. OPERATOR: ConocoPhillips Company  
ADDRESS: 600 N. Dairy Ashford Road, P10-3096  
CONTACT PARTY: Susan Maunder/Senior Regulatory Specialist PHONE: 281-206-5281
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.  
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? ☒ Yes ☐ No  
If yes, give the Division order number authorizing the project: R-6856/R-5897/R-10017
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
  2. Whether the system is open or closed;
  3. Proposed average and maximum injection pressure;
  4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
  5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- \*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- \*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Susan Maunder TITLE: Senior Regulatory Specialist  
SIGNATURE:  DATE: 11/25/14  
E-MAIL ADDRESS: Susan.B.Maunder@conocophillips.com
- \* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: \_\_\_\_\_

### III. WELL DATA

- A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

- B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

### XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

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NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

**East Vacuum Grayburg San Andres Cooperative Agreement**  
Proposed Injection Well Activity

Operator: ConocoPhillips Company  
Lease Numbers:  
Well Name: East Vacuum Grayburg San Andres 2622-002W (API 30-025-26573)  
  
Current Status: Well is producing pending authorization to convert to injection.

**Proposal Description:**

ConocoPhillips Company plans to place this well into service as an injection well. The well will enhance oil recovery in this part of the field. We respectfully request authorization to inject produced water within the entire unitized interval (4150' to 5150' TVD). We also request that the order related to packer setting depth (R-5897-A) be extended to this well.

The East Vacuum Grayburg San Andres Unit (EVGSAU) is a CO<sub>2</sub> or tertiary enhanced oil recovery project located in Lea County, New Mexico. Waterflood operations began in 1980 and full scale CO<sub>2</sub> injection began in 1985. The unit, operated by ConocoPhillips, has 192 producing wells and 114 injection wells. Currently, 75 of the injection wells alternate water and CO<sub>2</sub> injection while the remaining 39 wells inject only water. All produced gas is processed for NGL removal and re-injected into the San Andres.

Cumulative production in the unit is 159 MMbbls of oil and 556 MMbbls of water. Since 1980, a total of 642 MMbbls of water has been injected and 350 BCF of gas has been injected. Current production rates from the unit are 3,000 BOPD, 700 BNGLPD and 55,000 BWPD. Injection rates are currently averaging 48,000 BWPD and 36 MMCFD of gas.

Information provided in support of this Application for Authorization to Inject is organized in the same order it is requested on Form C-108 and is detailed below.

**Section III** Well Data: This information is included in Attachment 1.

**Section V** Map that identifies all wells and leases within 2 miles of proposed injection wells:  
See Attachment 2.

The map includes a one-half mile radius circle drawn around the proposed injection well; East Vacuum Grayburg San Andres 2622-002W.

**Section VI** Tabulation of data on all wells within the area of review: A list of wells on which detailed data has already been submitted is included in Attachment 3. Well data on wells within the area of review are contained in Attachment 4. Well schematics for plugged wells are included in Attachment 5.

**Section VII** Data on the proposed operation: Injection Operation Description

- 1) Proposed average injection rate and Proposed maximum injection rate:
  - a. Average: 3000 barrels of water per day
  - b. Maximum: 5000 barrels of water per day
- 2) System is closed/open: Closed
- 3) Proposed average and maximum injection pressure at surface:
  - a. Average: 1100 psi
  - b. Maximum: 1350 psi
- 4) Source and an appropriate analysis of injection fluid
  - a. Produced water will be used as the injection fluid. A water analysis was submitted in conjunction with prior approval applications.
- 5) This well will be utilized for enhanced recovery into producing formations.

1350  
4459

**Section VIII** Geologic Data on the Injection Zone

In the East Vacuum GBSA Unit, the range of minimum to maximum depth for these markers is presented in the table below.

The injection zone top depth to the bottom of fresh water zones is within a range of 2480 feet to 2580 feet.

Formation Call	Lithology of the Injection Zone	Top (ft MD)		Average Injection Zone Thickness (ft)	Contents
		Minimum	Maximum		
Above Top of Rustler				N/A	Fresh Water
Rustler		1670	1790	N/A	
Salado		1790	2630	N/A	
Tansill		2630	2948	N/A	
Yates		2948	3230	N/A	
Seven Rivers		3230	3794	N/A	
Queen		3794	4150	N/A	
Grayburg (Injection Zone)		4150	4469	319	Oil/Gas/Salt Water
San Andres	Dolomite	4469	6108	1639	Oil/Gas/Salt Water and possible CO2 from EOR injection program
San Andres 8 & 9 (Injection Zone)	Dolopackstone/dolograinstone	4469	4750	281	Oil/Gas/Salt Water and possible CO2 from EOR injection program
PBTD			4750		
Cement Plug		4750	4808		
Total Depth			4808		

**Section IX** Description of the Propose Stimulation Program

New perforations from 4554-4569', 4578-4588', 4636-4646' will be added to increase injection, and the wellbore will be acidized prior to being placed on injection. Any future stimulation will be appropriately submitted as stated in OCD regulations.

**Section X** Logging and Test Data on the Well

Any required logging and test data has been previously submitted.

**VII ~~Data for Application to convert 3 wells (EVGSA # 2819-002, # 2801-009, # 2801-011) to Injection wells~~**

1. Proposed average and maximum injection rate:

Water	Carbon Dioxide
Average: 1500 BWPD	3,000 MMSCFD
Maximum: 2200 BWPD	5,000 MMSCFD

2. Both systems are closed

3. Proposed average and maximum injection pressure:

Water	Carbon Dioxide
Average: 1000 PSIG	1500 PSIG
Maximum*: 1350 PSIG	1850 PSIG

\* Maximum injection pressures are based on pre-existing Unit injection allowable which are based on actual San Andres fracture gradients

4. The source of injection water is San Andres produced water from ConocoPhillips operated east Vacuum Grayburg San Andres Unit. The two sources of Carbon dioxide are from reinjected produced gas and purchased gas line sales. The gas composition is approximately:

Carbon Dioxide	91%
Hydrogen Sulphide	2%
Nitrogen	2%
Hydrocarbon	5%

Carbon Dioxide has been injected into the San Andres formation since 1985 under the authority on NMOCD Order No. R6856 dated 12/16/1981.

**Section XI** Chemical Analysis of Fresh Water from two or more fresh water wells within one mile of any injection well showing location of wells and dates samples were taken.

There are eight fresh water wells within one mile of this injection well. The deepest well was drilled to 140 feet. The surface casing on 2622-002 extends to 350 feet and the cemented production casing runs from the surface to total depth at 4808'.

**Section XII** Affirmative Statement regarding examination of geologic and engineering data:

This well is to be used for enhanced hydrocarbon recovery. However, the geologic statement is provided in Attachment 6. Geologist Staff has stated that: "We do not have any evidence that there is any hydrologic connection or open faults between the injection zone and the underground sources of drinking water (USDW)."

**Section XIII** Proof of Notice

Proof of publication of the public notice for this application is included in Attachment 7. Verification of notification of interested parties within the area of review is included in Attachment 8.

**Attachment 1**  
**East Vacuum Grayburg San Andres Unit Cooperative Agreement Well Data**

The following data are provided for the new wells listed below:

East Vacuum Grayburg San Andres 2622-002W: API # 30-025-26573  
C-102 Plat  
Injection Well Data Sheet  
Injection Well Schematic  
Map Showing 0.5 mile radius



District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025-26573	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg-San Andres
<sup>4</sup> Property Code	<sup>5</sup> Property Name East Vacuum; Grayburg-San Andres Unit Tract 2622	<sup>6</sup> Well Number 002
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3905' GR

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	26	17S	35E		1430	North	1330	East	Lea

<sup>11</sup> 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

<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.

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.

<sup>16</sup>	<sup>17</sup> <b>OPERATOR CERTIFICATION</b> 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. <u>Susan B. Maunders</u> 11/4/14 Signature Date <u>Susan B. Maunders</u> Printed Name <u>Susan.B.Maunders@cop.com</u> E-mail Address
	<sup>18</sup> <b>SURVEYOR CERTIFICATION</b> 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.
	Date of Survey Signature and Seal of Professional Surveyor:
	Certificate Number

INJECTION WELL DATA SHEETOPERATOR: ConocoPhillips CompanyWELL NAME & NUMBER: East Vacuum Grayburg-San Andres Unit Tract 2622 #002 API#30-025-26573WELL LOCATION: 1430' N & 1330' E G 26 17S 35E

FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATICWELL CONSTRUCTION DATASurface CasingHole Size: 11" Casing Size: 8.625" ft<sup>3</sup>  
Cemented with: 675 sacks orTop of Cement: Surface Method Determined: \_\_\_\_\_Intermediate CasingHole Size: \_\_\_\_\_ Casing Size: \_\_\_\_\_ ft<sup>3</sup>  
Cemented with: \_\_\_\_\_ sx. or

Top of Cement: \_\_\_\_\_ Method Determined: \_\_\_\_\_

Production CasingHole Size: 7.875" Casing Size: 5.5" ft<sup>3</sup>  
Cemented with: 1345 sacks orTop of Cement: Surface Method Determined: \_\_\_\_\_Total Depth: 4808'Injection IntervalPerforated 4459' feet to 4646'

(Perforated or Open Hole; indicate which)

**INJECTION WELL DATA SHEET**Tubing Size: 2.875" Lining Material: TK-99, J-55, Internal Plastic Coated (IPC)Type of Packer: 5.0" Nickel Plated Lock SetPacker Setting Depth: 4438'

Other Type of Tubing/Casing Seal (if applicable): \_\_\_\_\_

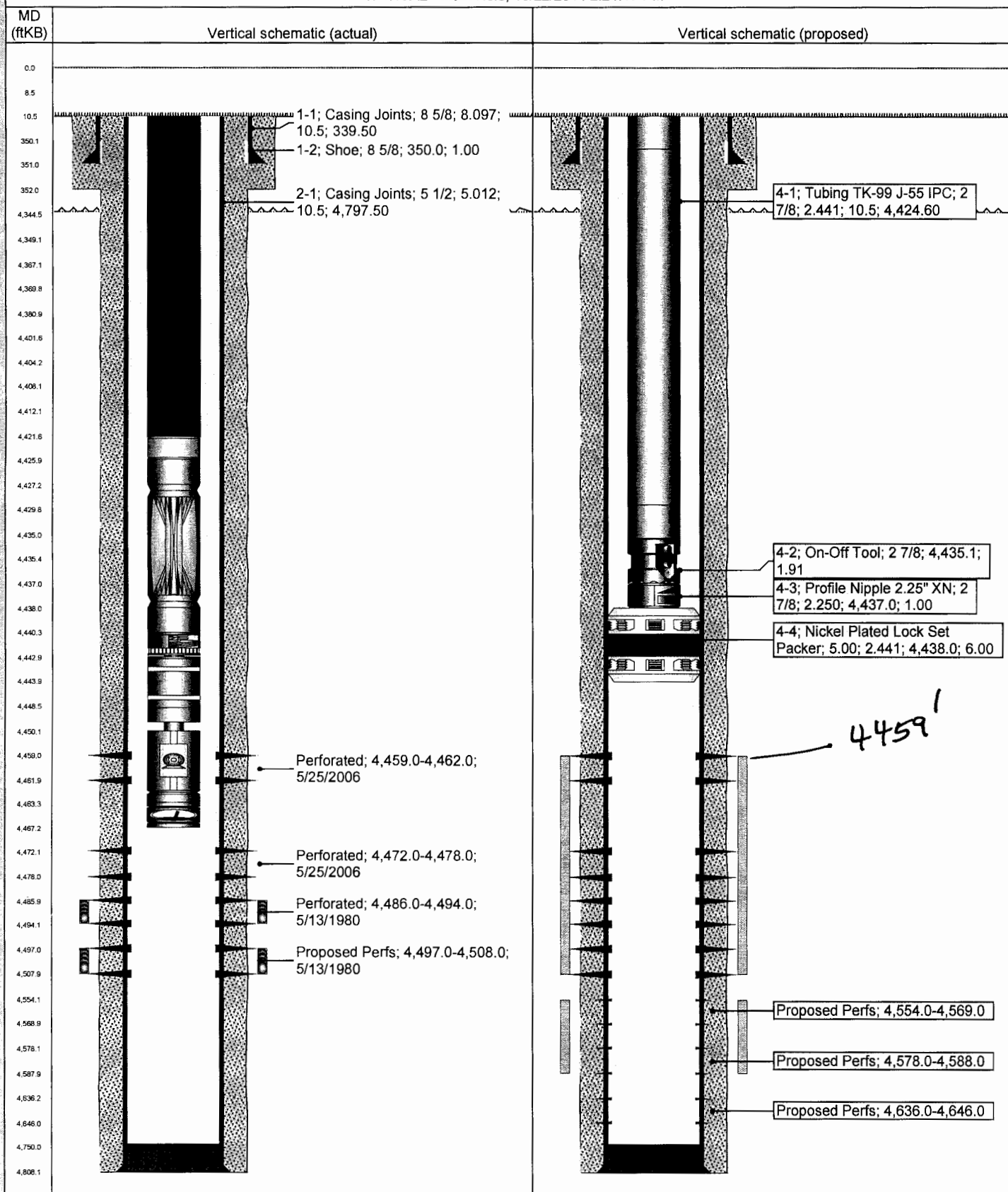
Additional Data1. Is this a new well drilled for injection? \_\_\_\_\_ Yes ☒ NoIf no, for what purpose was the well originally drilled? Well has been a producer.2. Name of the Injection Formation: Grayburg/San Andres3. Name of Field or Pool (if applicable): Vacuum; Grayburg/ San Andres4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No5. Give the name and depths of any oil and gas zones underlying or overlying the proposed injection zone in this area: Queen; Paddock



**CURRENT SCHEMATIC**  
**EAST VACUUM GB-SA UNIT 2622-002**

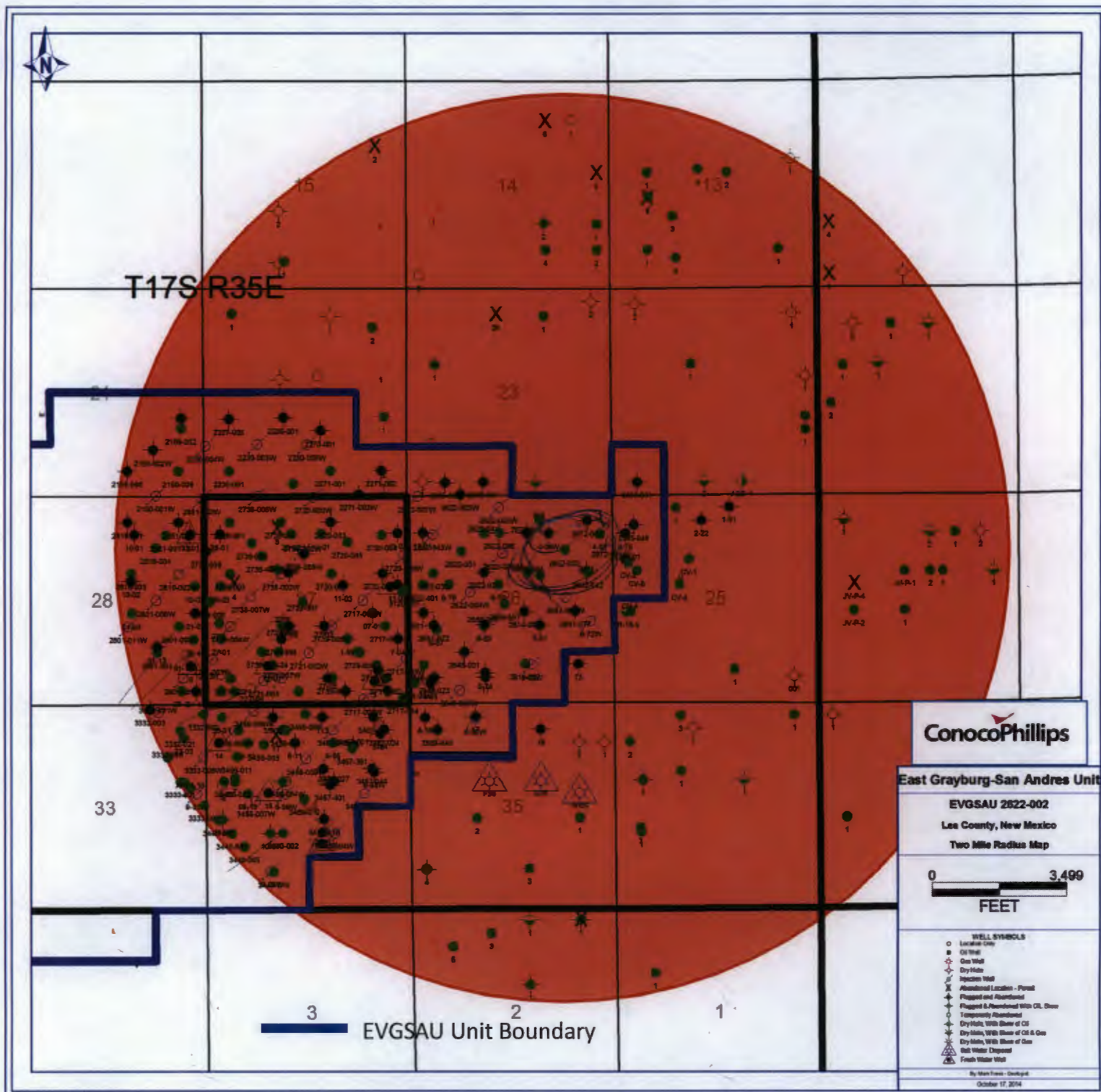
District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300252657300	County LEA	State/Province NEW MEXICO
Original Spud Date 12/18/1979	Surface Legal Location Sec. 26, T-17S, R-35E	E/W Dist (ft) 1,330.00	E/W Ref E	N/S Dist (ft) 1,430.00 N/S Ref N

VERTICAL - Main Hole, 10/22/2014 2:21:17 PM



**Attachment 2**  
**East Vacuum Grayburg San Andres Unit Cooperative Agreement Well Data**

The two-mile radius map is provided on the following page.



### Attachment 3

#### Wells Within Area of Review – Previously Submitted

The following wells were included in the tabulation of well data required for Section VI of Form C-108 submitted in conjunction with the application that resulted in WFX-877.

East Vacuum GB-SA 2622-006	API # 30-025-26923
East Vacuum GB-SA 2622-031	API # 30-025-02880
East Vacuum GB-SA 2622-034	API # 30-025-02881
East Vacuum GB-SA 2622-086	API # 30-025-20314
East Vacuum GB-SA 2642-042	API # 30-025-02883
East Vacuum GB-SA 2672-008	API # 30-025-24675
East Vacuum GB-SA 2672-001	API # 30-025-27295
Vacuum Abo Unit 004-005	API # 30-025-02888
Vacuum Abo Unit 005-001	API # 30-025-08548



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**Attachment 4**  
**East Vacuum Grayburg-San Andres Unit 2622-002 Area of Review**  
**Tabulation of Well Data**

This attachment includes pages of data for wells within the ½ mile radius of the proposed injection well.



Attachment 4  
Tabulation of Well Data

API / UWI	Operator	Legal WellName	Lease	Original Spud Date	Well Status	Surface Legal Location	Total Depth	North/South Distance	North/South Reference	East/West Distance	East/West Reference	Prod/Inj Well Type	Casing Description	Set Depth	String Nominal OD	SX Cement	TOC	Method
300252637600	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-001	East Vacuum GB-SA Unit	9/11/1979	Producing	Sec. 26, T-17S, R-35E.	4,800	1,460	N	1,310	W	Production	Surface	369	13.375	675	Surface	Circulation
300252637600	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-001	East Vacuum GB-SA Unit	9/11/1979	Producing	Sec. 26, T-17S, R-35E.	4,800	1,460	N	1,310	W	Production	Production	4,800	7,000	260	Surface	Circulation
300252657300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-002	East Vacuum GB-SA Unit	12/18/1979	Producing	Sec. 26, T-17S, R-35E.	4,808	1,430	N	1,330	E	Production	Surface	351	8.625	675	Surface	Circulation
300252657300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-002	East Vacuum GB-SA Unit	12/18/1979	Producing	Sec. 26, T-17S, R-35E.	4,808	1,430	N	1,330	E	Production	Production	4,808	5,500	1,345	Surface	Circulation
300252639500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-004W	East Vacuum GB-SA Unit	10/12/1979	Active	Sec. 26, T-17S, R-35E	4,845	2,496	N	1,544	W	Injection	Surface	350	8.625	675	Surface	Circulation
300252639500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-004W	East Vacuum GB-SA Unit	10/12/1979	Active	Sec. 26, T-17S, R-35E	4,845	2,496	N	1,544	W	Injection	Production	4,845	5,500	260	Surface	Circulation
300252711500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-005W	East Vacuum GB-SA Unit	1/23/1981	Active	Sec. 26, T-17S, R-35E	4,800	340	N	2,300	W	Injection	Surface	365	8.625	675	Surface	Circulation
300252711500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-005W	East Vacuum GB-SA Unit	1/23/1981	Active	Sec. 26, T-17S, R-35E	4,800	340	N	2,300	W	Injection	Production	4,800	5,500	300	Surface	Circulation
300252692300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-006W	East Vacuum GB-SA Unit	7/31/1980	Active	Sec. 26, T17-S, R-35E	4,800	1,550	N	2,450	W	Injection	Surface	356	8.625	675	Surface	Circulation
300252692300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-006W	East Vacuum GB-SA Unit	7/31/1980	Active	Sec. 26, T17-S, R-35E	4,800	1,550	N	2,450	W	Injection	Production	4,800	5,500	260	Surface	Circulation
300250288000	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-031	East Vacuum GB-SA Unit	7/13/1939	P & A	Sec. 26, T-17S, R-35E	4,566	1,980	FNL	1,980	FWL	Production	Surface	1,684	9.625	1,000	Surface	Circulation
300250288000	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-031	East Vacuum GB-SA Unit	7/13/1939	P & A	Sec. 26, T-17S, R-35E	4,566	1,980	FNL	1,980	FWL	Production	Production	4,153	7,000	450	2,400	Calculated
300250288000	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-031	East Vacuum GB-SA Unit	7/13/1939	P & A	Sec. 26, T-17S, R-35E	4,566	1,980	FNL	1,980	FWL	Production	Liner	4,563	4,500		3,988	Top of Liner
300250288100	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-034	East Vacuum GB-SA Unit	10/20/1939	Producing	Sec. 26, T-17S, R-35E	4,567	1,980	N	2,200	E	Production	Surface	1,681	9.625	1,000	Surface	Circulation
300250288100	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-034	East Vacuum GB-SA Unit	10/20/1939	Producing	Sec. 26, T-17S, R-35E	4,567	1,980	N	2,200	E	Production	Production	4,142	7,000	450	2,400	Calculated
300250288100	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-034	East Vacuum GB-SA Unit	10/20/1939	Producing	Sec. 26, T-17S, R-35E	4,567	1,980	N	2,200	E	Production	Liner	4,565	4,500		3,955	Top of Liner
300250288200	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-041	East Vacuum GB-SA Unit	6/18/1940	Producing	Sec. 26, T-17S, R-35E	4,562	990	N	1,980	W	Production	Surface	1,680	8.625	1,000	Surface	Circulation
300250288200	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-041	East Vacuum GB-SA Unit	6/18/1940	Producing	Sec. 26, T-17S, R-35E	4,562	990	N	1,980	W	Production	Production	4,140	5,500	500	2,399	Calculated
300252031400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-086	East Vacuum GB-SA Unit	9/25/1963	P & A	Sec. 26, T-17S, R-35E	9,000	990	N	2,307	W	Production	Surface	312	13.375	20	Surface	Circulation
300252031400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-086	East Vacuum GB-SA Unit	9/25/1963	P & A	Sec. 26, T-17S, R-35E	9,000	990	N	2,307	W	Production	Intermediate	3,250	8.625	100	2,600	Calculated
300252031400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-086	East Vacuum GB-SA Unit	9/25/1963	P & A	Sec. 26, T-17S, R-35E	9,000	990	N	2,307	W	Production	Production	9,000	5,500	710	2,150	Calculated
300250288300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2642-042	East Vacuum GB-SA Unit	2/26/1941	Active	Sec. 26, T-17S, R-35E	4,650	1,980	N	660	E	Injection	Surface	1,710	8.625	1,000	Surface	Circulation
300250288300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2642-042	East Vacuum GB-SA Unit	2/26/1941	Active	Sec. 26, T-17S, R-35E	4,650	1,980	N	660	E	Injection	Production	4,131	5,500	500	1,908	Calculated
300252677500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-001	East Vacuum GB-SA Unit	6/25/1980	Producing	UL-K, Sec 26, T-17-S, R-35-E	6,398	2,500	S	2,500	W	Production	Surface	350	9.625	400	Surface	Circulation
300252677500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-001	East Vacuum GB-SA Unit	6/25/1980	Producing	UL-K, Sec 26, T-17-S, R-35-E	6,398	2,500	S	2,500	W	Production	Production	4,795	7,000	1,300	Surface	Circulation
300250287500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-011	East Vacuum GB-SA Unit	9/8/1938	P & A	UL-K, Sec 26, T-17-S, R-35-E	4,611	1,980	S	1,980	W	Production	Surface	1,696	9.625	860	Surface	Circulation
300250287500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-011	East Vacuum GB-SA Unit	9/8/1938	P & A	UL-K, Sec 26, T-17-S, R-35-E	4,611	1,980	S	1,980	W	Production	Intermediate	4,207	7,000	400	3,480	Calculated
300250287500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-011	East Vacuum GB-SA Unit	9/8/1938	P & A	UL-K, Sec 26, T-17-S, R-35-E	4,611	1,980	S	1,980	W	Production	Liner	4,526	4,500		4,073	Top of Liner
300250288700	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-004	East Vacuum GB-SA Unit	10/3/1940	P & A	SEC. 26, T17S, R35E	4,620	660	N	660	E	Production	Surface	1,714	9.625	300	661	Calculated
300250288700	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-004	East Vacuum GB-SA Unit	10/3/1940	P & A	SEC. 26, T17S, R35E	4,620	660	N	660	E	Production	Production	4,207	5,500	250	2,620	Calculated
300252467500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-008	East Vacuum GB-SA Unit	3/2/1974	P & A	UL-B, Sec 26, T-17-S, R-35-E	4,700	990	N	2,310	E	Production	Surface	303	10.750	400	Surface	Circulation
300252467500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-008	East Vacuum GB-SA Unit	3/2/1974	P & A	UL-B, Sec 26, T-17-S, R-35-E	4,700	990	N	2,310	E	Production	Production	4,700	7,000	1,600	Surface	Circulation
300252729500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-001W	East Vacuum GB-SA Unit	3/3/1981	Active	UL-A, Sec 26, T-17-S, R-35-E	4,828	1,175	N	50	E	Injection	Surface	368	8.625	390	Surface	Circulation
300252729500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-001W	East Vacuum GB-SA Unit	3/3/1981	Active	UL-A, Sec 26, T-17-S, R-35-E	4,828	1,175	N	50	E	Injection	Production	4,828	5,500	1,160	Surface	Circulation
300250288800	CONOCOPHILLIPS	VACUUM ABO UNIT 004-005	Vacuum Abo Unit	8/14/1962	Producing	Sec. 26, T17S, R35E	9,100	990	FNL	330	FEL	Production	Surface	330	10.750	325	Surface	Circulation
300250288800	CONOCOPHILLIPS	VACUUM ABO UNIT 004-005	Vacuum Abo Unit	8/14/1962	Producing	Sec. 26, T17S, R35E	9,100	990	FNL	330	FEL	Production	Intermediate	3,596	7.625	1,500	Surface	Circulation
300250288800	CONOCOPHILLIPS	VACUUM ABO UNIT 004-005	Vacuum Abo Unit	8/14/1962	Producing	Sec. 26, T17S, R35E	9,100	990	FNL	330	FEL	Production	Production Liner	9,100	5,500	650	Surface	Circulation
300250854800	CONOCOPHILLIPS	VACUUM ABO UNIT 005-001	Vacuum Abo Unit	4/20/1962	P & A	Sec. 26, T17S, R35E	9,103	1,980	FSL	1,980	FEL	Production	Surface	339	13.375	250	Surface	Circulation
300250854800	CONOCOPHILLIPS	VACUUM ABO UNIT 005-001	Vacuum Abo Unit	4/20/1962	P & A	Sec. 26, T17S, R35E	9,103	1,980	FSL	1,980	FEL	Production	Intermediate	3,133	8.625	300	1,203	Calculated
300250854800	CONOCOPHILLIPS	VACUUM ABO UNIT 005-001	Vacuum Abo Unit	4/20/1962	P & A	Sec. 26, T17S, R35E	9,103	1,980	FSL	1,980	FEL	Production	Production	9,103	4,500	1,025	4,516	Calculated
300250854200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-069	Vacuum Abo Unit	5/18/1962	Producing	Sec. 26-17S-35E	9,100	1,980	FSL	1,890	FWL	Production	Surface	309	13.375	350	Surface	Circulation
300250854200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-069	Vacuum Abo Unit	5/18/1962	Producing	Sec. 26-17S-35E	9,100	1,980	FSL	1,890	FWL	Production	Intermediate	3,358	8.625	400	2,500	Calculated
300250854200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-069	Vacuum Abo Unit	5/18/1962	Producing	Sec. 26-17S-35E	9,100	1,980	FSL	1,890	FWL	Production	Production	9,100	5,500	600	2,600	Calculated
3002508523	CONOCOPHILLIPS	VACUUM ABO UNIT 006-070	Vacuum Abo Unit	6/16/1962	Producing	SEC. 26, T17S, R35E	9,073	2,080	FNL	1,980	FEL	Production	Surface	333	13.375	350	Surface	Circulation

