

RECEIVED: 9/14/2018	REVIEWER:	TYPE: SWD	APP NO: DMA18257 46464
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Geological & 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

Applicant: NGL WATER SOLUTIONS PERMIAN LLC	OGRID Number: 372338
Well Name: STRIKER 5 SWD #1	API: TBD
Pool: SWD; SILURIAN-DEVONIAN	Pool Code: 96101

SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED BELOW

- 1) **TYPE OF APPLICATION:** Check those which apply for [A]
- A. Location – Spacing Unit – Simultaneous Dedication
 NSL NSP (PROJECT AREA) NSP (PRORATION UNIT) SD
- B. Check one only for [I] or [II]
- [I] Commingling – Storage – Measurement
 DHC CTB PLC PC OLS OLM
- [II] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR

FOR OCD ONLY	
<input type="checkbox"/>	Notice Complete
<input type="checkbox"/>	Application Content Complete

- 2) **NOTIFICATION REQUIRED TO:** Check those which apply.
- A. Offset operators or lease holders
 B. Royalty, overriding royalty owners, revenue owners
 C. Application requires published notice
 D. Notification and/or concurrent approval by SLO
 E. Notification and/or concurrent approval by BLM
 F. Surface owner
 G. For all of the above, proof of notification or publication is attached, and/or,
 H. No notice required

3) **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.

CHRIS WEYAND

 Print or Type Name

 Signature

09/12/2018

 Date

512-600-1764

 Phone Number

CHRIS@LONQUIST.COM

 e-mail Address

LONQUIST & CO. LLC

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

AUSTIN HOUSTON WICHITA DENVER CALGARY

September 13, 2018

New Mexico Energy, Minerals, and Natural Resources Department
Oil Conservation Division District IV
1220 South St. Francis Drive
Santa Fe, New Mexico 87505
(505) 476-3440

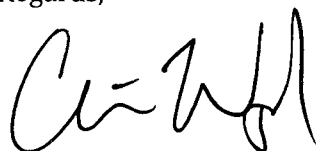
RE: STRIKER 5 SWD NO. 1 AUTHORIZATION TO INJECT

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for NGL Water Solutions Permian, LLC's Striker 5 SWD No. 1. In addition, Forms C-101 and C-102 have also been included with this package. Notices have been sent to offset, operators, leaseholders and the surface owner. Proof of notice will be sent to the OCD upon receipt.

Any questions should be directed towards NGL Water Solutions Permian, LLC's agent Lonquist & Co., LLC.

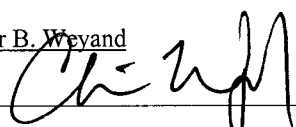
Regards,



Christopher B. Weyand
Staff Engineer
Lonquist & Co., LLC

(512) 600-1764
chris@lonquist.com

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance X Disposal _____ Storage
Application qualifies for administrative approval? X Yes _____ No
- II. OPERATOR: NGL WATER SOLUTIONS PERMIAN, LLC
ADDRESS: 1509 W WALL ST // STE 306 // MIDLAND, TX 79701
CONTACT PARTY: SARAH JORDAN PHONE: (432) 685-0005 x1989
- 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 X No
If yes, give the Division order number authorizing the project: _____
- 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: Christopher B. Weyand TITLE: Consulting Engineer
SIGNATURE:  DATE: 9/10/2018
E-MAIL ADDRESS: chris@lonquist.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.

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.