TOTAL Wells: 37 PPA  
APR wells: 19 PPA  
18 Active

19 PPA 13 Active

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Attachment 4  
Tabulation of Well Data

API / UWI	Operator	Legal WellName	Lease	Original Spud Date	Well Status	Surface Legal Location	Total Depth	North/South Distance	North/South Reference	East/West Distance	East/West Reference	Prod/Inj Well Type	Casing Description	Set Depth	String Nominal OD	SX Cement	TOC	Method
3002508523	CONOCOPHILLIPS	VACUUM ABO UNIT 006-070	Vacuum Abo Unit	6/16/1962	Producing	SEC. 26, T-17S, R-35E	9,073	2,080	FNL	1,980	FEL	Production	Intermediate	3,343	8.625	400	2,500	Calculated
3002508523	CONOCOPHILLIPS	VACUUM ABO UNIT 006-070	Vacuum Abo Unit	6/16/1962	Producing	SEC. 26, T-17S, R-35E	9,073	2,080	FNL	1,980	FEL	Production	Production	9,066	5,500	625	3,150	Calculated
300250854300	CONOCOPHILLIPS	VACUUM ABO UNIT 006-071	Vacuum Abo Unit	7/16/1962	P & A	SEC. 26, T-17S, R-35E	9,100	1,980	FNL	760	FEL	Production	Surface	356	13.375	350	Surface	Circulation
300250854300	CONOCOPHILLIPS	VACUUM ABO UNIT 006-071	Vacuum Abo Unit	7/16/1962	P & A	SEC. 26, T-17S, R-35E	9,100	1,980	FNL	760	FEL	Production	Intermediate	3,365	8.625	400	2880	Calculated
300250854300	CONOCOPHILLIPS	VACUUM ABO UNIT 006-071	Vacuum Abo Unit	7/16/1962	P & A	SEC. 26, T-17S, R-35E	9,100	1,980	FNL	760	FEL	Production	Production	9,100	5,500	715	Surface	Circulation
300250287000	CONOCOPHILLIPS	VACUUM ABO UNIT 006-075	Vacuum Abo Unit	10/18/1962	P & A	SEC. 25, T-17S, R-35E	9,000	990	N	333	W	Production	Surface	332	13.375	350	Surface	Circulation
300250287000	CONOCOPHILLIPS	VACUUM ABO UNIT 006-075	Vacuum Abo Unit	10/18/1962	P & A	SEC. 25, T-17S, R-35E	9,000	990	N	333	W	Production	Intermediate	3,400	8.625	400	2,300	Calculated
300250287000	CONOCOPHILLIPS	VACUUM ABO UNIT 006-075	Vacuum Abo Unit	10/18/1962	P & A	SEC. 25, T-17S, R-35E	9,000	990	N	333	W	Production	Production	9,000	5,500	560	2,500	Calculated
3002520200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-076	Vacuum Abo Unit	2/15/1963	Producing	SEC. 26, T-17S, R-35E, UL F	10,680	2,310	FNL	2,270	FWL	Production	Surface	323	13.375	350	Surface	Circulation
3002520200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-076	Vacuum Abo Unit	2/15/1963	Producing	SEC. 26, T-17S, R-35E, UL F	10,680	2,310	FNL	2,270	FWL	Production	Intermediate	3,285	9.625	770	1,100	Calculated
3002520200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-076	Vacuum Abo Unit	2/15/1963	Producing	SEC. 26, T-17S, R-35E, UL F	10,680	2,310	FNL	2,270	FWL	Production	Production	9,058	5,500	680	1,700	Calculated
300250854700	CONOCOPHILLIPS	VACUUM ABO UNIT 006-072W	Vacuum Abo Unit	8/15/1962	Active	SEC. 26, T-17S, R-35E, UL I	9,087	2,080	FSL	660	FEL	Injection	Surface	310	13.375	350	Surface	Circulation
300250854700	CONOCOPHILLIPS	VACUUM ABO UNIT 006-072W	Vacuum Abo Unit	8/15/1962	Active	SEC. 26, T-17S, R-35E, UL I	9,087	2,080	FSL	660	FEL	Injection	Intermediate	3,321	8.625	400	Surface	Circulation
300250854700	CONOCOPHILLIPS	VACUUM ABO UNIT 006-072W	Vacuum Abo Unit	8/15/1962	Active	SEC. 26, T-17S, R-35E, UL I	9,087	2,080	FSL	660	FEL	Injection	Production	9,087	5,500	565	Surface	Circulation
300250287200	CONOCOPHILLIPS	VACUUM ABO UNIT 004-006W	VACUUM ABO UNIT	9/22/1962	P & A	Sec. 26, T-17S, R-35E	9,085	990	FNL	1,650	FEL	Injection	Surface	353	10.750	450	Surface	Circulation
300250287200	CONOCOPHILLIPS	VACUUM ABO UNIT 004-006W	VACUUM ABO UNIT	9/22/1962	P & A	Sec. 26, T-17S, R-35E	9,085	990	FNL	1,650	FEL	Injection	Intermediate	3,600	7.625	2,460	Surface	Circulation
300250287200	CONOCOPHILLIPS	VACUUM ABO UNIT 004-006W	VACUUM ABO UNIT	9/22/1962	P & A	Sec. 26, T-17S, R-35E	9,085	990	FNL	1,650	FEL	Injection	Production	9,085	5,500	750	3,441	Top of Liner
300252657400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2642-001W	East Vacuum GB-SA Unit	12/19/1979	Active	Sec. 26, T-17S, R-35E	4,800.0	2,630.00	FNL	1,310.00	FEL	Injection	Surface	350.0	8.625	350	Surface	Circulation
300252657400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2642-001W	East Vacuum GB-SA Unit	12/19/1979	Active	Sec. 26, T-17S, R-35E	4,800.0	2,630.00	FNL	1,310.00	FEL	Injection	Production	4,794.0	5,500	1,148	430	Calculated
300250288600	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2631-077	East Vacuum GB-SA Unit	12/1/1962	P & A	Sec. 26, T-17S, R-35E	4,620.0	2,310.00	S	990.00	E	Production	Surface	330.0	8.625	325	Surface	Circulation
300250288600	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2631-077	East Vacuum GB-SA Unit	12/1/1962	P & A	Sec. 26, T-17S, R-35E	4,620.0	2,310.00	S	990.00	E	Production	Production1	4,620.0	4,500	400	3,100	Temp Log
300250287300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2614-001	East Vacuum GB-SA Unit	4/1/1939	P & A	Sec. 26, T-17S, R-35E.	4,584.0	2,970.00	N	2,310.00	E	Production	Surface	1,702.0	8.625	650	Surface	Circulation
300250287300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2614-001	East Vacuum GB-SA Unit	4/1/1939	P & A	Sec. 26, T-17S, R-35E.	4,584.0	2,970.00	N	2,310.00	E	Production	Production1	4,253.0	5,500	275	2,963	Calculated
300250287300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2614-001	East Vacuum GB-SA Unit	4/1/1939	P & A	Sec. 26, T-17S, R-35E.	4,584.0	2,970.00	N	2,310.00	E	Production	Production2	4,584.0	4,000	300	4,188	Calculated
300250286400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2576-001	East Vacuum GB-SA Unit	8/16/1940	P & A	Sec. 25, T-17S, R-35E.	4,555.0	1,650.00	N	330.00	W	Production	Surface	1,737.0	8.625	450	Surface	Circulation
300250286400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2576-001	East Vacuum GB-SA Unit	8/16/1940	P & A	Sec. 25, T-17S, R-35E.	4,555.0	1,650.00	N	330.00	W	Production	Production1	4,260.0	5,500	300	2,597	Calculated
300250286900	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2505-048	East Vacuum GB-SA Unit	5/3/1942	P & A	Sec. 25, T-17S, R-35E.	4,554.0	765.00	N	563.00	W	Production	Surface	1,759.0	8.625	650	Surface	Circulation
300250286900	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2505-048	East Vacuum GB-SA Unit	5/3/1942	P & A	Sec. 25, T-17S, R-35E.	4,554.0	765.00	N	563.00	W	Production	Production1	4,226.0	5,500	300	2,760	Calculated
300250286300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2469-001	East Vacuum GB-SA Unit	3/7/1943	P & A	Sec. 24, T-17S, R-35E.	4,600.0	330.00	S	660.00	W	Production	Surface	1,572.0	8.625	150	646	Calculated
300250286300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2469-001	East Vacuum GB-SA Unit	3/7/1943	P & A	Sec. 24, T-17S, R-35E.	4,600.0	330.00	S	660.00	W	Production	Production1	4,268.0	5,500	100	3,569	Calculated
300250286200	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2335-001	East Vacuum GB-SA Unit	7/25/1941	P & A	Sec. 23, T-17S, R-35E	4,575.0	330.00	S	1,980.00	W	Production	Surface	1,691.0	8.625	300	Surface	Circulation
300250286200	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2335-001	East Vacuum GB-SA Unit	7/25/1941	P & A	Sec. 23, T-17S, R-35E	4,575.0	330.00	S	1,980.00	W	Production	Production1	4,198.0	5,500	200	2,775	Calculated
300250286000	Zapata Petroleum	ADAMS-PETERSON SHELL 1	East Vacuum GB-SA Unit	12/12/1957	P & A	SEC. 23, T-17S, R-35E	4,635	330	FSL	1,980	FEL	Production	Surface	328	8.625	175	Surface	Circulation
300250286500	Great Western Drlg	STATE E TR 18 - 2	East Vacuum GB-SA Unit	10/4/1940	P & A	SEC. 23, T-17S, R-35E	4,623	2,310	FSL	330	FWL	Production	Surface	1,761	7.625	450	Surface	Circulation
300250286500	Great Western Drlg	STATE E TR 18 - 2	East Vacuum GB-SA Unit	10/4/1940	P & A	SEC. 23, T-17S, R-35E	4,623	2,310	FSL	330	FWL	Production	Production1	4,377	5,500	250	1,507	Calculated
300250854400	Mobil Oil Corp	STATE P 3	East Vacuum GB-SA Unit	12/24/1939	P & A	SEC. 23, T-17S, R-35E	4,570	660	FNL	1,980	FEL	Production	Surface	1,696	9.625	300	Surface	Circulation
300250854400	Mobil Oil Corp	STATE P 3	East Vacuum GB-SA Unit	12/24/1939	P & A	SEC. 23, T-17S, R-35E	4,570	660	FNL	1,980	FEL	Production	Production1	4,164	7,000	220	2,564	Calculated
300252077200	Three Forks Res. LLC	STATE CV - 2	VACUUM ABO UNIT	7/2/1964	Producing	SEC. 25, T-17S, R-35E	9,000	1,750	N	330	FWL	Production	Surface	357	13.325	350	Surface	Circulation
300252077200	Three Forks Res. LLC	STATE CV - 2	VACUUM ABO UNIT	7/2/1964	Producing	SEC. 25, T-17S, R-35E	9,000	1,750	N	330	FWL	Production	Intermediate	3,380	8.625	280	2,036	Calculated
300252077200	Three Forks Res. LLC	STATE CV - 2	VACUUM ABO UNIT	7/2/1964	Producing	SEC. 25, T-17S, R-35E	9,000	1,750	N	330	FWL	Production	Production	9,000	4,500	1,175	3,380	Calculated
300252077300	Amoco Prod. Co.	STATE CV - 4	VACUUM ABO UNIT	9/17/1964	P & A	SEC. 25, T-17S, R-35E	8,898	2,310	S	380	FWL	Production	Surface	355	13.325	350	Surface	Circulation
300252077300	Amoco Prod. Co.	STATE CV - 4	VACUUM ABO UNIT	9/17/1964	P & A	SEC. 25, T-17S, R-35E	8,898	2,310	S	380	FWL	Production	Intermediate	3,375	8.625	250	2,244	Calculated
300252077300	Amoco Prod. Co.	STATE CV - 4	VACUUM ABO UNIT	9/17/1964	P & A	SEC. 25, T-17S, R-35E	8,898	2,310	S	380	FWL	Production	Production	8,898	4,500	1,200	3,465	Calculated
300252366700	Three Forks Res. LLC	STATE CV - 6	VACUUM ABO UNIT	12/29/1970	Producing	SEC. 25, T-17S, R-35E	8,917	1,960	N	540	FWL	Production	Surface	362	13.325	350	Surface	Circulation

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Attachment 4  
Tabulation of Well Data

API / UWI	Operator	Legal WellName	Lease	Original Spud Date	Well Status	Surface Legal Location	Total Depth	North/South Distance	North/South Reference	East/West Distance	East/West Reference	Prod/Inj Well Type	Casing Description	Set Depth	String Nominal OD	SX Cement	TOC	Method
000252366700	Three Forks Res. LLC	STATE CV - 6	VACUUM ABO UNIT	12/30/1970	Producing	SEC. 25, T-17S, R-35E	8,917	1,960	N	540	FWL	Production	Intermediate	3,351	8.625	250	2,151	Calculated
000252366700	Three Forks Res. LLC	STATE CV - 6	VACUUM ABO UNIT	12/31/1970	Producing	SEC 25, T-17S, R-35E	8,917	1,960	N	540	FWL	Production	Production	8,917	5,500	1,100	3,350	Calculated

**Attachment 5**  
**East Vacuum Grayburg-San Andres Unit 2622-002 Area of Review**  
**Well Schematics of Plugged and Abandoned Wells**

Well bore diagrams for plugged and abandoned wells included in this submittal are listed below.

<b>Well Name and Number</b>	<b>API Number</b>
EVGSAU 031	30-025-02880
EVGSAU 086	30-025-20314
EVGSAU 011	30-025-02875
EVGSAU 004	30-025-02887
EVGSAU 008	30-025-24675
EVGSAU 077	30-025-02886
EVGSAU 001	30-025-02873
EVGSAU 001	30-025-02864
EVGSAU 048	30-025-02869
EVGSAU 001	30-025-02863
EVGSAU 001	30-025-02862
State P 3	30-025-05390
VAU 001	30-025-08548
VAU 071	30-025-08543
VAU 075	30-025-02870
VAU 006W	30-025-02872



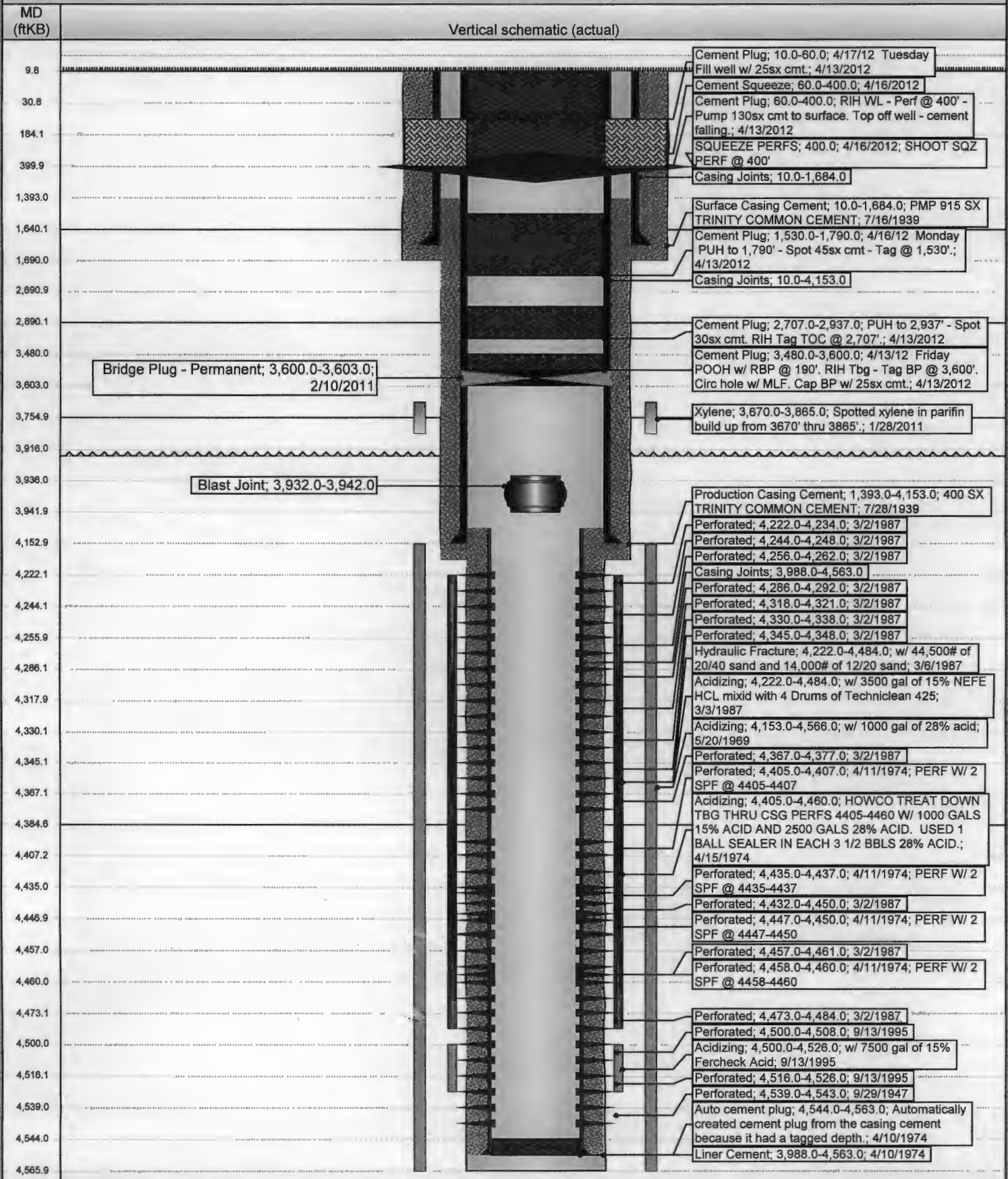
## CURRENT SCHEMATIC

ConocoPhillips

EAST VACUUM GB-SA UNIT 2622-031

District PERMIAN CONVENTIONAL	Field Name VACUUM (GRAYBURG-SAN ANDRES)	API / UW 300250288000	County LEA	State/Province NEW MEXICO		
Original Spud Date	Surface Legal Location		E/W Dist (ft)	E/W Ref	N/S Dist (ft)	N/S Ref

VERTICAL - MAIN HOLE, 10/21/2014 9:08:14 AM

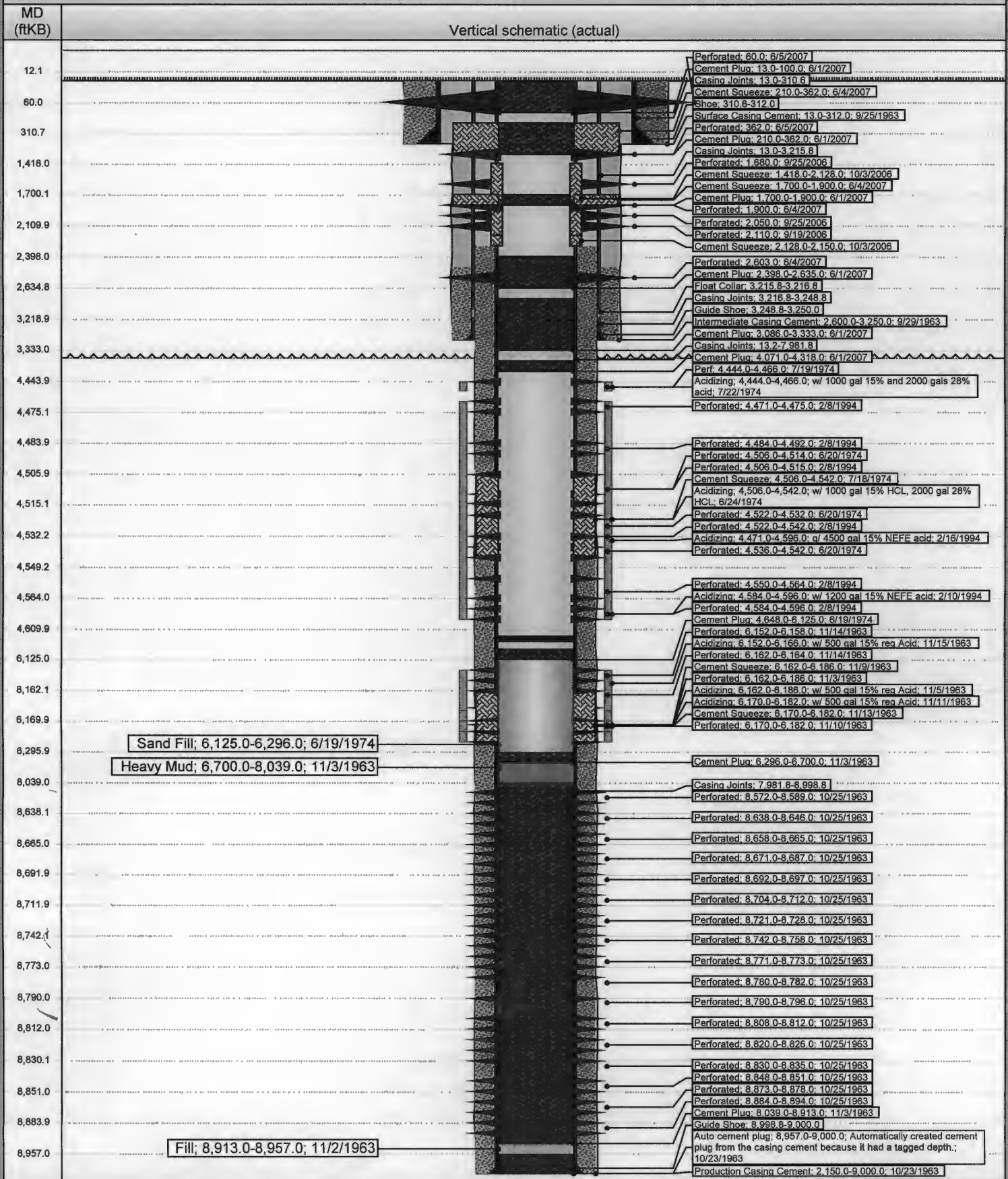




CURRENT SCHEMATIC  
EAST VACUUM GB-SA UNIT 2622-086

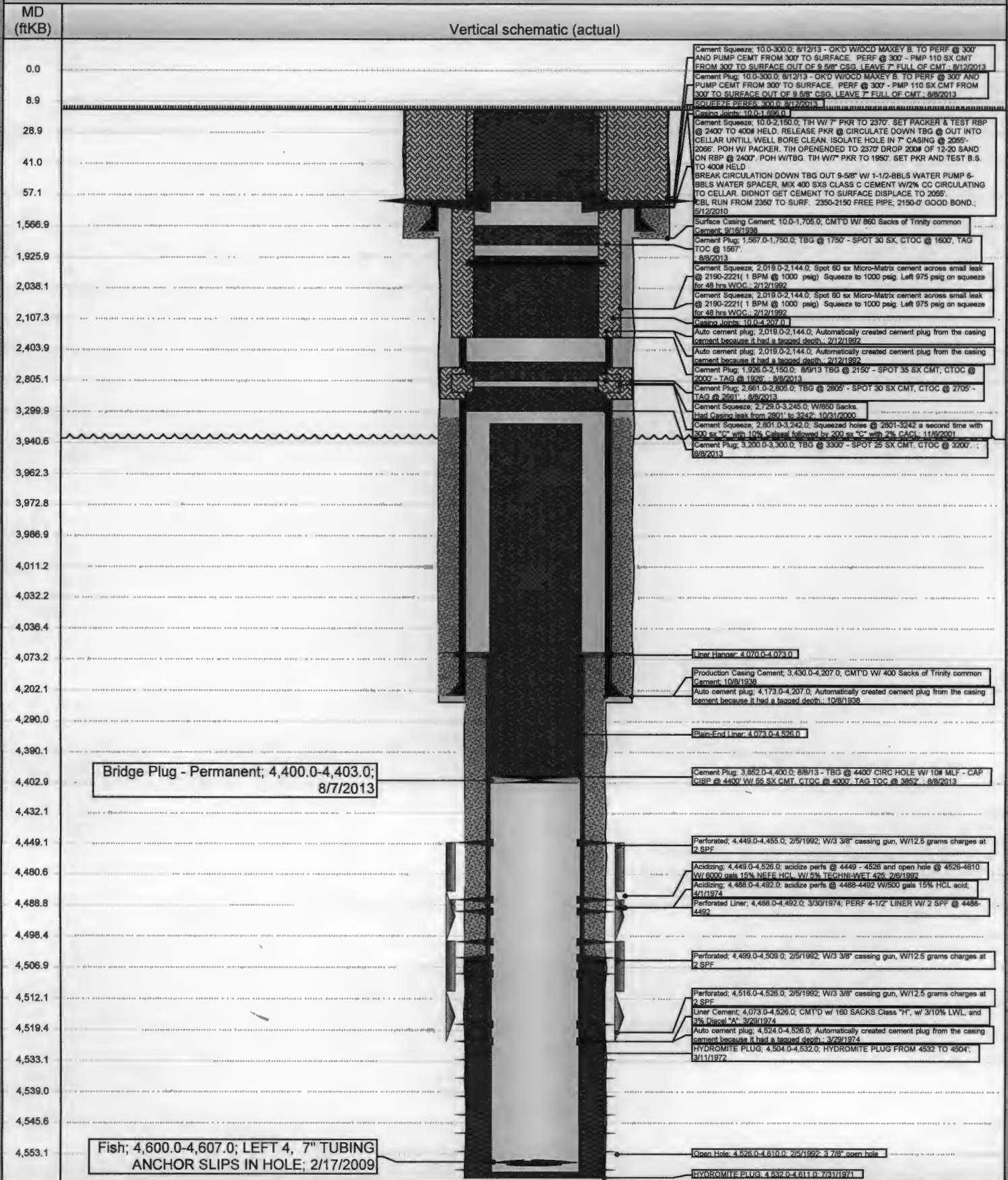
District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300252031400	County LEA	State/Province NEW MEXICO
Original Spud Date 9/25/1963	Surface Legal Location Sec. 26, T-17S, R-35E		E/W Dist (ft) 2,307.00	E/W Ref W
			N/S Dist (ft) 990.00	N/S Ref N

VERTICAL - MAIN HOLE, 10/21/2014 9:08:43 AM



District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250287500	County LEA	State/Province NEW MEXICO
Original Spud Date 9/8/1938	Surface Legal Location UL-K, Sec 26, T-17-S, R-35-E	E/W Dist (ft) 1,980.00	E/W Ref W	N/S Dist (ft) 1,980.00
			N/S Ref S	

VERTICAL - MAIN HOLE, 10/21/2014 9:06:41 AM



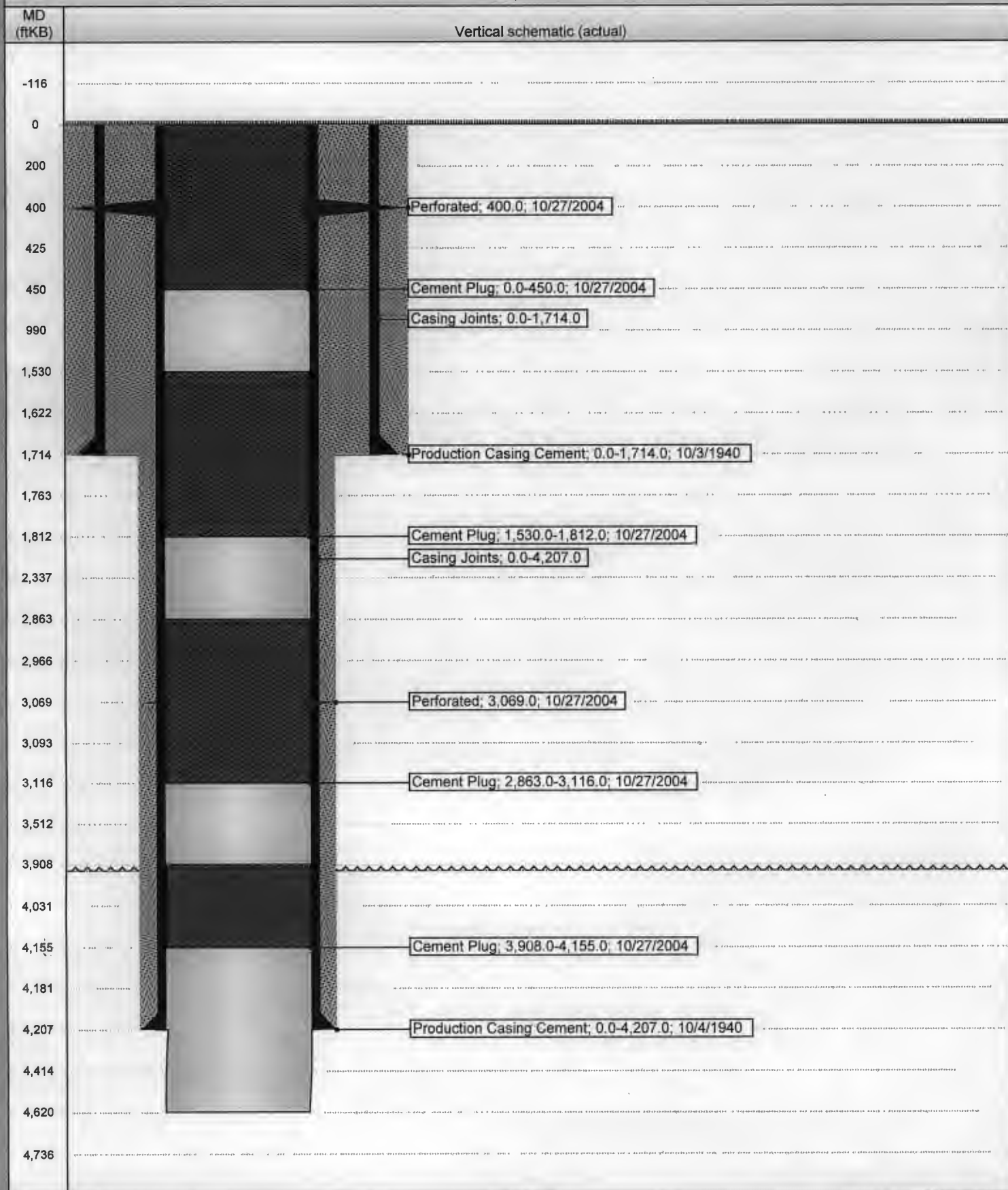




CURRENT SCHEMATIC  
EAST VACUUM GB-SA UNIT 2672-004

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250288700	County LEA	State/Province NEW MEXICO
Original Spud Date 10/3/1940	Surface Legal Location SEC. 26, T17S, R35E		E/W Dist (ft) 660.00	E/W Ref E
			N/S Dist (ft) 660.00	N/S Ref N

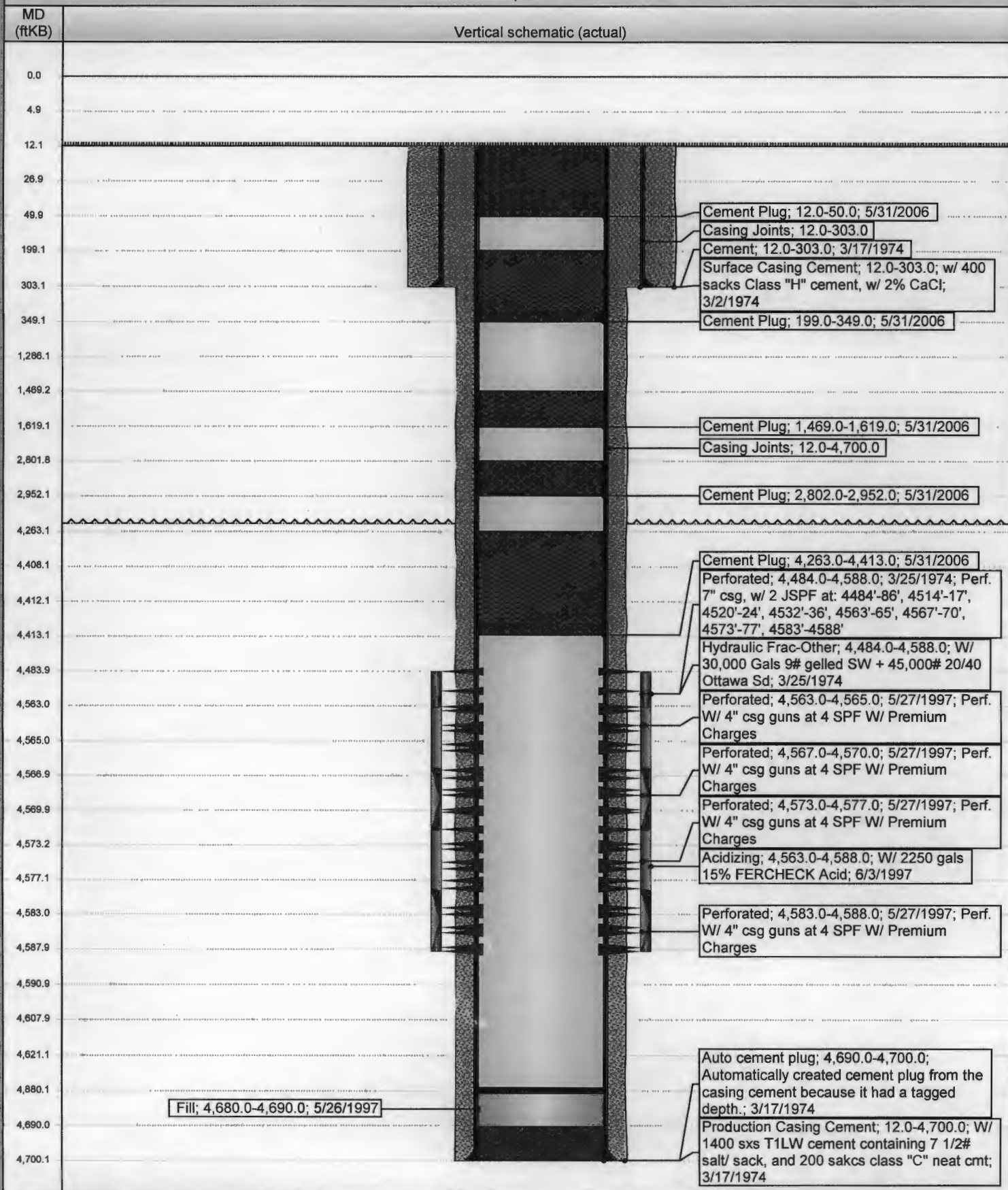
VERTICAL - MAIN HOLE, 10/21/2014 8:31:06 AM





District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300252467500	County LEA	State/Province NEW MEXICO
Original Spud Date 3/2/1974	Surface Legal Location UL-B, Sec 26, T-17-S, R-35-E	E/W Dist (ft) 2,310.00	E/W Ref E	N/S Dist (ft) 990.00 N/S Ref N

### VERTICAL - MAIN HOLE, 10/21/2014 9:01:49 AM

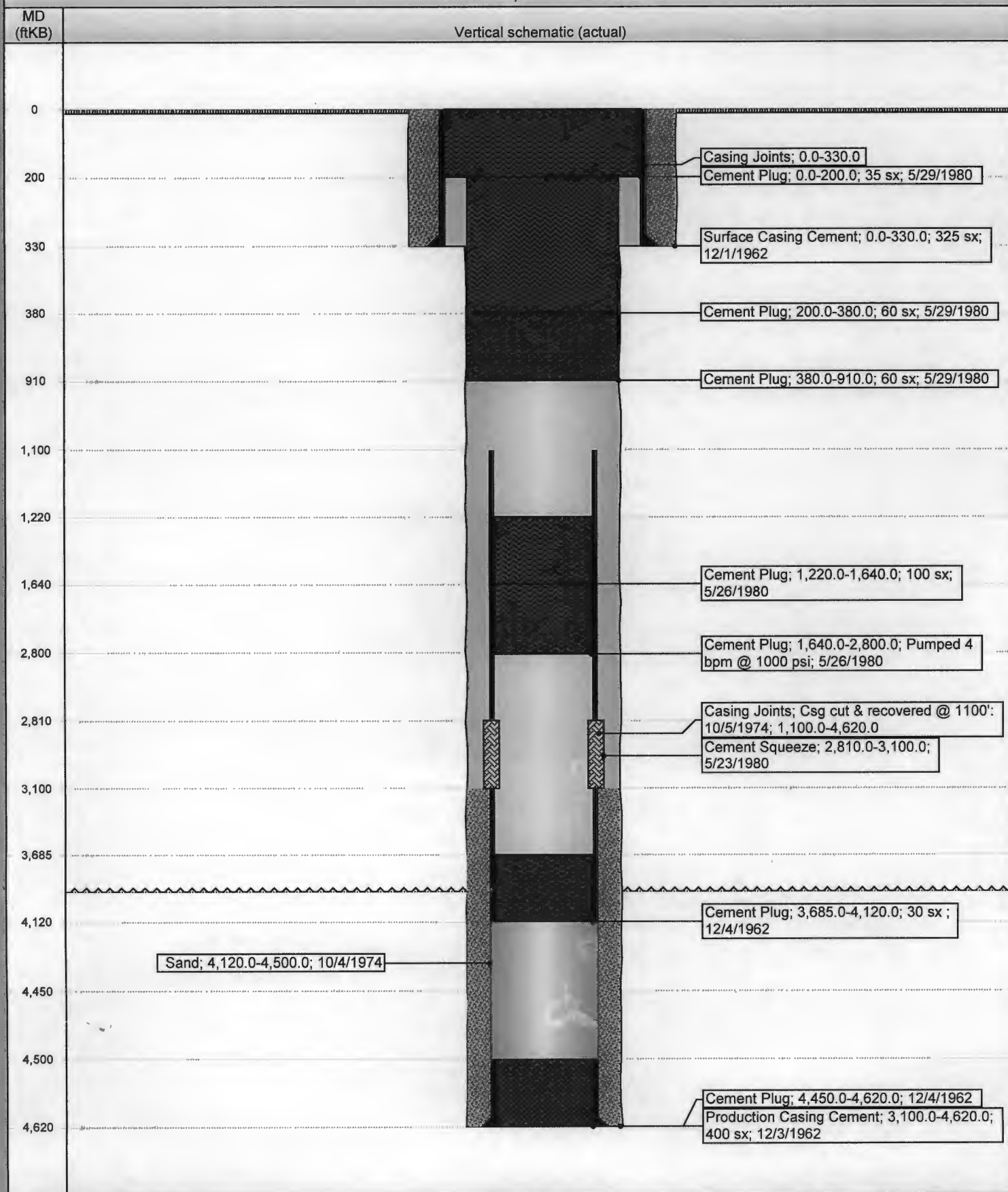




CURRENT SCHEMATIC  
EAST VACUUM GB-SA UNIT 2631-077

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250288600	County LEA	State/Province NEW MEXICO
Original Spud Date 12/1/1962	Surface Legal Location Sec. 26, T-17S, R-35E		E/W Dist (ft) 990.00	E/W Ref E
			N/S Dist (ft) 2,310.00	N/S Ref S

VERTICAL - MAIN HOLE, 10/21/2014 1:26:23 PM

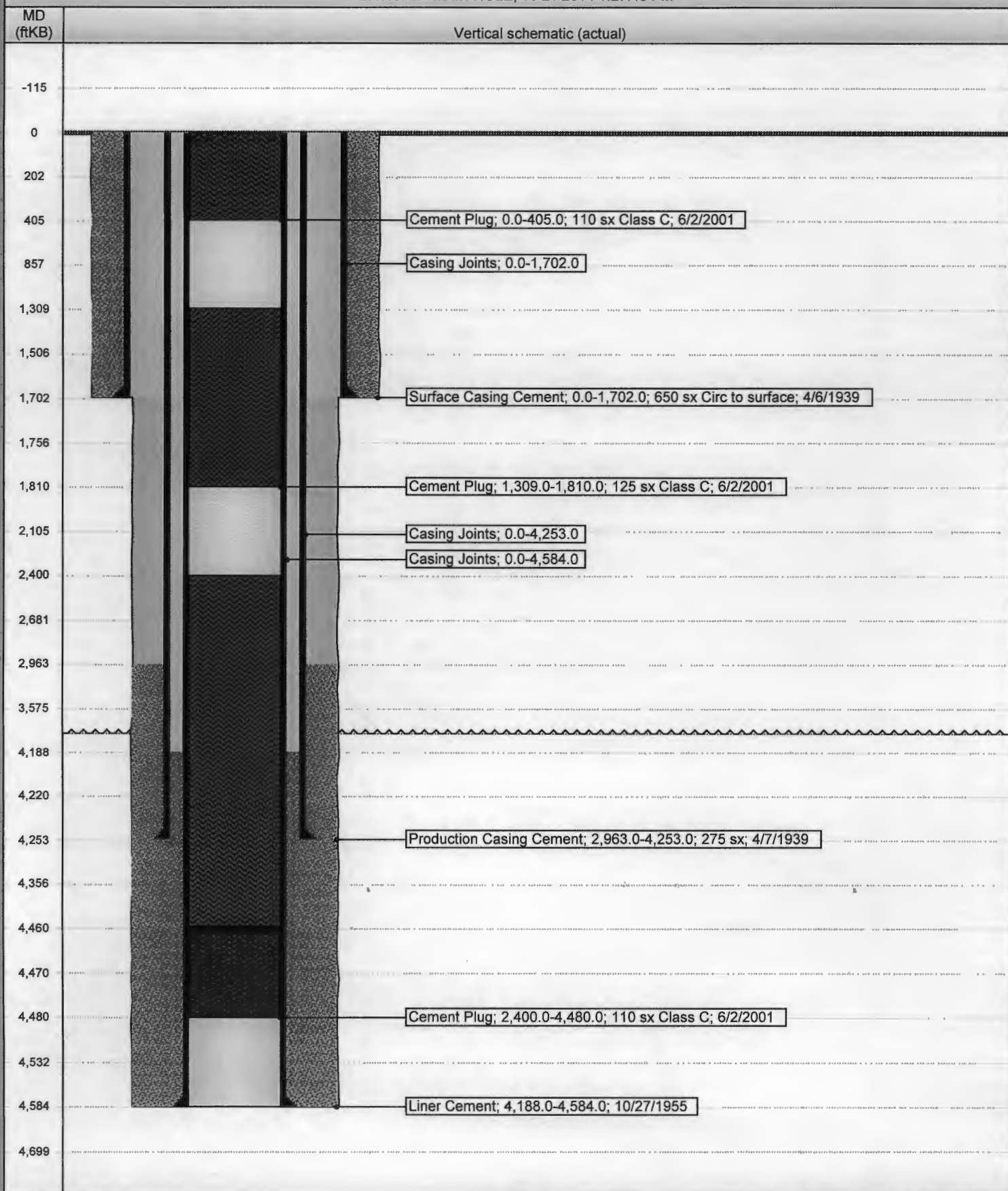




CURRENT SCHEMATIC  
EAST VACUUM GB-SA UNIT 2614-001

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250287300	County LEA	State/Province NEW MEXICO
Original Spud Date 4/1/1939	Surface Legal Location Sec. 26, T-17S, R-35E.	E/W Dist (ft) 2,310.00	E/W Ref E	N/S Dist (ft) 2,970.00
			N/S Ref N	

VERTICAL - MAIN HOLE, 10/21/2014 1:27:40 PM



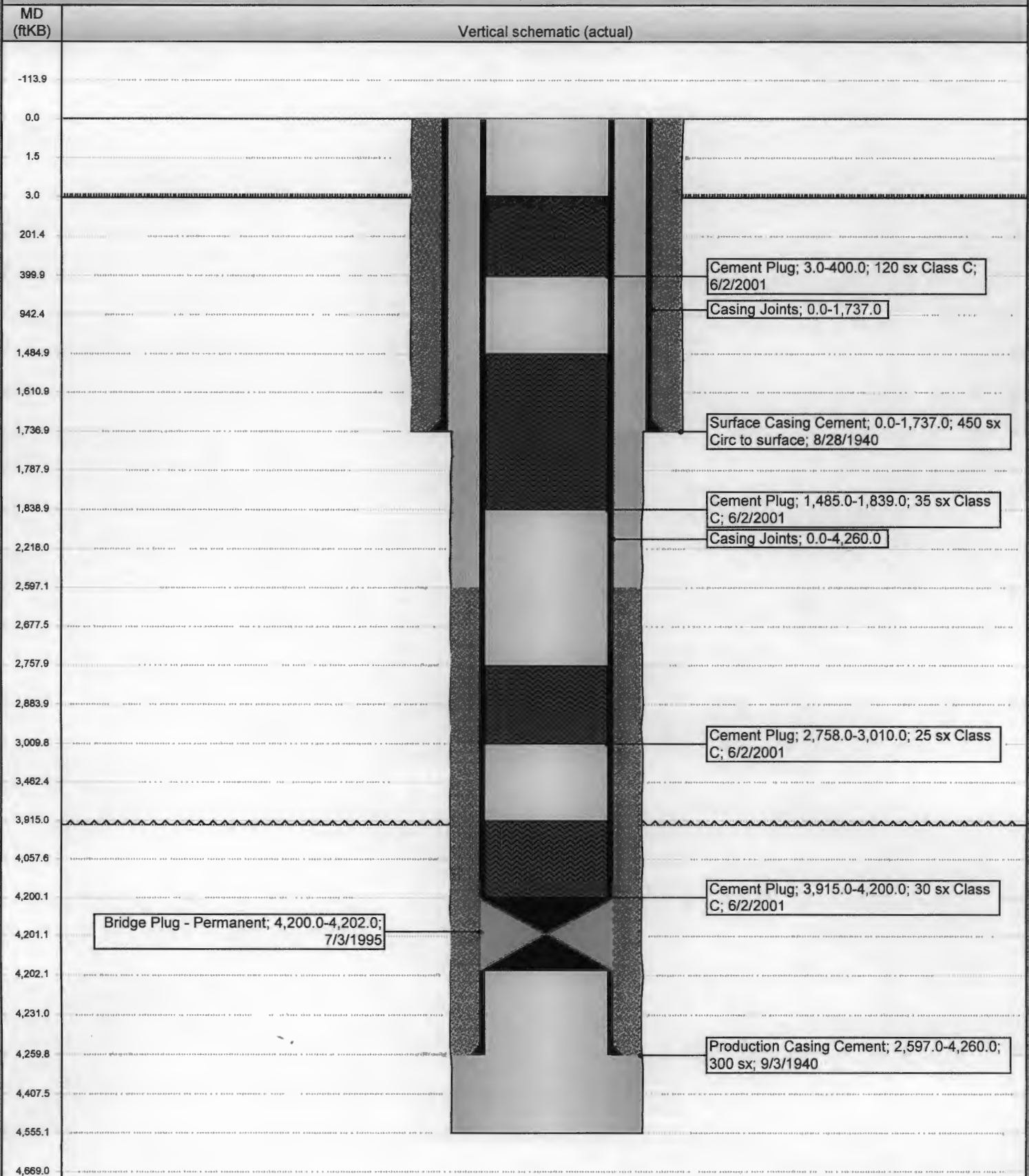
## CURRENT SCHEMATIC

ConocoPhillips

EAST VACUUM GB-SA UNIT 2576-001

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250286400	County LEA	State/Province NEW MEXICO
Original Spud Date 8/16/1940	Surface Legal Location Sec. 25, T-17S, R-35E.	E/W Dist (ft) 330.00	E/W Ref W	N/S Dist (ft) 1,650.00
				N/S Ref N

VERTICAL - MAIN HOLE, 10/21/2014 1:28:28 PM



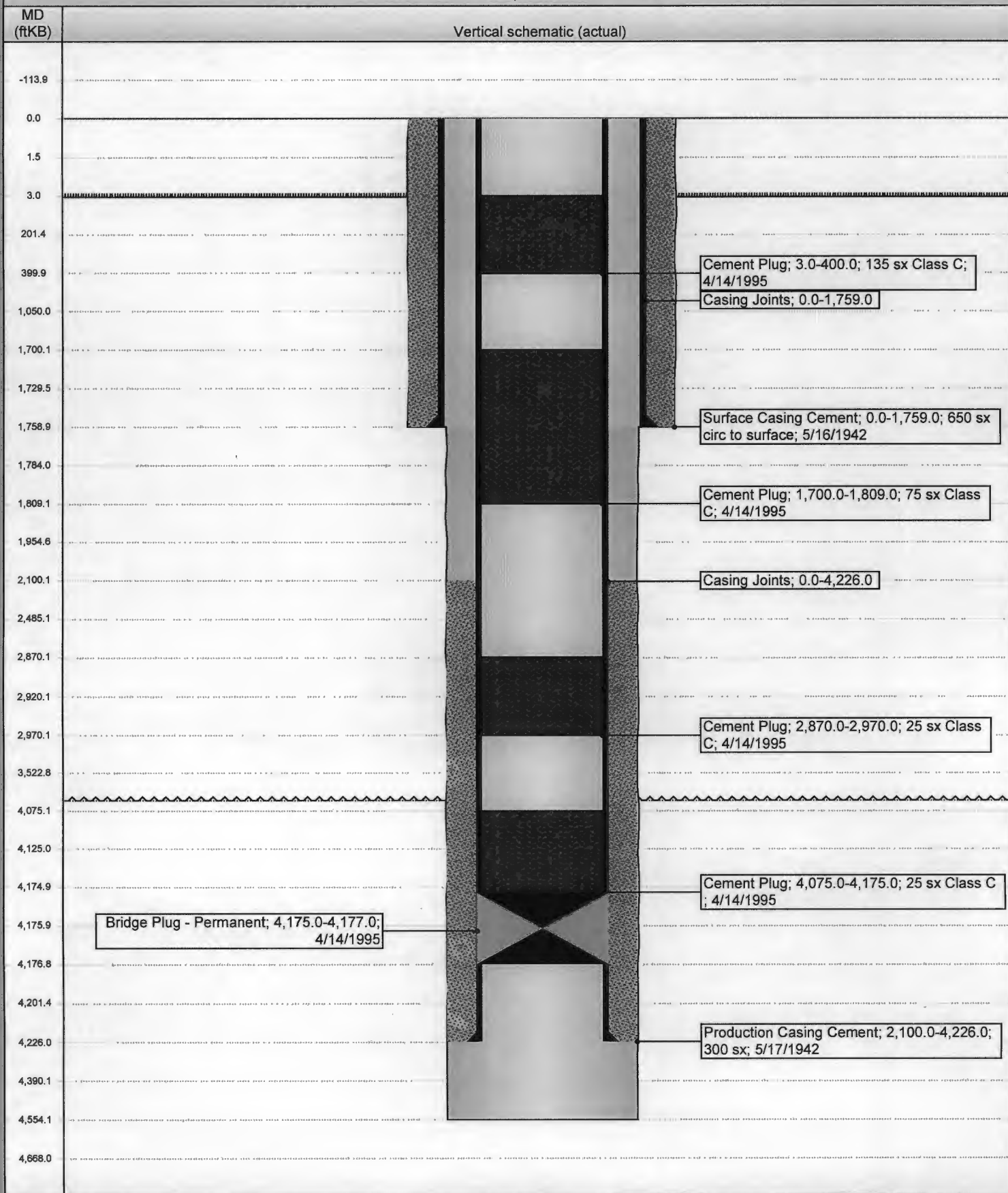




CURRENT SCHEMATIC  
EAST VACUUM GB-SA UNIT 2505-048

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250286900	County LEA	State/Province NEW MEXICO
Original Spud Date 5/3/1942	Surface Legal Location Sec. 25, T-17S, R-35E.	E/W Dist (ft) 563.00	E/W Ref W	N/S Dist (ft) 765.00
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VERTICAL - MAIN HOLE, 10/22/2014 7:00:41 AM

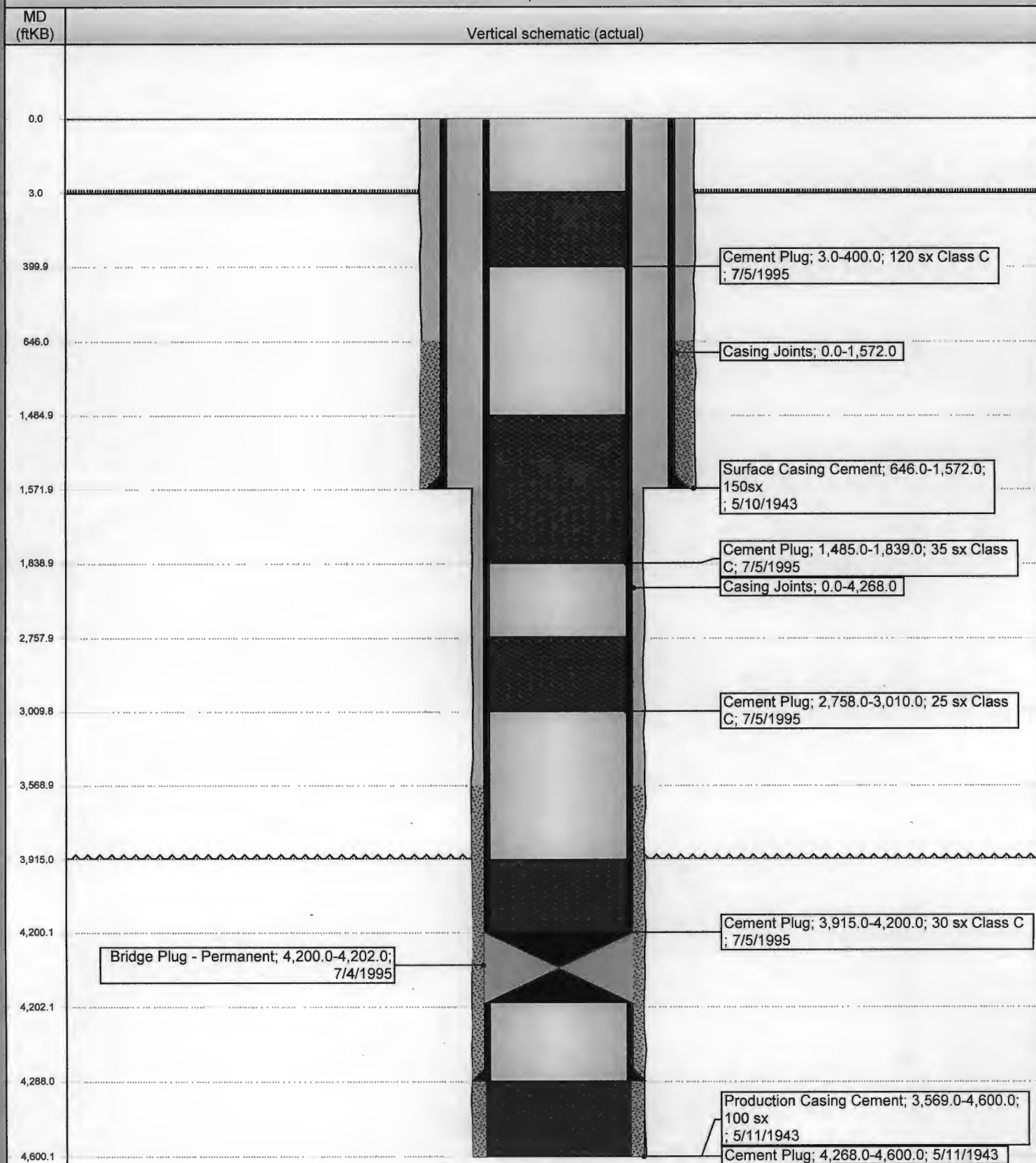




CURRENT SCHEMATIC  
EAST VACUUM GB-SA UNIT 2469-001

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250286300	County LEA	State/Province NEW MEXICO
Original Spud Date 3/7/1943	Surface Legal Location Sec. 24, T-17S, R-35E.	E/W Dist (ft) 660.00	E/W Ref W	N/S Dist (ft) 330.00
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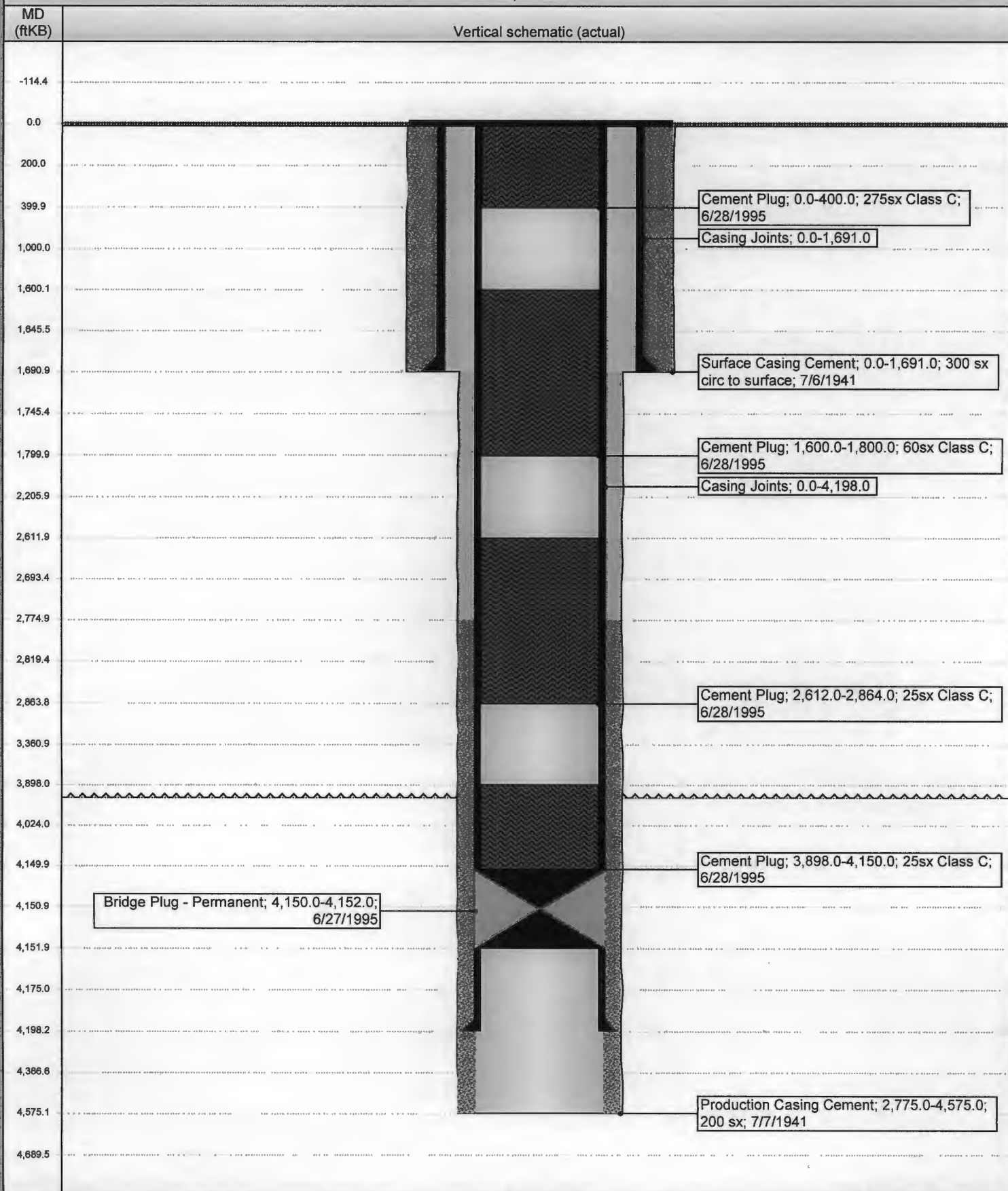




CURRENT SCHEMATIC  
EAST VACUUM GB-SA UNIT 2335-001

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250286200	County LEA	State/Province NEW MEXICO
Original Spud Date 7/25/1941	Surface Legal Location Sec. 23, T-17S, R-35E	E/W Dist (ft) 1,980.00	E/W Ref W	N/S Dist (ft) 330.00
N/S Ref S				

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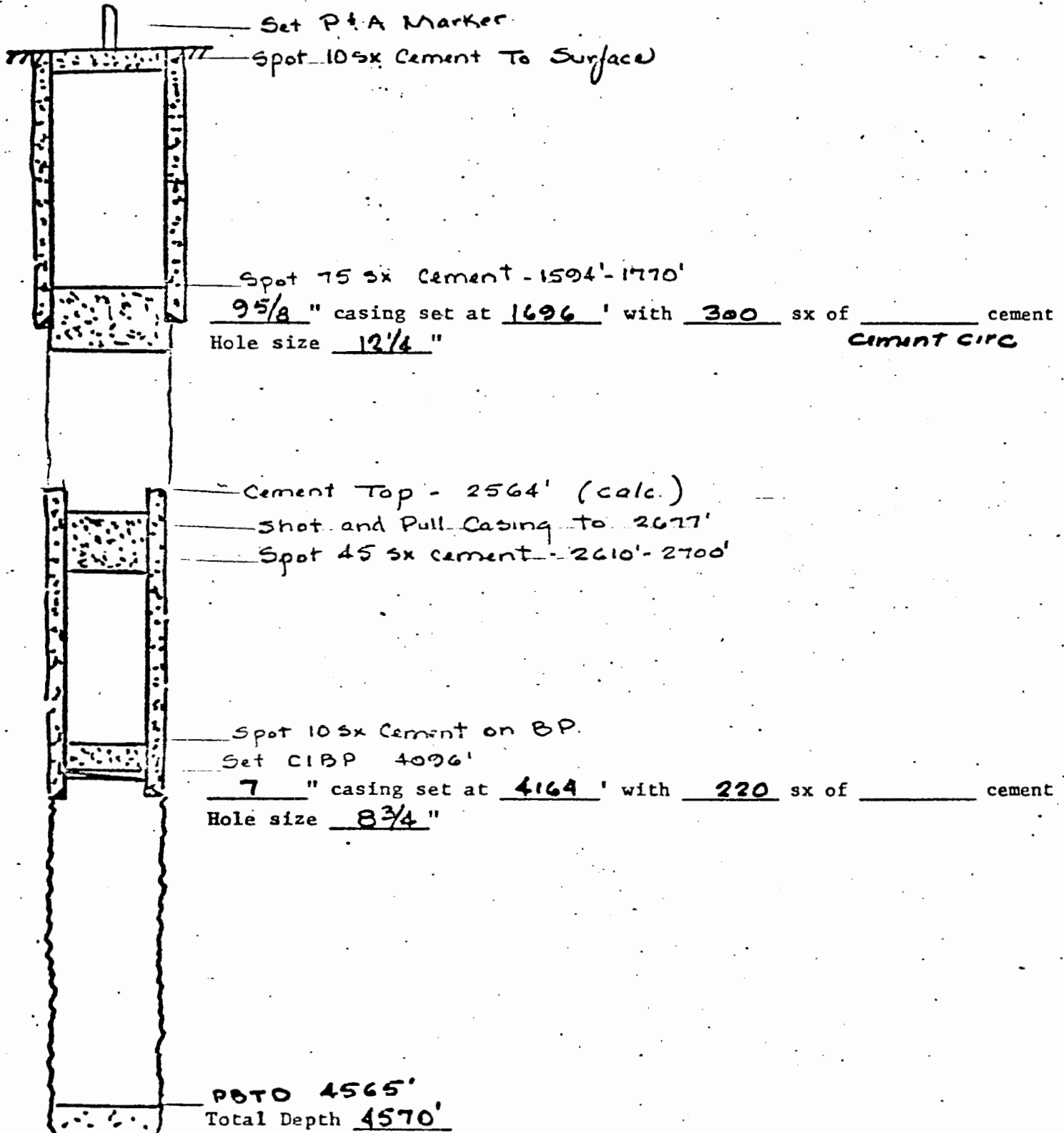


API - 30-025-05390

P. & A

FIELD	Vacuum (G-3A)	OPERATOR	Mobil Oil Corp	DATE	5-21-76
LEASE	State "P"	WELL No	3	LOCATION	B - Sec 26 T17S R35E

660/N-1980/E (B)



5-21-76  
JHS

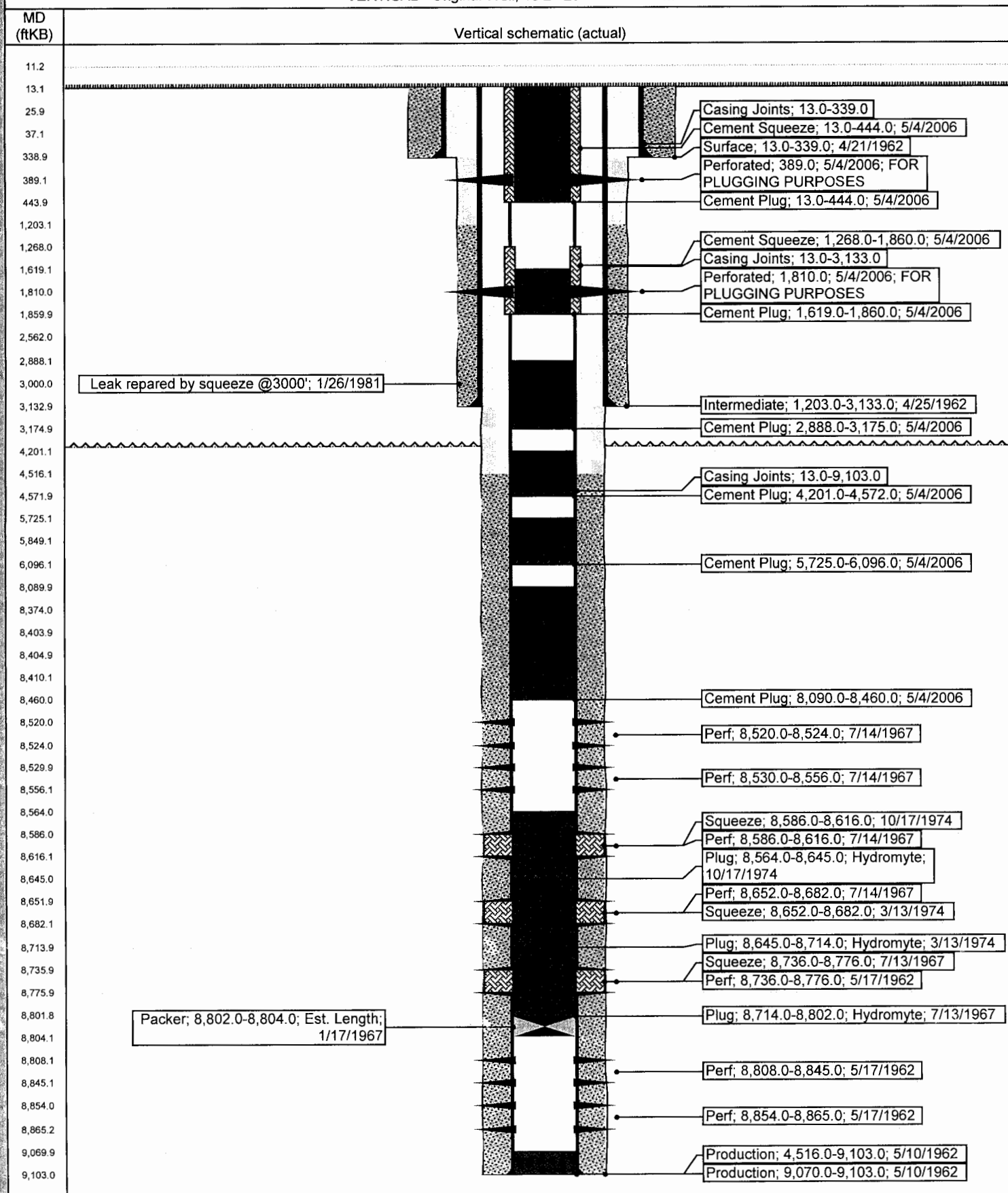




CURRENT SCHEMATIC  
VACUUM ABO UNIT 005-001

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250854800	County LEA	State/Province NEW MEXICO
Original Spud Date 4/20/1962	Surface Legal Location Sec. 26, T17S, R35E	E/W Dist (ft) 1,980.00	E/W Ref FEL	N/S Dist (ft) 1,980.00 N/S Ref FSL

VERTICAL - Original Well, 10/21/2014 9:14:08 AM

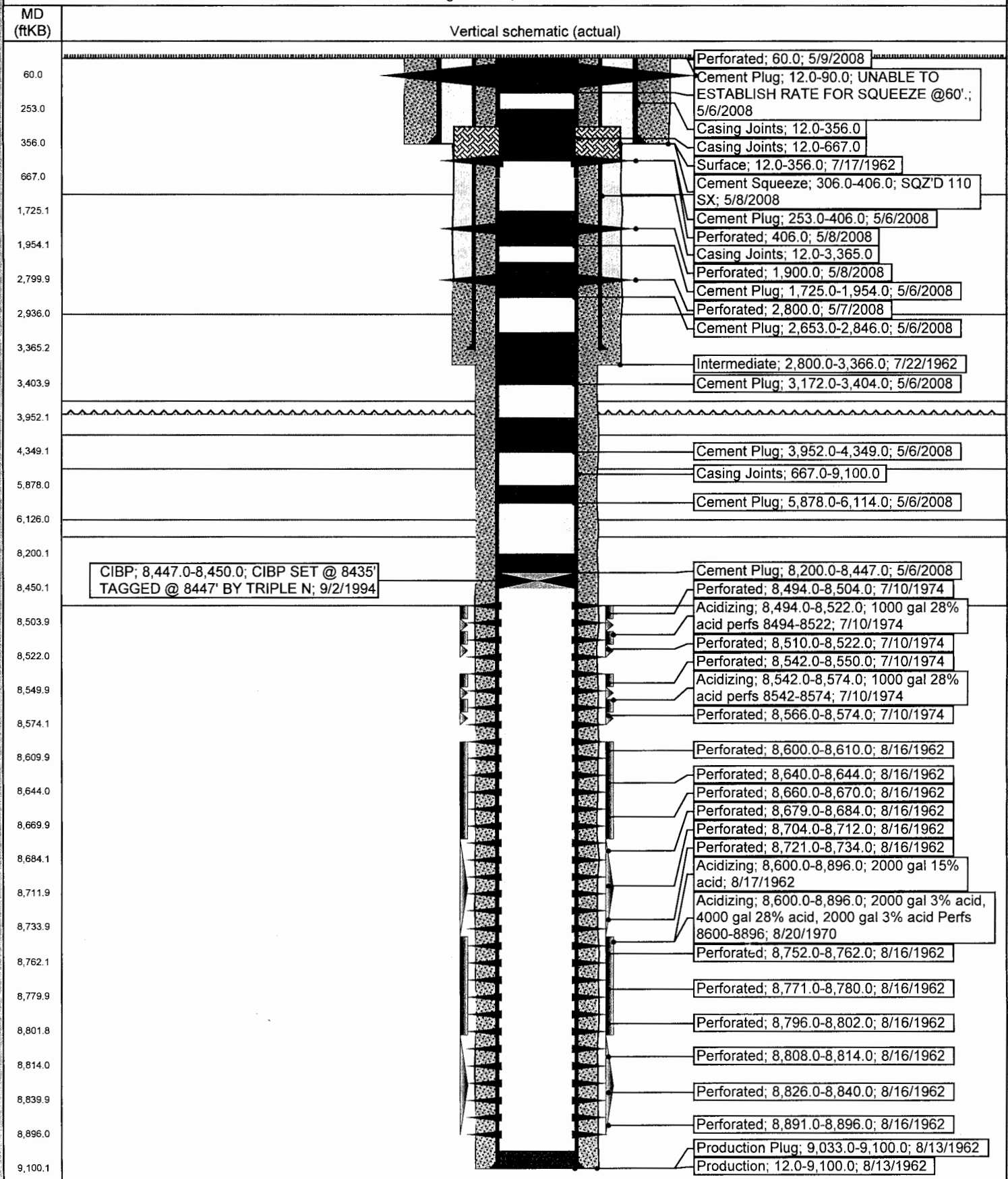




CURRENT SCHEMATIC  
VACUUM ABO UNIT 006-071

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250854300	County LEA	State/Province NEW MEXICO
Original Spud Date 7/16/1962	Surface Legal Location SEC. 26, T17S, R35E	E/W Dist (ft) 760.00	E/W Ref FEL	N/S Dist (ft) 1,980.00 N/S Ref FNL

VERTICAL - Original Hole, 10/21/2014 9:15:23 AM

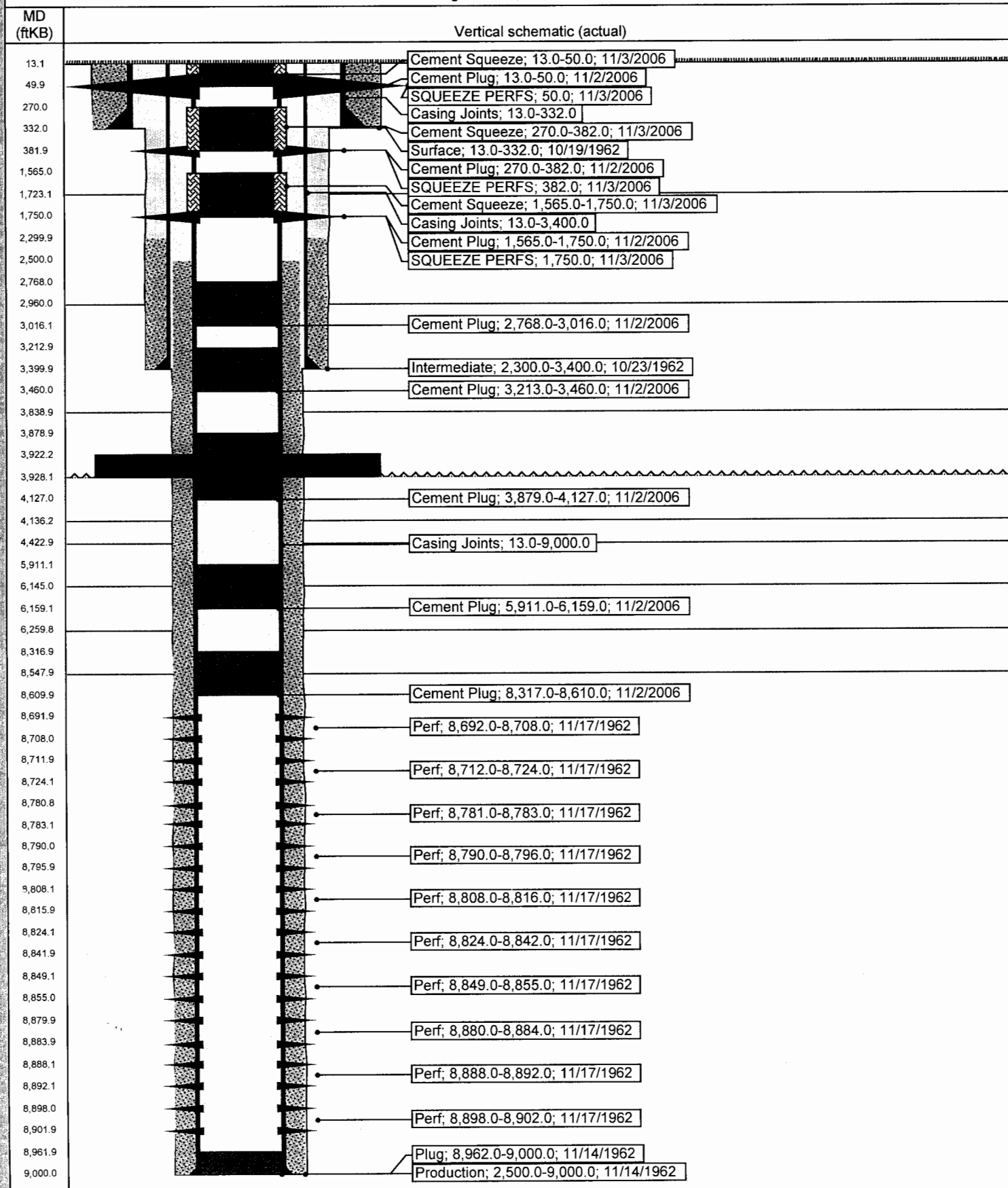




CURRENT SCHEMATIC  
VACUUM ABO UNIT 006-075

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250287000	County LEA	State/Province NEW MEXICO
Original Spud Date 10/18/1962	Surface Legal Location SEC. 25, T17S, R35E	E/W Dist (ft) 333.00	E/W Ref W	N/S Dist (ft) 990.00 N/S Ref N

VERTICAL - Original Hole, 10/21/2014 9:16:10 AM

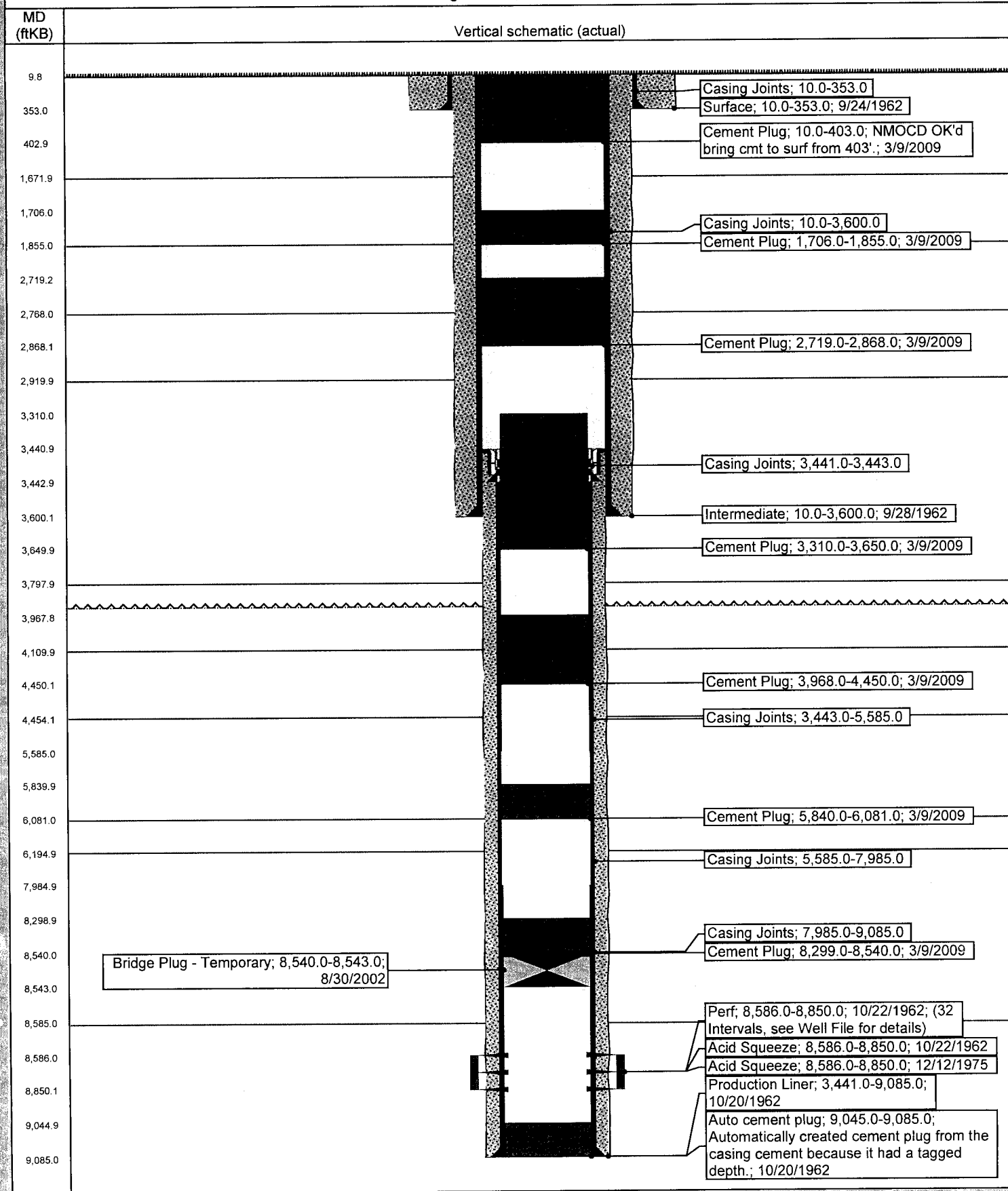




CURRENT SCHEMATIC  
VACUUM ABO UNIT 004-006W

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250287200	County LEA	State/Province NEW MEXICO
Original Spud Date 9/22/1962	Surface Legal Location Sec. 26, T17S, R35E	E/W Dist (ft) 1,650.00	E/W Ref FEL	N/S Dist (ft) 990.00 N/S Ref FNL

VERTICAL - Original Hole, 10/21/2014 9:16:39 AM



**Attachment 6**  
**Geological Information - Formation Tops and Geologist Statement**

**East Vacuum Grayburg San Andres Unit 2622-002W****Formation Tops and Planned Total Depth**

<b>Formation Call Points</b>	<b>Top (ft MD)</b>
Rustler	1670
Salado	1790
Tansill	2630
Yates	2948
Seven Rivers	3230
Queen	3794
Grayburg	4150
San Andres	4469
Deepest Perforation	4750
Total Depth	4808
<b>Casing Depths</b>	
<b>String</b>	<b>Set Depth</b>
Surface Casing	350
Production Casing	4808

### Geologist Statement

I have examined the available geologic and engineering data and have found no evidence of open faults or any other hydrologic connection between any underground sources of drinking water and the injection zone for the proposed injection well: EVGSAU 2622-002W.

Mark A. Trees

Mark Trees, ConocoPhillips Company  
Petroleum Geologist

Oct 21, 2014

Date

District I  
1625 N. French Dr., Hobbs, NM 88240  
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Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code 31172	<sup>5</sup> Property Name EAST VACUUM GBSA UNIT 3345	<sup>6</sup> Well Number 521
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3946'

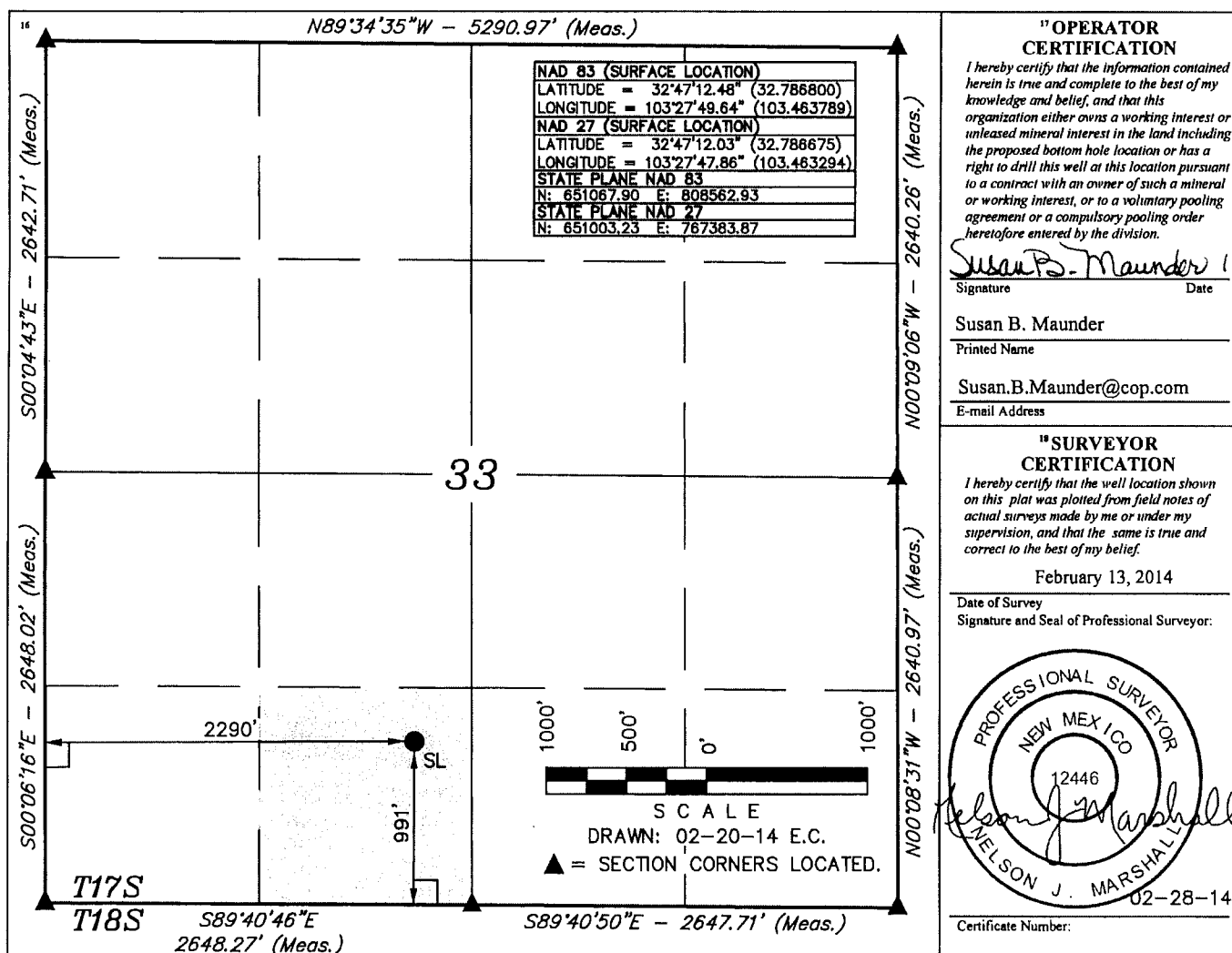
**10 Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	33	17S	35E		991	SOUTH	2290	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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No. WFX-Pending						

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.





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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code 31172	<sup>5</sup> Property Name EAST VACUUM GBSA UNIT 3374	<sup>6</sup> Well Number 516
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3952'

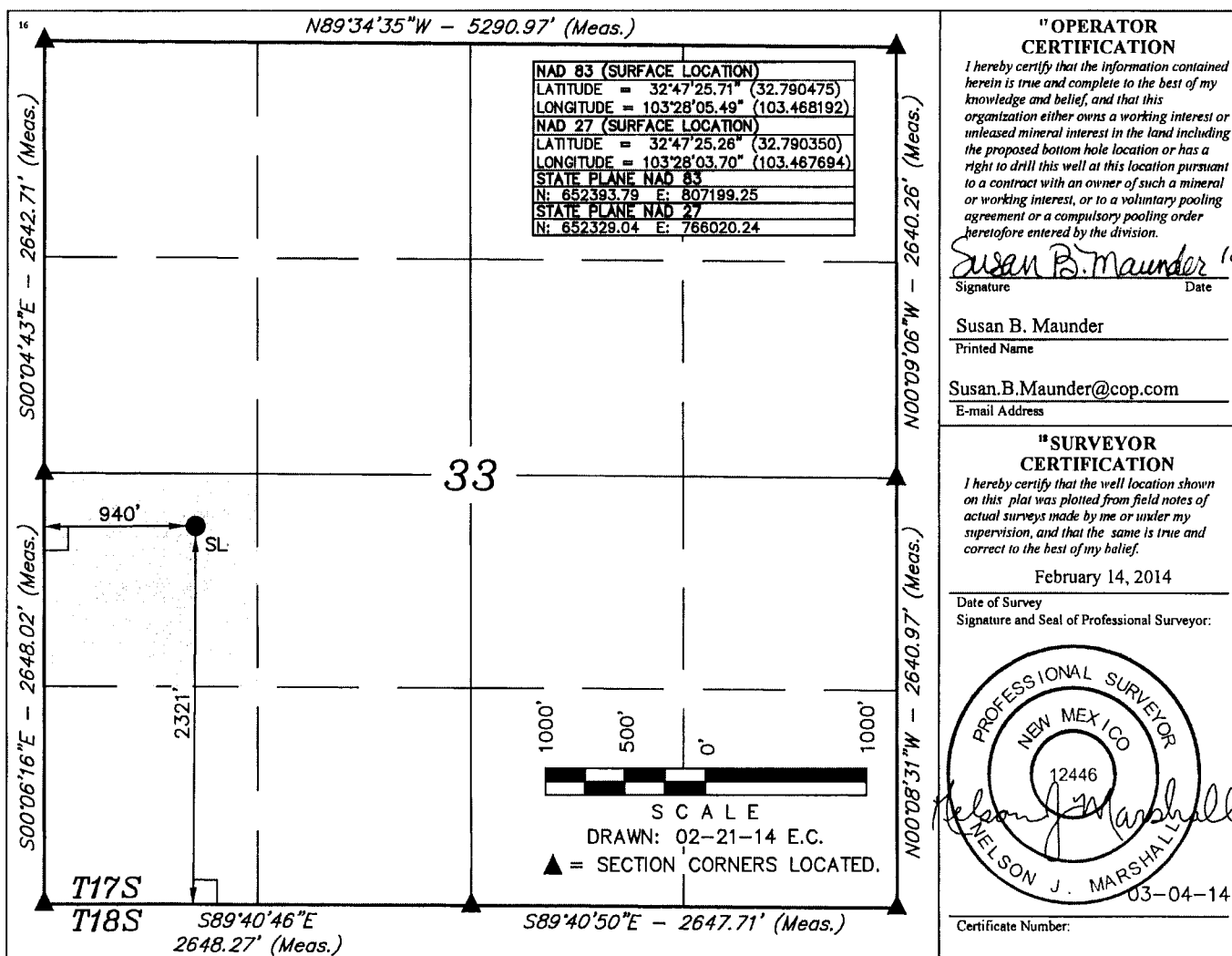
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	33	17S	35E		2321	SOUTH	940	WEST	LEA

<sup>11</sup> 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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No. WFX-Pending						

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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code 31172	<sup>5</sup> Property Name EAST VACUUM GBSA UNIT 3374	<sup>6</sup> Well Number 517
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3953'

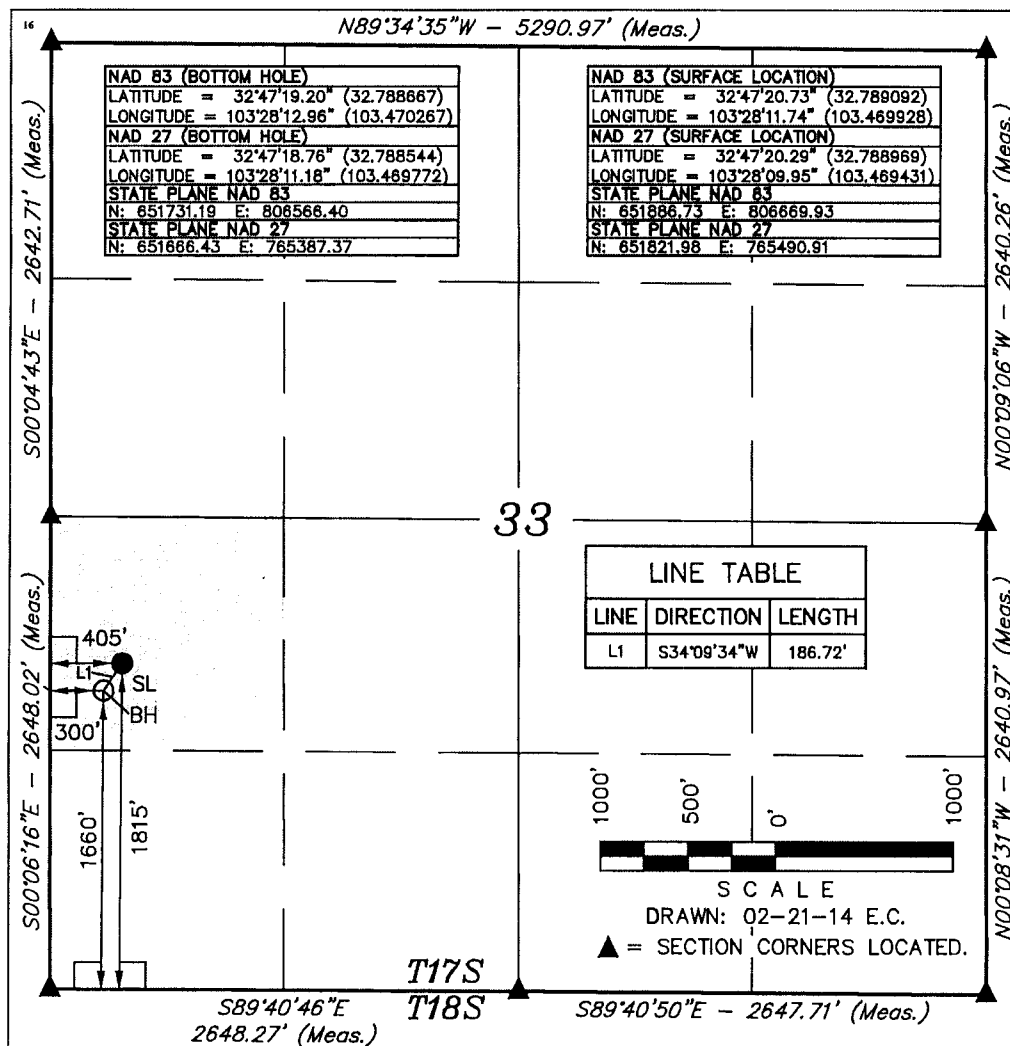
**10 Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	33	17S	35E		1815	SOUTH	405	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
L	33	17S	35E		1660	SOUTH	300	WEST	LEA
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No. WFX-Pending						

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.

Susan B. Maunder 12/17/14  
Signature Date

Susan B. Maunder  
Printed Name

Susan.B.Maunder@cop.com  
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.

February 12, 2014

Date of Survey

Signature and Seal of Professional Surveyor:



Certificate Number:

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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code 31172	<sup>5</sup> Property Name EAST VACUUM GBSA UNIT 3328	<sup>6</sup> Well Number 520
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3947'

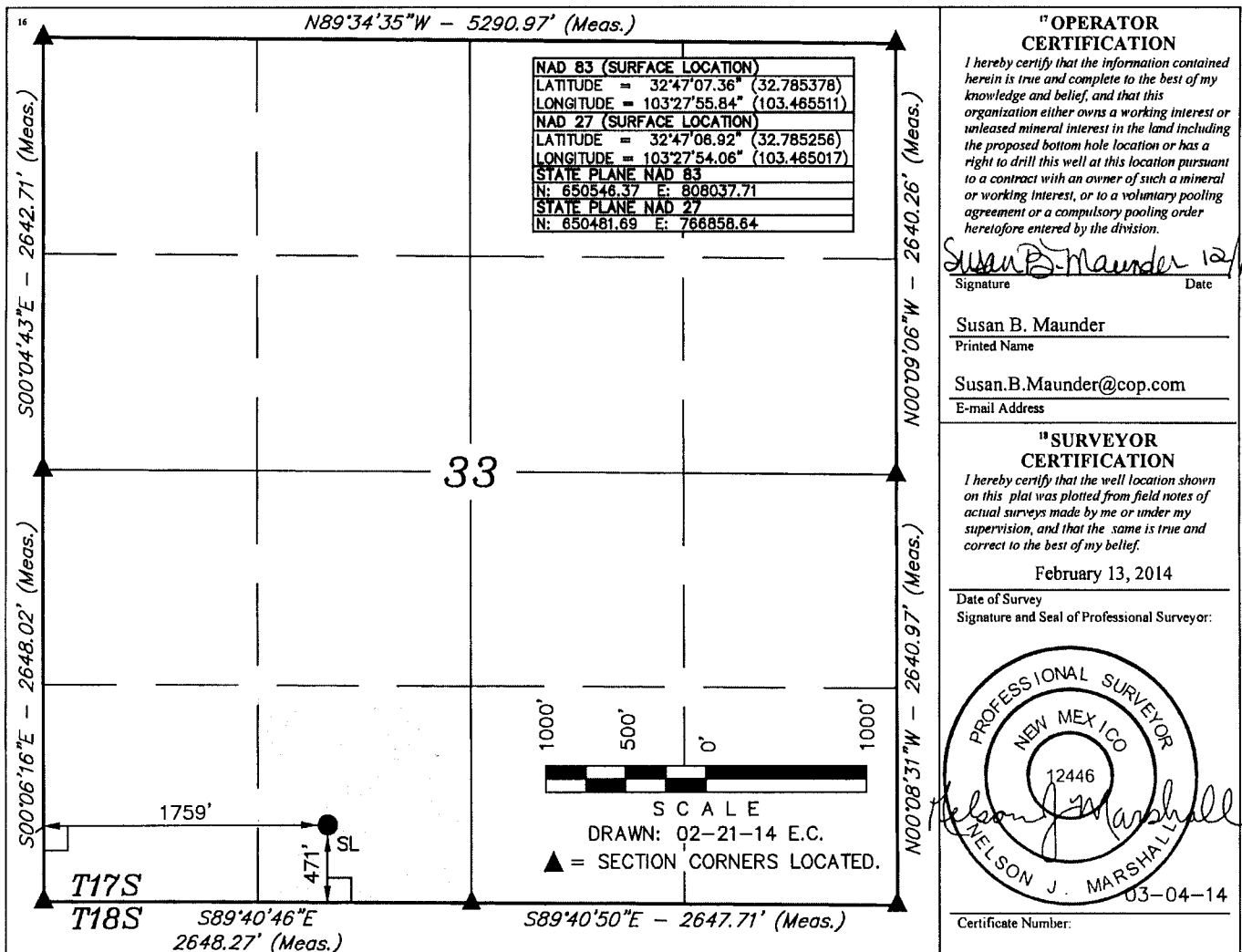
**<sup>10</sup> Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	33	17S	35E		471	SOUTH	1759	WEST	LEA

**<sup>11</sup> 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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No. WFX-Pending						

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.



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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code 31172	<sup>5</sup> Property Name EAST VACUUM GBAS UNIT 3308	<sup>6</sup> Well Number 511
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3950'

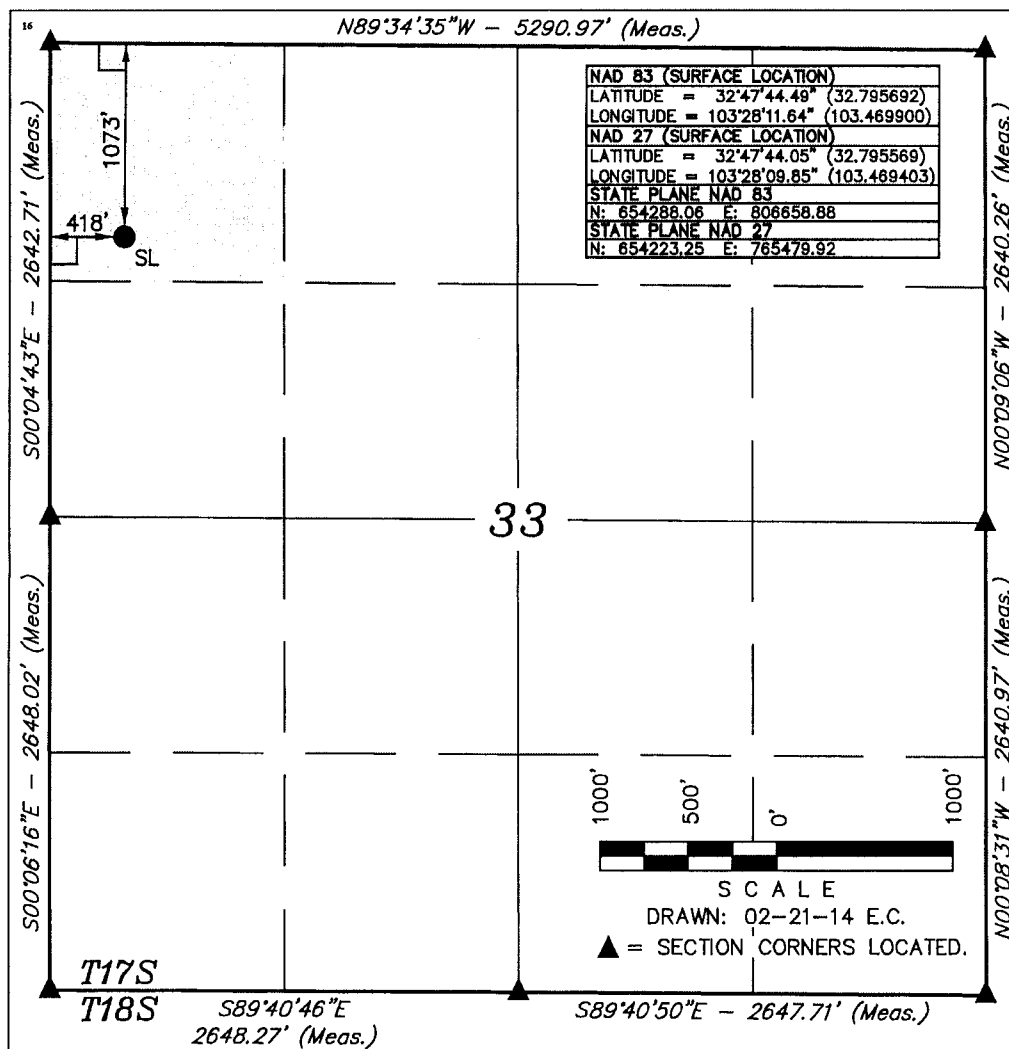
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	33	17S	35E		1073	NORTH	418	WEST	LEA

<sup>11</sup> 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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No. WFX-Pending						

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**<sup>17</sup> 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.

*Susan B. Maunder* 12/17/14  
Signature Date

Susan B. Maunder

Printed Name

Susan.B.Maunder@cop.com

E-mail Address

**<sup>18</sup> 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.

February 12, 2014

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Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code 31172	<sup>5</sup> Property Name EAST VACUUM GBSA UNIT 3202	<sup>6</sup> Well Number 513
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3945'

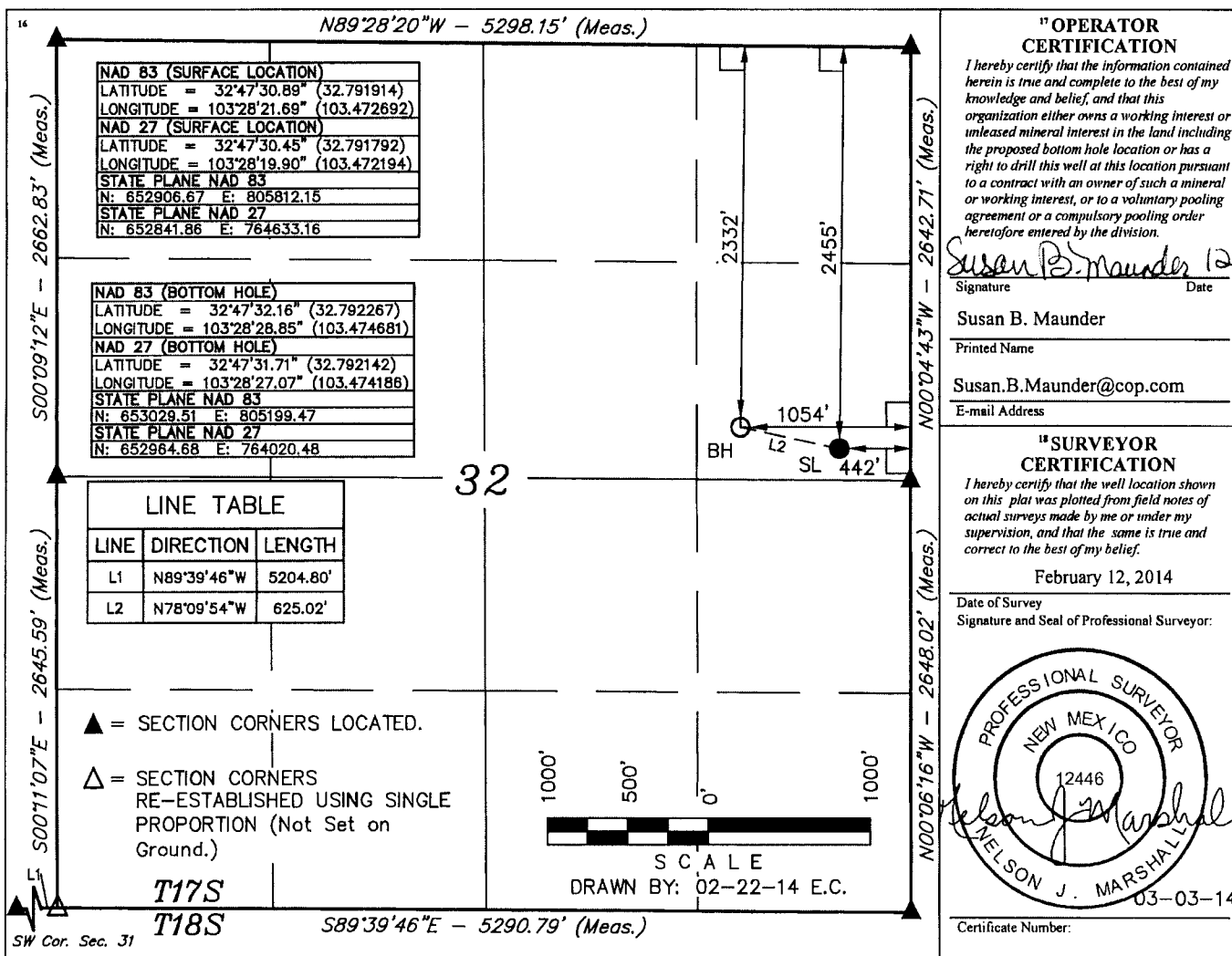
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	32	17S	35E		2455	NORTH	442	EAST	LEA

<sup>11</sup> 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
H	32	17S	35E		2332	NORTH	1054	EAST	LEA
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No. WFX-Pending						

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.



District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code 31172	<sup>5</sup> Property Name EAST VACUUM GBSA UNIT 2739	<sup>6</sup> Well Number 525
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3933'

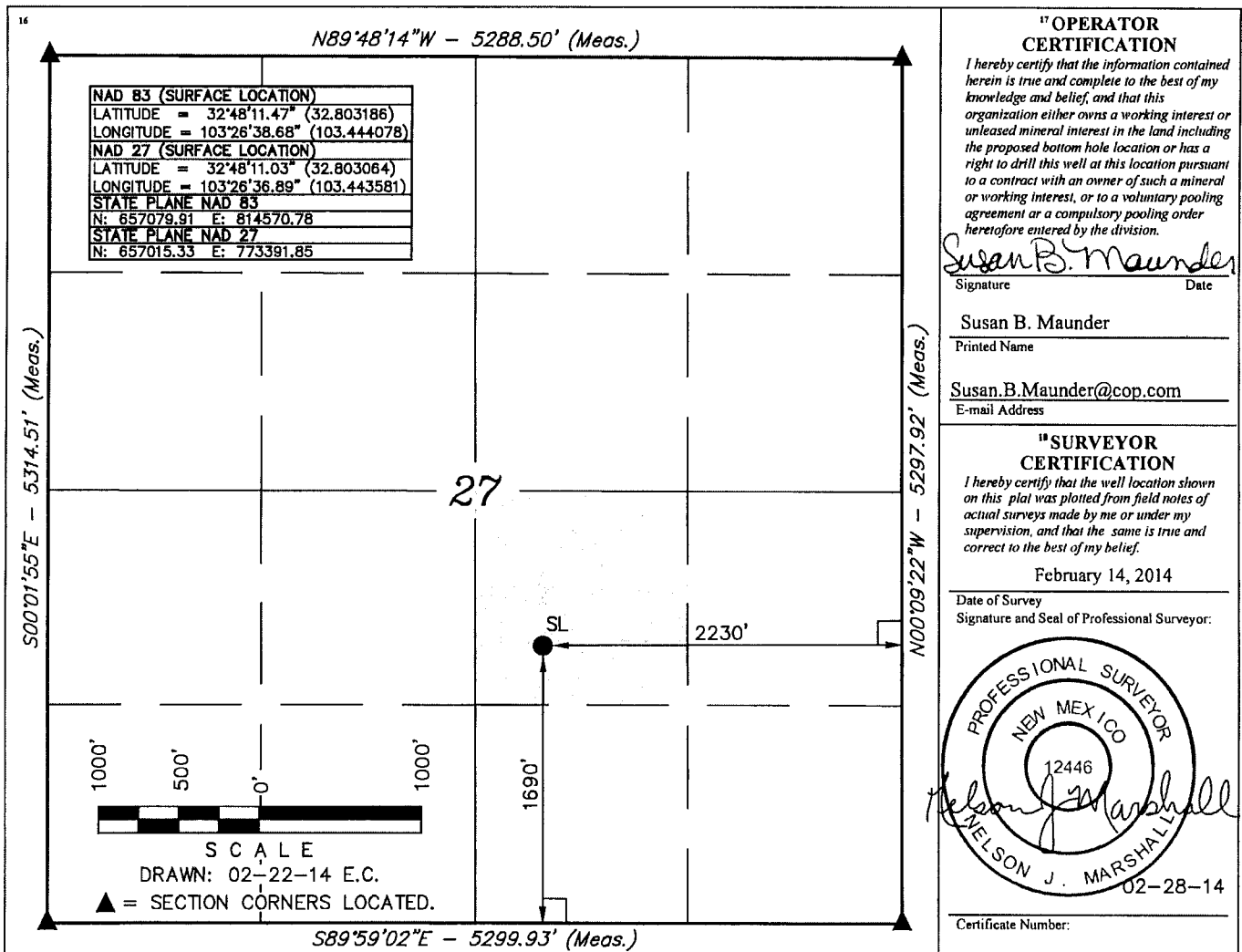
**<sup>10</sup> Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	27	17S	35S		1690	SOUTH	2230	EAST	LEA

**<sup>11</sup> 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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No. WFX-Pending						

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.



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State of New Mexico  
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☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code 31172	<sup>5</sup> Property Name EAST VACUUM GBSA UNIT 3202	<sup>6</sup> Well Number 512
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3953'

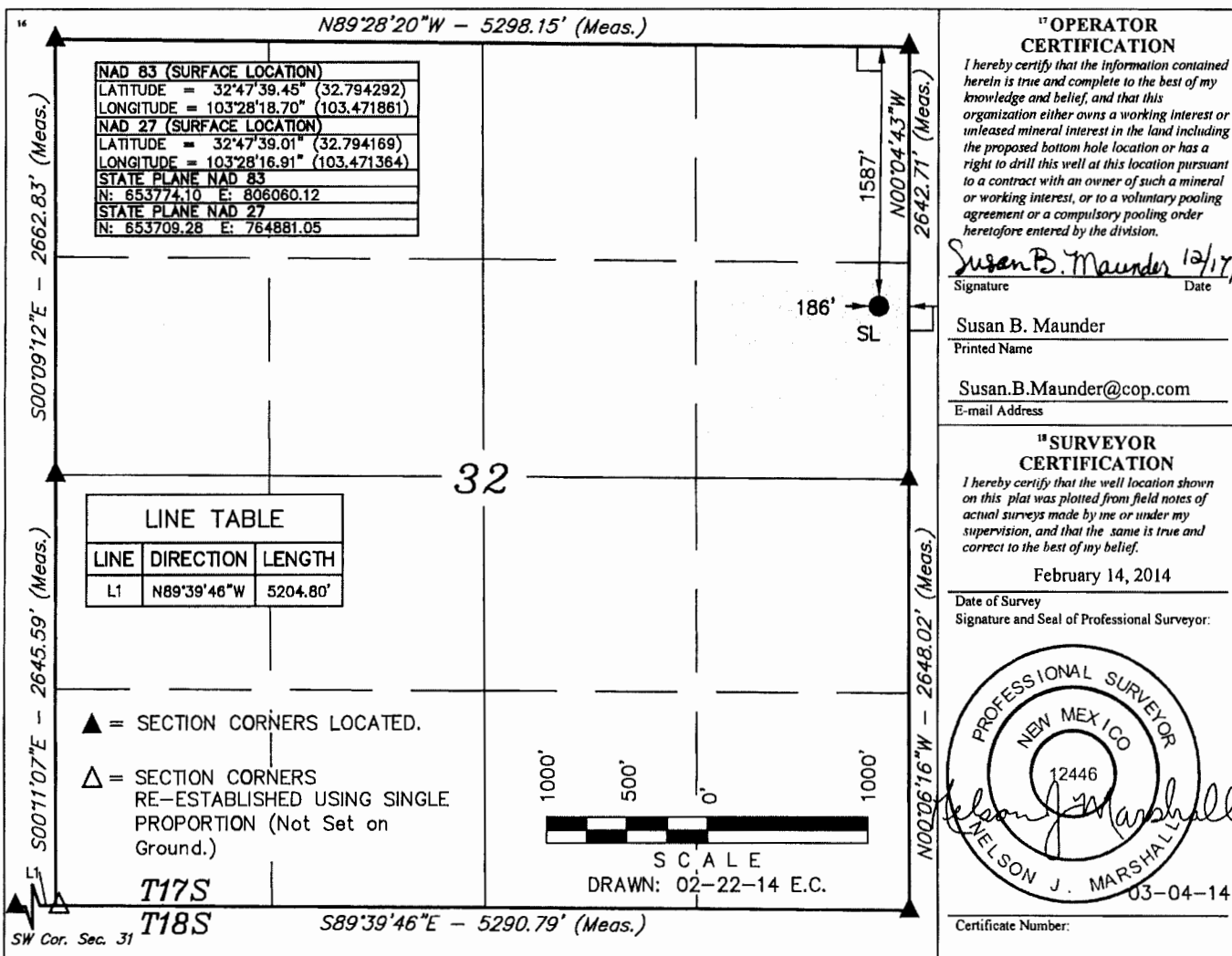
**\*Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	32	17S	35E		1587	NORTH	186	EAST	LEA

**\*\*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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No. WFX-Pending						

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.



**Certificate Number:**



District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
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District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number	<sup>2</sup> Pool Code	<sup>3</sup> Pool Name
	62180	Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code	<sup>5</sup> Property Name	<sup>6</sup> Well Number
31172	EAST VACUUM GBSA UNIT 2721	527
<sup>7</sup> OGRID No.	<sup>8</sup> Operator Name	<sup>9</sup> Elevation
217817	ConocoPhillips Company	3937.7'

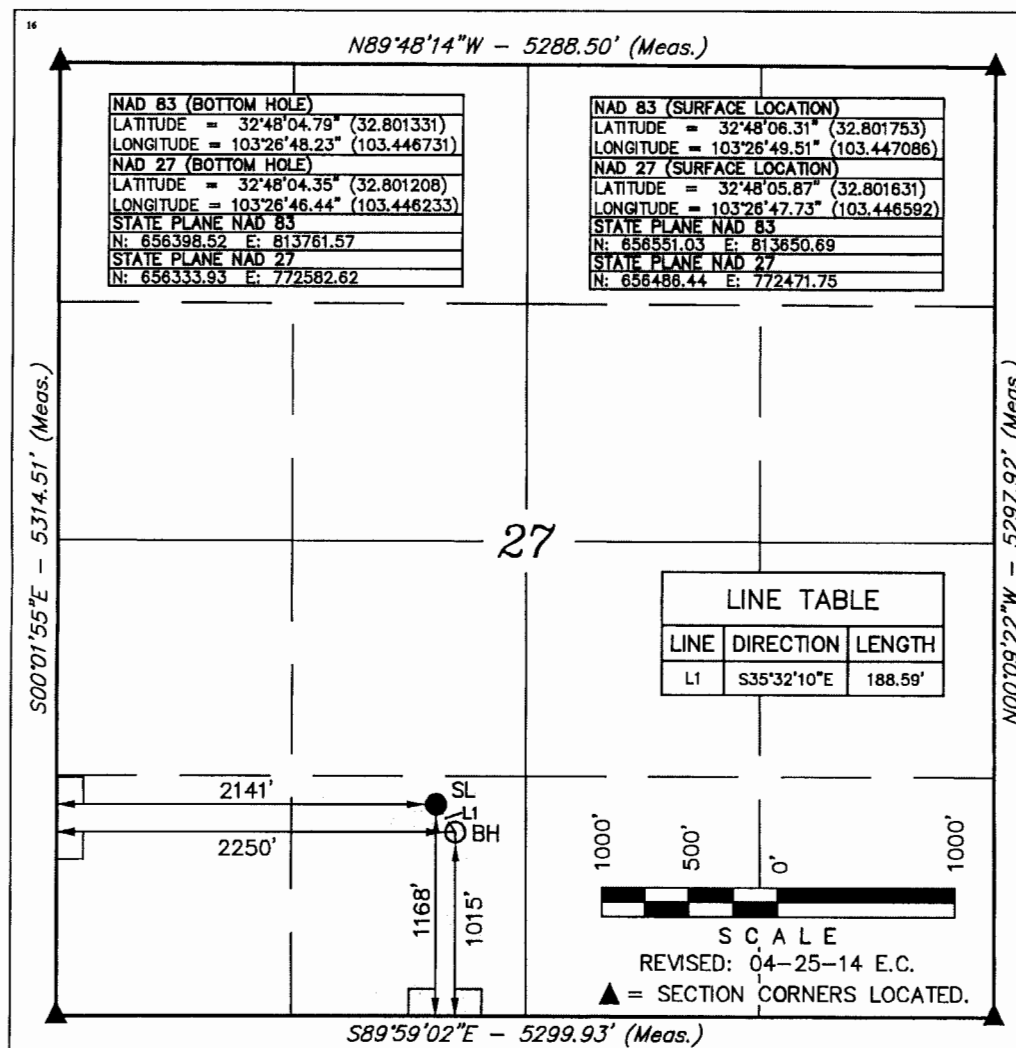
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	27	17S	35E		1168	SOUTH	2141	WEST	LEA

<sup>11</sup> 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	27	17S	35E		1015	SOUTH	2250	WEST	LEA
<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.						
40				WFX-Pending					

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.



<sup>17</sup> 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.

Susan B. Maunder 12/17/14  
Signature Date

Susan B. Maunder

Printed Name

Susan.B.Maunder@cop.com

E-mail Address

<sup>18</sup> 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.

February 17, 2014

Date of Survey

Signature and Seal of Professional Surveyor:



Certificate Number:

District I  
1625 N. French Dr., Hobbs, NM 88240  
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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number	<sup>2</sup> Pool Code 62180	<sup>3</sup> Pool Name Vacuum; Grayburg, San Andres
<sup>4</sup> Property Code 31172	<sup>5</sup> Property Name EAST VACUUM GBSA UNIT 2738	<sup>6</sup> Well Number 523
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3934.2'

<sup>10</sup> Surface Location

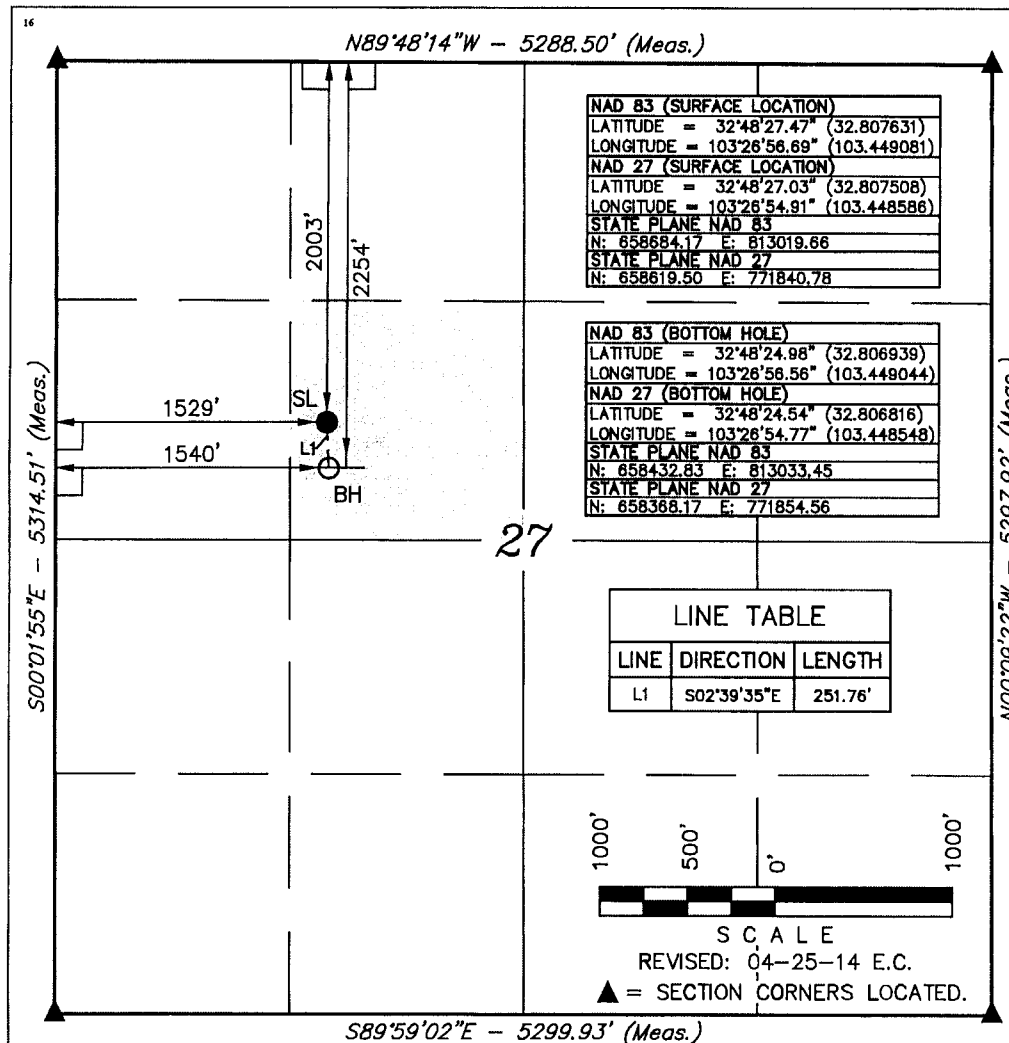
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	27	17S	35E		2003	NORTH	1529	WEST	LEA

<sup>11</sup> 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
F	27	17S	35E		2254	NORTH	1540	WEST	LEA

<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No. WFX-Pending
-------------------------------------	-------------------------------	----------------------------------	--

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.



**" 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.

Susan B. Maunder 12/17/14  
Signature Date

Susan B. Maunder

Printed Name

Susan.B.Maunder@cop.com

E-mail Address

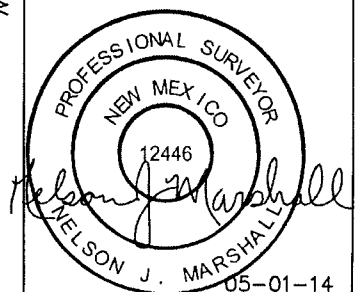
**" SURVEYOR  
CERTIFICATION**

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.

February 17, 2014

Date of Survey

Signature and Seal of Professional Surveyor:



Certificate Number:





# Half-Mile Radius



Per Land, T. Scarbrough, the entities below  
are the interest owners/operators.

State Leases

2335-001

APS-1

Oxy USA ✓  
WTP LTD  
Partnership

2469-001

2622-005W

P-3

2622-041

2672-008

2672-004

2505-048

2622-086

4-06W

4-05

6-75

2672-001W

2622-001

2622-006W

injection wells

2576-001

2622-034

6-71

CV-2

2622-031

6-70

2642-042

CV-6

2622-004W

6-76

2642-001W

CV-4

2658-001

2658-011

2614-001

2631-077

TR-18-2

6-69

5-01

6-72W

CV-5

EVGSAU Unit Boundary

73

COP

ConocoPhillips

East Grayburg-San Andres Unit

EVGSAU 2622-002

Lee County, New Mexico

0.5 Mile Radius Map

0 967  
FEET

WELL SYMBOLS  
• Oil well  
+ Injection well  
+ Plugback well  
+ Dry Hole, With Show of Oil

By Don Jones, Geophysicist  
October 12, 2004

## **Attachment 7**

Proof of Publication of Legal Notice

# Affidavit of Publication

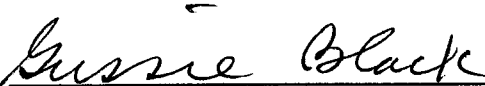
STATE OF NEW MEXICO  
COUNTY OF LEA

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).

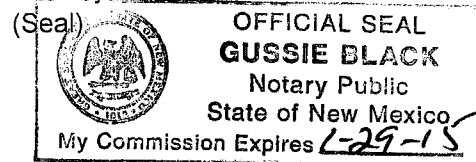
Beginning with the issue dated  
October 26, 2014  
and ending with the issue dated  
October 26, 2014.

  
\_\_\_\_\_  
Publisher

Sworn and subscribed to before me this  
26th day of October 2014.

  
\_\_\_\_\_  
Business Manager

My commission expires  
January 29, 2015



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

## LEGALS

East Vacuum GBSA 2622 #002, API #30-025-26573, Sec. 26, 1430' FNL & 1330' FEL unitized injection interval 4150' to 5150' TVD. Initial perforated interval is 4400' to 4808' TVD.

The maximum injection rate will be about 5,000 barrels of produced water per day. Maximum injection pressure will be 1350 psi at the surface for the well mentioned above. Interested parties must file objections or request for hearing with the New Mexico Oil Conservation Division, 1220 South Saint Francis Drive, Santa Fe, New Mexico 87504 within 15 days of this notice.  
#29510

## LEGALS

Legal Notice  
October 26, 2014

ConocoPhillips Company, 600 N. Dairy Ashford Road, Houston, TX 77079-11075, Contact: Susan B. Maunder (281) 206-5281, is seeking administrative approval from the New Mexico Oil Conservation Division to inject produced water into one additional well in the East Vacuum Unit, in the Grayburg and San Andres formations.

The well is located in Township 17S, Range 35E, Lea County, NM:

67111011

00146504

SUSAN MAUNDER  
CONOCOPHILLIPS (HOUSTON)  
600 N. DAIRY ASHFORD ROAD  
ATTN: P10-4-4054  
HOUSTON, TX 77079

## **Attachment 8**

Verification of Notification of Interested Parties

List Interested of Parties:

ZPZ Delaware I LLC  
Attn: Michelle Hanson  
303 Veterans Airpark Lane, Suite  
3000  
Midland, TX 79705-4561

Boyd Laughlin Management Trust  
Nicholas C. Taylor Succ. Trustee  
214 W. Texas Ave.  
Midland, TX 79701-4600

OBO, Inc.  
c/o Lowell S. Dunn II  
P. O. Box 22577  
Hialeah, FL 33002-2577

Mary Leonard Children's Trust  
JPMorgan Chase Bank, N.A.  
Oil & Gas Management  
Mail Code TX1-1315  
420 Throckmorton, Suite 900  
Fort Worth, TX 76102

XTO Energy  
Attn: Steve Cobb  
810 Houston Street  
Fort Worth, TX 76102

C. W. Seely  
815 W. 10th Street  
Fort Worth, TX 76102

The Josephine Laughlin Living  
Trust  
Josephine Laughlin, Trustee  
13505 McCall Court, N.E.  
Albuquerque, NM 87123-1468

Larry O. Hulsey  
220 Oak Street  
P. O. Box 1143  
Graham, TX 76450

AYCO Energy, L.L.C.  
2909 Hillcroft Ave., Suite 103  
Houston, Texas 77057

Miranda Leonard Revocable Trust  
JPMorgan Chase Bank, N.A.  
Oil & Gas Management  
Mail Code TX1-1315  
420 Throckmorton, Suite 900  
Fort Worth, TX 76102

Mary D. Fleming Walsh  
Attn: Gary F. Goble  
500 West Seventh St., Suite 1007  
Fort Worth, TX 76102

Martha Leonard Revocable Trust  
JPMorgan Chase Bank, N.A.  
Oil & Gas Management  
Mail Code TX1-1315  
420 Throckmorton, Suite 900  
Fort Worth, TX 76102

John R. Bryant  
C/O John Thomas Bryant POA  
PO Box 655  
Addison, TX 75001

Magnum Hunter Production, Inc.  
c/o Cimarex Energy Co.  
Attn: Manager – Outside Operated  
202 S. Cheyenne Ave., Suite 1000  
Tulsa, OK 74103

Bright Hawk Burkard Venture 0.00  
C/O FROST NATIONAL BANK  
P.O. Box 79790  
Houston, TX 77279-9790

Davoil, Inc.  
P. O. Box 122269  
Fort Worth, TX 76121-2269

Patricia Penrose Schieffer Test. Tr.  
Bank of America, N.A., Agent  
P. O. Box 2546  
Fort Worth, TX 76113-2546

Belva Little  
P.O. Box 279  
Cross Plains, TX 76443

Nancy Payne Stacks  
1614 W Pine  
Midland, TX 79705

Stovall Energy LTD  
Attn: Norman D. Stovall, Jr.  
P. O. Box 10  
Graham, TX 76046

Marathon Oil Company  
ATTN: Permian OBO  
P.O. BOX 3128  
Mail Stop 35:01  
Houston, TX 77253-3128

McRae Management Trust  
P. O. Box 5401  
Midland, TX 79704

Betelgeuse Production  
Box 1937  
Fredericksburg, TX 78624

Development Oil & Gas LLC  
Attn: Frances M Gray  
PO Box 55809  
Jackson, MS 39296-5809

Madelon L. Bradshaw  
2120 Ridgmar Blvd., Suite 12  
Fort Worth, TX 76116

S. B. Street & Company  
P. O. Box 206  
Graham, TX 76046

Great Western Drilling Co.  
Attn: Donald Knipe  
P. O. Box 1659  
Midland, TX 79701

Rachel Kathleen Williams  
2797 E. Washington ST.  
Stephenville, TX 76401





ConocoPhillips Company  
600 North Dairy Ashford  
Houston, TX 77079-1175

November 25, 2014

VIA CERTIFIED RETURN RECEIPT

ATTACHED LIST OF INTERESTED PARTIES

SUBJECT: APPLICATION FOR AUTHORIZATION TO INJECT INTO EAST VACUUM GRAYBURG  
SAN ANDRES UNIT WELL 2622-002 (API 30-025-26573)

Dear Sir or Madam:

ConocoPhillips Company is seeking administrative approval from the New Mexico Oil Conservation Division to inject produced water into an additional, existing well in the East Vacuum Grayburg San Andres Unit, in the unitized formations (Grayburg and San Andres formations). You are receiving this package because you have been identified as having, past or current, interest in acreage near the vicinity of our proposed activity.

The well is located in Section 26, Township 17S, Range 35E, Lea County, NM at 1430' FNL and 1330' FEL.

According to Rule 701C the State of New Mexico, Oil Conservation Division, Engineering Bureau (1220 South St. Francis Drive, Santa Fe, NM 87505) can make a decision on our application after 15 days, if no objection is received.

If you have any questions regarding the enclosed application, I can be reached at the address above, phone number (281) 206-5281, or email [Susan.B.Maunders@conocophillips.com](mailto:Susan.B.Maunders@conocophillips.com).

Sincerely,

A handwritten signature in black ink that reads "Susan B. Maunders".

Susan B. Maunders  
Senior Regulatory Specialist

Enclosures

RECEIVED  
2014 DEC 17 10:11 AM  
OFFICE OF THE ATTORNEY GENERAL



Susan B. Maunder  
Sr. Regulatory Specialist  
Phone: (281) 206-5281

ConocoPhillips Company  
600 N. Dairy Ashford Rd., Office P10-3-3096  
Houston, TX 77079-1175

December 17, 2014

State of New Mexico  
Oil Conservation Division  
Attn: Mr. Phillip Goetze  
1220 South Saint Francis Drive  
Santa Fe, New Mexico 87505

SUBJECT: EAST VACUUM GRAYBURG SAN ANDRES UNIT C-108 APPLICATION, ADDITIONAL  
INFORMATION SUBMITTAL

Dear Mr. Goetze:

ConocoPhillips Company submitted the subject application in August 2014. Additional information was requested to complete our application for the eleven well expansion project. Our planning for this project is progressing with first injection planned for third quarter 2015, following NMOCD approval. The following is provided:

- Verification of Publication
- Verification of Notification of Interested Parties
- Copy of the New Mexico Form C-102 for each well

If you have questions regarding this request, I can be reached at 281-206-5281, 432-269-4378, or via email at [Susan.B.Maunder@conocophillips.com](mailto:Susan.B.Maunder@conocophillips.com).

Sincerely,

A handwritten signature in black ink that reads "Susan B. Maunder".

Susan B. Maunder  
Senior Regulatory Specialist  
ConocoPhillips Company

Cc: w/Enclosures

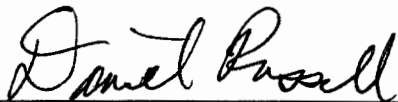
# Affidavit of Publication

State of New Mexico,  
County of Lea.

I, DANIEL RUSSELL  
PUBLISHER

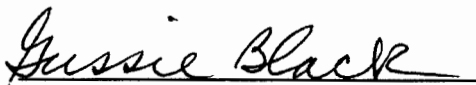
of the Hobbs News-Sun, a  
newspaper published at Hobbs, New  
Mexico, do solemnly swear that the  
clipping attached hereto was  
published in the regular and entire  
issue of said newspaper, and not a  
supplement thereof for a period

of 1 issue(s).  
Beginning with the issue dated  
August 27, 2014  
and ending with the issue dated  
August 27, 2014



PUBLISHER

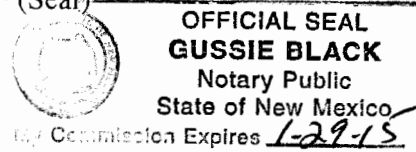
Sworn and subscribed to before me  
this 27th day of  
August, 2014



Notary Public

My commission expires  
January 29, 2015

(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  
publication has been made.

LEGAL

LEGAL

LEGAL

LEGAL NOTICE  
August 27, 2014

BEFORE THE OIL CONSERVATION DIVISION OF THE STATE OF NEW MEXICO

**APPLICANT:** CONOCOPHILLIPS COMPANY

**RELIEF SOUGHT:** ADMINISTRATIVE  
APPROVAL FOR A WATERFLOOD EXPANSION  
TO INJECT CARBON DIOXIDE AND PRODUCED  
WATER INTO THE PROPOSED EVGBSAU UNIT  
(SECONDARY RECOVERY)

## NOTICE OF APPLICATION

STATE OF NEW MEXICO: To all persons, owners, producers, operators, purchasers and takers of oil and gas and all other interested persons, particularly in Lea County, New Mexico; and if any of the named individuals or entities be deceased or a dissolved partnership, corporation or other association, then the unknown heirs, executors, administrators, devisees, trustees, successors, trustees and assigns of any such deceased individual or dissolved partnership, corporation or other association.

NOTICE IS HERBY GIVEN THAT the applicant in this cause is requesting that the OCD, pursuant to New Mexico Administration CODR-NUMAC 19.15.26.1, authorize the approval of a waterflood expansion (WFX) with the injection of carbon dioxide and produced water in the following wells:

**Name and Address of Applicant:** ConocoPhillips Company, P.O. Box 51810; Midland, TX 79710, Contact party: Susan Maunder (281) 206-5281

### Name, Location and Injection Interval of Proposed Wells:

**EVGBSAU 2738-W523** - Surface Hole Location: 2,003' FNL & 1,529' FWL and Bottom Hole Location: 2,254' FNL & 1,540' FWL of Section 27, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,545' - 5,045'

**EVGBSAU 2739-W522** - Surface Hole Location: 2,310' FSL & 1,120' FWL and Bottom Hole Location: 2,338' FSL & 895' FWL of Section 27, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,540' - 5,037'

**EVGBSAU 2739-W525** - Surface Hole Location: 1,690' FSL & 2,230' FEL and Bottom Hole Location: 1,690' FSL & 2,230' FEL of Section 27, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,570' - 5,030'

**EVGBSAU 3202-W512** - Surface Hole Location: 1,587' FNL & 186' FEL and Bottom Hole Location: 1,587' FNL & 186' FEL of Section 32, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,557' - 5,058'

**EVGBSAU 3202-W513** - Surface Hole Location: 2,455' FNL & 442' FEL and Bottom Hole Location: 2,332' FNL & 1,054' FEL of Section 32, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,555' - 5,041'

**EVGBSAU 3308-W511** - Surface Hole Location: 1,073' FNL & 418' FWL and Bottom Hole Location: 1,073' FNL & 418' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,585' - 5,039'

**EVGBSAU 3328-W520** - Surface Hole Location: 471' FSL & 1,759' FWL and Bottom Hole Location: 471' FSL & 1,759' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,634' - 5,140'

**EVGBSAU 3345-W521** - Surface Hole Location: 991' FSL & 2,290' FWL and Bottom Hole Location: 991' FSL & 2,290' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,633' - 5,120'

**EVGBSAU 3374-W516** - Surface Hole Location: 2,321' FSL & 940' FWL and Bottom Hole Location: 2,321' FSL & 940' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,560' - 5,047'

**EVGBSAU 3374-W517** - Surface Hole Location: 1,815' FSL & 405' FWL and Bottom Hole Location: 1,660' FSL & 300' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,578' - 5,022'

**EVGBSAU 2721-W527** - Surface Hole Location: 1,168' FSL & 2,141' FWL and Bottom Hole Location: 1,015' FSL & 2,250' FWL of Section 27, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,580' - 5,040'

**Formation Name and Depth of Top of Formation:** Grayburg formation where the top of the formation can be found at a depth between 4,030' and 4,059' and the San Andres formation where the top of the formation can be found at a depth between 4,348' and 4,470'.

**Maximum Injection Pressure and Rate:** The maximum injection pressure of 1,800 psi (CO2) and 1,350 psi (H2O) and maximum injection rate of 2,500 MCFD (CO2) and 3,500 BWPD (H2O).

**NOTICE IS FURTHER GIVEN THAT** interested parties may file objections or request for hearing with the Oil Conservation Division within fifteen (15) days after publication of this Notice. Objections should be mailed to 1220 South St. Francis Dr. Santa Fe, New Mexico 87505.  
#29325

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Stovall Energy LTD  
Attn: Norman D. Stovall, Jr  
PO Box 10  
Graham, TX 76046

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5120

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
☒ Addressee

B. Received by (Printed Name)

LILA CLARKE

C. Date of Delivery

8/29/14

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

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

ZPZ Delaware LLC  
Attn: Michelle Hanson  
303 Veterans Airpark Lane, Suite 3000  
Midland, TX 79705-4561

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5106

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
☒ Addressee

B. Received by (Printed Name)

Stephanie Perez

C. Date of Delivery

8/28

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

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Boyd Laughlin Management Trust  
Nicholas C. Taylor Succ. Trustee  
214 W. Texas Ave.  
Midland, TX 79701-4600

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5137

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
☒ Addressee

B. Received by (Printed Name)

Anna McLachlan

C. Date of Delivery

8/29

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

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Mary D. Fleming Walsh  
Attn: Gary F. Goble  
500 West Seventh St., Suite 1007  
Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5113

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
☒ Addressee

B. Received by (Printed Name)

Stephanie Perez

C. Date of Delivery

8/28

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

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

OBO, Inc.  
% Lowell S. Dunn II  
PO Box 22577  
Hialeah, FL 33002-2577

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5151

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent  
B. Received by (Printed Name) ☒ Addressee  
C. Date of Delivery  
D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Martha Leonard Revocable Trust  
Bank One Texas, NA, Trustee  
PO Box 2605  
Fort Worth, TX 76113

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5373

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent  
B. Received by (Printed Name) ☒ Addressee  
C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

John R. Bryant  
% John Thomas Bryant POA  
PO Box 655  
Addison, TX 75001

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5168

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent  
B. Received by (Printed Name) ☒ Addressee  
C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Marathon Oil Company  
ATTN: Permian OBO  
PO Box 3128  
Mail Stop 35:01  
Houston, TX 77253-3128

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent  
B. Received by (Printed Name) ☒ Addressee  
C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Magnum Hunter Production, Inc.  
% Cimarex Energy Co.  
ATTN: Manager - Outside Operated  
202 S. Cheyenne Ave., Suite 1000  
Tulsa, OK 74103

## 2. Article Number

7014 1200 0000 7813 5199

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Form 3811, February 2004

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Justin Wallace* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *JUSTIN WALLACE* C. Date of Delivery *8/28/14*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ G.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## ENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
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.

## Article Addressed to:

McRae Management Trust  
PO Box 5401  
Midland, TX 79704

## Article Number

7014 1200 0000 7813 5175

(Transfer from service label)

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Don L Wiger* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *FERRI L WIGER* C. Date of Delivery *9/8/14*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ G.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

XTO Energy  
Attn: Steve Cobb  
810 Houston Street  
Fort Worth, TX 76102

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Steve Cobb* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *Steve Cobb* C. Date of Delivery *AUG 28 2014*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ G.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## ENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
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.

## Article Addressed to:

Mary Leonard Children's Trust  
Bank One Texas, NA, Trustee  
PO box 2605  
Fort Worth, TX 76113

## 2. Article Number

7014 1200 0000 7813 5212

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Development Oil & Gas LLC  
ATTN: Frances M Gray  
PO Box 55809  
Jackson, MS 39296-5809

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
*A. J. Jones*
- B. Received by (Printed Name) *A. J. Jones* C. Date of Delivery *8/29/14*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7014 1200 0000 7813 5243

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Miranda Leonard Revocable Trust  
Bank One Texas, NA, Trustee  
PO Box 2605  
Fort Worth, TX 76113-2605

Article Number 7014 1200 0000 7813 5229

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
*Robert Boyd*
- B. Received by (Printed Name) *Robert Boyd* C. Date of Delivery *8/28*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

C.W. Seely  
815 W. 10<sup>th</sup> Street  
Fort Worth, TX 76102

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
*Susan Little*
- B. Received by (Printed Name) *Susan Little* C. Date of Delivery *8/28*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7014 1200 0000 7813 5250

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Frost National Bank FAO  
% Bright Hawk Resources, Inc.  
PO Box 79790  
Houston, TX 77279-9790

Article Number 7014 1200 0000 7813 5236

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
*Clay*
- B. Received by (Printed Name) *CLAYTON* C. Date of Delivery *8-2-14*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

The Josephine Laughlin Living Trust  
Josephine Laughlin, Trustee  
13505 McCall Court, N.E.  
Albuquerque, N.M. 87123-1468

## COMPLETE THIS SECTION ON DELIVERY

A. Signature Patricia Penrose Schieffer ☐ Agent ☐ Addressee  
B. Received by (Printed Name) Patricia Penrose Schieffer C. Date of Delivery 8/30/14  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5359  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Davoil, Inc.  
PO Box 122269  
Fort Worth, TX 76121-2269

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5267  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature Ron Caffey ☒ Agent ☐ Addressee  
B. Received by (Printed Name) Ron Caffey C. Date of Delivery 8-28-14  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Patricia Penrose Schieffer Test. Tr.  
Bank of America, N.A., Agent  
P.O. Box 2546  
Fort Worth, TX 76113-2546

## COMPLETE THIS SECTION ON DELIVERY

A. Signature Patricia Penrose Schieffer ☒ Agent ☐ Addressee  
B. Received by (Printed Name) Patricia Penrose Schieffer C. Date of Delivery 8/28/14  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5342  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Madelon L. Bradshaw  
2120 Ridgmar Blvd., Suite 12  
Fort Worth, TX 76116

2. Article Number

(Transfer from service label)

7014 1200 0000 7813 5274  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature Patricia Penrose Schieffer ☒ Agent ☐ Addressee  
B. Received by (Printed Name) Patricia Penrose Schieffer C. Date of Delivery 8/28/14  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Belva Little  
PO Box 279  
Cross Plains, TX 76443

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *Belva Little* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Belva Little* C. Date of Delivery *8/28/14*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label) 7014 1200 0000 7813 5311

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

Article Addressed to:

S.B. Street & Company  
PO Box 206  
Graham, TX 76046

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *M Bryant* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *M Bryant* C. Date of Delivery *8/29/14*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number  
(Transfer from service label) 7014 1200 0000 7813 5335

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Great Western Drilling Co.  
Attn: Donald Knipe  
PO Box 1659  
Midland, TX 79701

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *Donald Knipe* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Donald Knipe* C. Date of Delivery *8/28/14*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label) 7014 1200 0000 7813 5304

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Larry O. Husley  
220 Oak Street  
PO box 1143  
Graham, TX 76450

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** *Larry O. Husley* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Larry O. Husley* C. Date of Delivery *8/29/14*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label) 7014 1200 0000 7813 5328

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Rachel Kathleen Williams  
2901 FM 205  
Stephenville, TX 76401

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Rachel Williams* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *RACHEL WILLIAMS* C. Date of Delivery

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

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

AYCO Energy, LLC  
2909 Hillcroft Ave., Suite 103  
Houston, TX 77057

2. Article Number  
(Transfer from service label)

7014 1200 0000 7813 5281  
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *J. MARLANGE* C. Date of Delivery

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

3. Service Type ☐ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label)

7014 1200 0000 7813 5366  
Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Nancy Payne Stacks  
1514 W. Pine  
Midland, TX 79705

2. Article Number  
(Transfer from service label)

7014 1200 0000 7813 5298  
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *NANCY PAYNE STACKS* C. Date of Delivery

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

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

*Setelgate Production  
did not return card  
and package did not  
come back.*

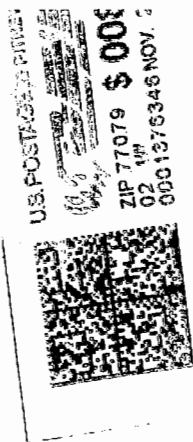
*Given  
maunder  
We will re-send.*

ConocoPhillips  
MCBU Environmental - Regulatory Dept  
600 N. Dairy Ashford  
Houston TX 77079

**ConocoPhillips**



7002 3150 0001 5931 1776



UNCLAIMED

Bright Hawk Burkard Venture 0.00  
c/o FROST NATIONAL BANK  
P.O. Box 79790  
Houston, TX 77279-9790

*Stream  
Mander  
P 1003 3096*

*Dwp 3061*

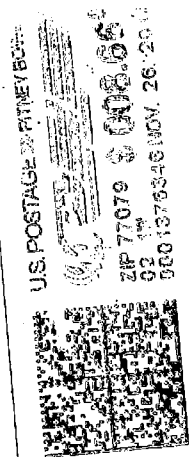
*1/21*

onocoPhillips  
ICBU Environmental - Regulatory Dept  
30 N. Dairy Ashford  
Houston TX 77079

**ConocoPhillips**



7002 3150 0001 5931 1721



Drop  
3061

4/2  
12-1

The Josephine Laughlin Living Trust  
Josephine Laughlin, Trustee  
13505 McCall Court, N.E.  
Albuquerque, NM 87123-1468

NIXIE

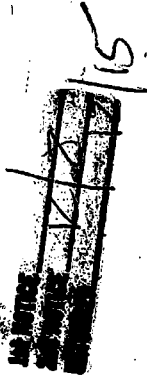
871233032-1N

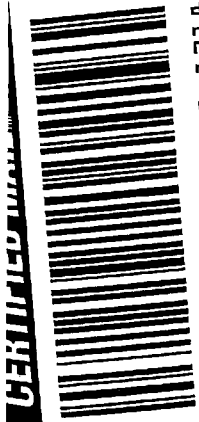
12/20/14

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
RETURN TO SENDER



40-304





7002 3150 0001 5931 1316

Mary Leonard Children's Trust  
J.P. Morgan Chase Bank, N.A.  
Oil & Gas Management  
Mail Code TX1-1315  
420 Throckmorton, Ste 900  
Ft. Worth TX 76102

Note: This was re-sent 4/22/15.  
SBM

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

State of New Mexico  
Oil Conservation Division  
1624 N. French Drive  
Hobbs, NM 88240

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 4084

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent  
B. Received by (Printed Name) *[Signature]* ☐ Addressee  
C. Date of Delivery *12-1-14*  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

State of New Mexico  
Oil Conservation Division  
1220 South Saint Francis Drive  
Santa Fe, New Mexico 87505

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 4077

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent  
B. Received by (Printed Name) *[Signature]* ☐ Addressee  
C. Date of Delivery *DEC 01 2014*  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

ZPZ Delaware LLC  
Attn: Michelle Hanson  
303 Veterans Airport Lane, Suite 3000  
Midland, TX 79705-4561

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 4145

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2022-002

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent  
B. Received by (Printed Name) *[Signature]* ☐ Addressee  
C. Date of Delivery *12/1/14*  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Mary D. Fleming Walsh  
Attn: Gary F. Goble  
500 West Seventh St., Suite 1007  
Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 4121

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent  
B. Received by (Printed Name) *[Signature]* ☐ Addressee  
C. Date of Delivery *12/1*  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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:

Stovall Energy LTD  
 Attn: Norman D. Stovall, Jr.  
 P. O. Box 10  
 Graham, TX 76046

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 4114

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent  
 B. Received by (Printed Name) Norman D. Stovall  
 C. Date of Delivery 11/28/14  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail®  
☐ Registered  
☐ Insured Mail  
☐ Priority Mail Express™  
☒ Return Receipt for Merchandise  
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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:

Boyd Laughlin Management Trust  
 Nicholas C. Taylor Succ. Trustee  
 214 W. Texas Ave.  
 Midland, TX 79701-4600

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 4107

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent  
 B. Received by (Printed Name) Rebekah Weaver  
 C. Date of Delivery 12/1/14  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail®  
☐ Registered  
☐ Insured Mail  
☐ Priority Mail Express™  
☒ Return Receipt for Merchandise  
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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:

Martha Leonard Revocable Trust  
 IP Morgan Chase Bank, N.A.  
 Oil & Gas Management  
 Mail Code TX1-1315  
 420 Throckmorton, Suite 900  
 Fort Worth, TX 76102

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 4091

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature]  
 B. Received by (Printed Name) Christopher Miller  
 C. Date of Delivery 11-28-14  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail®  
☐ Registered  
☐ Insured Mail  
☐ Priority Mail Express™  
☒ Return Receipt for Merchandise  
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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:

Marathon Oil Company  
 ATTN: Permian OBO  
 P.O. BOX 3128  
 Mail Stop 35:01  
 Houston, TX 77253-3128

2. Article Number

(Transfer from service label)

7012 3460 0003 2134 4541

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature]  
 B. Received by (Printed Name) JAMES REE  
 C. Date of Delivery 11/28/14  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

3. Service Type

- ☒ Certified Mail®  
☐ Registered  
☐ Insured Mail  
☐ Priority Mail Express™  
☒ Return Receipt for Merchandise  
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

OBO, Inc.  
c/o Lowell S. Dunn II  
P. O. Box 22577  
Hialeah, FL 33002-2577

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *John R. Bryant* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) John R. Bryant C. Date of Delivery 12/11/13  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number 7012 3460 0003 2134 4527  
(Transfer from service label)  
Domestic Return Receipt EVGSU-2622-002  
PS Form 3811, July 2013

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

McRae Management Trust  
P. O. Box 5401  
Midland, TX 79704

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Kati Kanner* ☐ Agent ☐ Addressee  
B. Received by (Printed Name) Kati Kanner C. Date of Delivery 12/9/14  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number 7012 3460 0003 2134 4510  
(Transfer from service label)  
Domestic Return Receipt EVGSU-2622-002  
PS Form 3811, July 2013

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

John R. Bryant  
c/o John Thomas Bryant POA  
PO Box 655  
Addison, TX 75001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Vickie Mann* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) Vickie Mann C. Date of Delivery 12/11/13  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number 7012 3460 0003 2134 4534  
(Transfer from service label)  
Domestic Return Receipt EVGSU-2622-002  
PS Form 3811, July 2013

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Magnum Hunter Production, Inc.  
c/o Cimarex Energy Co.  
Attn: Manager - Outside Operated  
202 S. Cheyenne Ave., Suite 1000  
Tulsa, OK 74103

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Walter* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) Walter C. Date of Delivery 12/11/13  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number 7002 3150 0001 5931 0939  
(Transfer from service label)  
Domestic Return Receipt EVGSU-2622-002  
PS Form 3811, July 2013

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Betelgeuse Production  
Box 1937  
Fredericksburg, TX 78624

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee  
B. Received by (Printed Name) W. E. WILKINS C. Date of Delivery 12-2-14  
D. Is delivery address different from item 1? ☒ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 0922

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU-2022-002

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Development Oil & Gas LLC  
Attn: Frances M Gray  
PO Box 55809  
Jackson, MS 39296-5809

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee  
B. Received by (Printed Name) WILKINS C. Date of Delivery 12-2-14  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1769

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU-2022-002

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

C. W. Seely  
815 W. 10th Street  
Fort Worth, TX 76102

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee  
B. Received by (Printed Name) Susan Little C. Date of Delivery 12-1  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1752

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU-2022-002

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Davoil, Inc.  
P. O. Box 122269  
Fort Worth, TX 76121-2269

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee  
B. Received by (Printed Name) Con Caffrey C. Date of Delivery 12-1-14  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1745

PS Form 3811, July 2013 Domestic Return Receipt EVGSAU-2022-002

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Madelon L. Bradshaw  
2120 Ridgmar Blvd., Suite 12  
Fort Worth, TX 76116

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *Tem Litterfield* C. Date of Delivery *12/11/14*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1738

PS Form 3811, July 2013 Domestic Return Receipt EUGSAU-2622-002

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Patricia Penrose Schieffer Test. Tr.  
Bank of America, N.A., Agent  
P. O. Box 2546  
Fort Worth, TX 76113-2546

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *P. Penrose* C. Date of Delivery *12/11/14*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1714

PS Form 3811, July 2013 Domestic Return Receipt EUGSAU-2622-002

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

S. B. Street & Company  
P. O. Box 206  
Graham, TX 76046

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *m Bryant* C. Date of Delivery *12/2/14*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1707

PS Form 3811, July 2013 Domestic Return Receipt EUGSAU-2622-002

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ 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:

Larry O. Hulsey  
220 Oak Street  
P. O. Box 1143  
Graham, TX 76450

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *L. Hulsey* C. Date of Delivery *11/28/14*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label) 7002 3150 0001 5931 1691

PS Form 3811, July 2013 Domestic Return Receipt EUGSAU-2622-002

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<div><div>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</div><div>■ Print your name and address on the reverse so that we can return the card to you.</div><div>■ Attach this card to the back of the mailpiece, or on the front if space permits.</div></div> <div>1. Article Addressed to:  Ielva Little P.O. Box 279 Cross Plains, TX 76443</div>		<div><div>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</div><div>B. Received by (Printed Name) B. Little</div><div>C. Date of Delivery 11/28/14</div><div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</div></div> <div><div>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery</div><div>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</div></div>	
2. Article Number (Transfer from service label) 7002 3150 0001 5931 1677		2. Article Number (Transfer from service label) 7002 3150 0001 5931 1660	
PS Form 3811, July 2013		PS Form 3811, July 2013	
Domestic Return Receipt EVGSAU-2622-002		Domestic Return Receipt EVGSAU-2622-002	
<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<div><div>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</div><div>■ Print your name and address on the reverse so that we can return the card to you.</div><div>■ Attach this card to the back of the mailpiece, or on the front if space permits.</div></div> <div>1. Article Addressed to:  Great Western Drilling Co. Attn: Donald Knipe P.O. Box 1659 Midland, TX 79701</div>		<div><div>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</div><div>B. Received by (Printed Name) Eric Miller</div><div>C. Date of Delivery 12-8-14</div><div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</div></div> <div><div>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery</div><div>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</div></div>	
2. Article Number (Transfer from service label) 7002 3150 0001 5931 1677		2. Article Number (Transfer from service label) 7002 3150 0001 5931 1653	
PS Form 3811, July 2013		PS Form 3811, July 2013	
Domestic Return Receipt EVGSAU-2622-002		Domestic Return Receipt EVGSAU-2622-002	



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Rachel Kathleen Williams  
2797 E. Washington ST.  
Stephenville, TX 76401

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
Rachel Williams

C. Date of Delivery

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

7002 3150 0001 5931 1646

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-022

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Miranda Leonard Revocable Trust  
JPMorgan Chase Bank, N.A.  
Oil & Gas Management  
Mail Code TX1-1315  
420 Throckmorton, Suite 900  
Fort Worth TX 76102

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
Kathleen Williams

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

7012 3460 0003 2134 4558

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Leopold P Bustamante  
DBA Bustamante Oil Company  
P.O. Box 50394  
Midland TX 79710-0394

## 2. Article Number

(Transfer from service label)

7002 3150 0001 5931 0977

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-022

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Three Forks Resources, LLC  
1515 Wazee, Suite 350  
Denver, CO 80202

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [Signature]

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

7002 3150 0001 5931 0946

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-022

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

V-F Petroleum, Inc  
P.O. Box 1889  
midland TX 79702

2. Article Number

(Transfer from service label)

7002 3150 0001 5931 0953

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-022

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
*Andrea DeLuca*
- B. Received by (Printed Name) ☐ Date of Delivery  
*Andrea DeLuca* *12-22-11*
- D. Is delivery address different from item 1? ☐ Yes  
if YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Oxy USA WTP L+D Partnership  
6 Desta Drive, Ste 6000  
midland TX 79701

2. Article Number

(Transfer from service label)

7002 3150 0001 5931 0960

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-022

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
*Andrea DeLuca*
- B. Received by (Printed Name) ☐ Date of Delivery  
*Andrea DeLuca* *12-22-11*
- D. Is delivery address different from item 1? ☐ Yes  
if YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes





ConocoPhillips Company  
600 North Dairy Ashford, P10-3096  
Houston, TX 77079-1175

January 6, 2015

VIA CERTIFIED RETURN RECEIPT

Nick Jaramillo  
New Mexico State Land Office  
P.O. Box 1148  
Santa Fe, New Mexico 87504

SUBJECT: APPLICATION FOR AUTHORIZATION TO INJECT INTO EAST VACUUM  
GRAYBURG SAN ANDRES UNIT WELL 2622-002 (API 30-025-26573)

Dear Mr. Jaramillo:

ConocoPhillips Company is seeking administrative approval from the New Mexico Oil Conservation Division (NMOCD) to inject produced water into an additional, existing well in the East Vacuum Grayburg San Andres Unit, in the unitized formations (Grayburg and San Andres formations). You are receiving this package because you have been identified as the surface owner. This letter is a notice only. No action is needed unless you have questions or objections.

The well is located in Section 26, Township 17S, Range 35E, Lea County, NM at 1430' FNL and 1330' FEL.

Application for authorization to inject has been filed with the NMOCD. If you have an objection, or wish to request a hearing, then it must be filed with the NMOCD within 15 days of receipt of this letter. The State of New Mexico, Oil Conservation Division, Engineering Bureau (1220 South St. Francis Drive, Santa Fe, NM 87505) can make a decision on our application after 15 days, if no objection is received. Their phone number is (505) 476-3440.

If you have any questions regarding the enclosed application, I can be reached at the address above, phone number (281) 206-5281, or email [Susan.B.Maunders@conocophillips.com](mailto:Susan.B.Maunders@conocophillips.com).

Sincerely,

Susan B. Maunders  
Senior Regulatory Specialist

Enclosures

Note: re-sent 1/22/15 w/pkg

## Jones, William V, EMNRD

---

**From:** Jones, William V, EMNRD  
**Sent:** Friday, December 26, 2014 4:42 PM  
**To:** 'susan.b.maunder@conocophillips.com'  
**Cc:** Goetze, Phillip, EMNRD; Sanchez, Daniel J., EMNRD  
**Subject:** ConocoPhillips Company (217817) application for PMX (Water only) for the East Vacuum Grayburg San Andres Unit Lea County Well: 30-025-26573

Hello Susan,

I just reviewed your application for an additional injection well and have a few questions as to "notice".

- a. Would you let me know who owns the surface at this well location? And if they were notified and when.
- b. Would you please ask your Land Manager to send a detailed map of the injection well and surrounding areas – showing outlines of all separately owned tracts of the Grayburg San Andres within ½ mile of this proposed injection well - and show which entities own or control each of these separately identified tracts.  
From your supplied map, it seems the four separately owned tracts within the Grayburg San Andres formations would be:  
The EVGSAU - ConocoPhillips Company as operator;  
NWSW of Section 25 (who is the owner(s)?)  
SWSE of Section 23; (who is the owner(s)?)  
SESE of Section 23(who is the owner(s)?) and were these notified?
- c. Send copies of the certified mailers you sent out.

I have the order R-5897-A controlling packer setting depths for all injection wells on this project.

And the previous permits were issued with maximum tubing pressure under water injection of 1350 psi – as you are asking here.

Let me know if you disagree with these two issues.

Happy Holidays,

*Will*

EMNRD/OCD District IV Supervisor William V. Jones PE  
505.476.3477 Work (505.476.3462 Fax)  
505.419.1995 Cell

(Alt. Leonard Lowe 505.476.3492W 505.930.6717Cell)  
[WilliamV.Jones@state.nm.us](mailto:WilliamV.Jones@state.nm.us) <http://www.emnrd.state.nm.us/OCD/about.html>

## **Jones, William V, EMNRD**

---

**From:** Jones, William V, EMNRD  
**Sent:** Friday, January 23, 2015 11:49 AM  
**To:** 'Maunder, Susan B'  
**Cc:** Goetze, Phillip, EMNRD; Sanchez, Daniel J., EMNRD  
**Subject:** RE: ConocoPhillips Company (217817) application for PMX (Water only) for the East Vacuum Grayburg San Andres Unit Lea County Well: 30-025-26573

Hi Susan,

I see one party that is listed by Mr. Scarborough as an affected party, but not in the notice list:  
WTP Limited Partnership – SESE of Sec 23.

If you have sent them a mailer, let me know and when?

If you still need to notice them, you could ask for a waiver from them or else we must wait another 15 days.

Thank You,

Will

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Maryleopard Children's Trust  
 10 Morgan Chase Bank, N.A.  
 c/o Gas Management  
 mail Code TX1-1315  
 420 Thrack Morton, Ste 900  
 Ft. Worth TX 76102

2. Article Number

(Transfer from service label)

7002 3150 0001 5931 1318

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/26

D. Is delivery address different from item 1?

☒ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

EVGSAU-2622-002



C-108 Review Checklist: Received \_\_\_\_\_ Add. Request: \_\_\_\_\_ Reply Date: \_\_\_\_\_ Suspended: \_\_\_\_\_ [Ver 14]

PERMIT TYPE: WFX (PMX) SWD Number: 274 Permit Date: 2/15/15 Legacy Permits/Orders: R-5897/10017

Well No. \_\_\_\_\_ Well Name(s): EVESAN 2622 (2622) (2622)

API: 30-0 25-26573 Spud Date: \_\_\_\_\_ New or Old: \_\_\_\_\_ (UIC Class II Primacy 03/07/1982)

Footages 1430 ENL / 1330 FEL Lot \_\_\_\_\_ or Unit G Sec 26 Tsp 17S Rge 35E County LEA

General Location: \_\_\_\_\_ Pool: VACUUM G-SA Pool No.: 62180

BLM 100K Map: \_\_\_\_\_ Operator: CONOCO PHILLIPS CO. OGRID: 21817 Contact: SUSAN MAUNDER

COMPLIANCE RULE 5.9: Total Wells: 457 Inactive: 1 Fincl Assur: OK Compl. Order? \_\_\_\_\_ IS 5.9 OK? yes Date: 12/26/14

WELL FILE REVIEWED ☒ Current Status: Producer

WELL DIAGRAMS: NEW: Proposed ☒ or RE-ENTER: Before Conv. ☒ After Conv. ☒ Logs in Imaging: yes

Planned Rehab Work to Well: PRR ADDL. LOWER HOLES (RUN TBG) injected water (NOT CO2)

Well Construction Details		Sizes (in) Borehole / Pipe	Setting Depths (ft)	Cement Sx or Cf	Cement Top and Determination Method
Planned _____ or Existing _____ Surface	11 - 8 5/8		Stage Tool	675 SX	Surf
Planned _____ or Existing _____ Interm/Prod					
Planned _____ or Existing _____ Interm/Prod	7 1/8 - 5 1/2			1345 SX	Surf.
Planned _____ or Existing _____ Prod/Liner					
Planned _____ or Existing _____ Liner					
Planned _____ or Existing _____ OH / PERF			Inj Length		

Injection Lithostratigraphic Units	Depths (ft)	Injection or Confining Units	Tops
Adjacent Unit: Litho. Struc. Por.			
Confining Unit: Litho. Struc. Por.			
Proposed Inj Interval TOP:	4,150' (4,459')	GBG	
Proposed Inj Interval BOTTOM:	5,150' (4,646')	SX	
Confining Unit: Litho. Struc. Por.			
Adjacent Unit: Litho. Struc. Por.			

Completion/Operation Details:	
Drilled TD _____	PBTD _____
NEW TD _____	NEW PBTD _____
NEW Open Hole <input type="checkbox"/> or NEW Perfs <input type="checkbox"/>	
Tubing Size 2 7/8 in.	Inter Coated? <input checked="" type="checkbox"/>
Proposed Packer Depth 4438'	ft
Min. Packer Depth _____	(100-ft limit)
Proposed Max. Surface Press. _____	psi
Admin. Inj. Press. _____	(0.2 psi per ft)

**AOR: Hydrologic and Geologic Information**

POTASH: R-1 ☒ P ☐ Noticed? \_\_\_\_\_ BLM Sec Ord ☒ WPP ☐ Noticed? \_\_\_\_\_ SALT/SALADO T 1740 B: 2630 CLIFF HOUSE

FRESH WATER: Aquifer \_\_\_\_\_ Max Depth 140' HYDRO AFFIRM STATEMENT By Qualified Person ☒

NMOSE Basin: \_\_\_\_\_ CAPITAN REEF: thru ☐ adj ☐ NA ☐ No. Wells within 1-Mile Radius? 8 FW Analysis ☒

Disposal Fluid: Formation Source(s) Produced Water Analysis? \_\_\_\_\_ On Lease ☒ Operator Only ☐ or Commercial ☐

Disposal Int: Inject Rate (Avg/Max BWPD): 3000 BWPD Protectable Waters? NO Source: \_\_\_\_\_ System: Closed ☒ or Open ☐

HC Potential: Producing Interval? yes Formerly Producing? yes Method: Logs/DST/P&A/Other \_\_\_\_\_ 2-Mile Radius Pool Map ☐

AOR Wells: 1/2-M Radius Map? ☒ Well List? ☒ Total No. Wells Penetrating Interval: 37 Horizontals? \_\_\_\_\_

Penetrating Wells: No. Active Wells 18 Num Repairs? 0 on which well(s)? \_\_\_\_\_ Diagrams? \_\_\_\_\_

Penetrating Wells: No. P&A Wells 19 Num Repairs? 0 on which well(s)? \_\_\_\_\_ Diagrams? ☒

NOTICE: Newspaper Date 10/26/14 Mineral Owner \_\_\_\_\_ Surface Owner \_\_\_\_\_ N. Date \_\_\_\_\_

RULE 26.7(A): Identified Tracts? 140 Affected Persons: (Send COPY of Receipts) N. Date \_\_\_\_\_

Permit Conditions: use PRR Sx/Dqch per R-5897-A ;

Add Permit Cond: (NO CO2)