INJECTION WELL DATA SHEET

OPERATOR: NGL WATER SOLUTIONS PERMIAN, LLC

WELL NAME & NUMBER: STRIKER 5 SWD #1

WELL LOCATION: 135' FNL & 1,447.9' FWL UNIT LETTER C SECTION 19 TOWNSHIP 25S RANGE 37E
FOOTAGE LOCATION

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA
Surface Casing

Hole Size: 24.000" Casing Size: 20.000" ft³
Cemented with: 1,087 sx. *or* _____
Top of Cement: Surface Method Determined: Circulation

1st Intermediate Casing

Hole Size: 17.500" Casing Size: 13.375" ft³
Cemented with: 2,241 sx. *or* _____
Top of Cement: Surface Method Determined: Circulation

2nd Intermediate Casing

Hole Size: 12.250" Casing Size: 9.625" ft³
Cemented with: 2,704 sx. *or* _____
Top of Cement: Surface Method Determined: Circulation

Injection Interval

10,151 feet to 11,529 feet

(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 5.5", 17 lb/ft, P-110, TCPC from 0' - 10,100'
Lining Material: Duoline

Type of Packer: Incoloy Injection Packer

Packer Setting Depth: 10,100'

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

Additional Data

1. Is this a new well drilled for injection? X Yes No

If no, for what purpose was the well originally drilled? N/A

2. Name of the Injection Formation: Devonian, Silurian, Fusselman and Montoya (Top 100')

3. Name of Field or Pool (if applicable): SWD; Silurian-Devonian

4. 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. No, new drill.

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Yates: 2,664'

Seven Rivers: 2,892'

Grayburg: 3,581'

Tubbs: 6,609'

Devonian: 10,151' (not within this fault block)



Striker SWD #1

Location - Lea County NM

TD: 11,529'

Directions to Site

Vertical Injection - Devonian, Permian, Fusselman

Drill/Complete 36,833,660'

CU/GR: 31,000/3,522'

Geologic Tops (MD ft)

Section

Bit/BHA

Casing

Cement (HOLD)

Injection String

Rustler Anhydrite 898'	Surface Drill 24" 0' - 1000' Set and Cement 20" Casing	24" PDC 9-5/8" x 8" MM 9 jts: 8" DC 21 jts: 5" HWDP 5" DP to surface	1000' of 20" 94# J55 BTC Centralizers - bottom 2 joints and every 3rd jt thereafter, Cement basket 5th jt from surface	467 sx of HES Extenda Cem 13.7ppg Lead and 631 sx of Halcem Thixo 14.8ppg Tail 60% Excess 1000psi CSD after 10hrs	10100' of 5-1/2" P110 17# TPCP Duoline Internally Coated Injection Tubing Incobloy Injection Packer set at 10100'
Surface TD - 1000'					
Top Salt 1090'	1st Intermediate Drill 2900' of 17-1/2" Hole 1000' - 3900' Set and Cement 13-3/8" Casing	17-1/2" PDC 9-5/8" x 8" MM 9 jts: 8" DC 21 jts: 5" HWDP 5" DP to surface	5M A Section Casing Bowl 3900' of 13-3/8" 68# L80 BTC Centralizers - bottom jt, every 3rd joint in open hole and 2 jt inside the surface casing	1383sx of 12.9ppg HES Neocem Lead and 858sx of 14.8ppg Halcem Tail 4hr TT 25% Excess 1000psi CSD after 10 hrs Cement to Surface	
Salado 1230'					
Base Salt 2515'	2nd Intermediate Drill 6251' of 12-1/4" Hole 3900' - 10151' Set 9-5/8" Intermediate Casing and Cement in 2 Stages	12-1/4" PDC 8" MM 9jts: 8" DC 8" Drilling Jars 21 jts: 5" HWDP 5" DP to Surface	10M B Section 10151' of 9-5/8" 47# HCP110 with Gas Tight Connection DVs tool set at 8000' and 3850' Centralizers - bottom jt, 100' aside of DV tool, every 3rd joint in open hole and 5 within the surface casing	663sx of Neocem 12.9ppg Lead and 201sx of Halcem 14.8ppg. 25% Excess. 1000psi CSD after 10hrs. 0% Excess 732sx of Neocem 12.9ppg Lead and 443sx of Halcem 14.8ppg. 25% Excess 276sx of 12.9ppg Neocem Lead, 390sx of 14.8ppg Versacem Tail 25% XS	
Yates 2664'					
Seven Rivers 2892'	Injection Interval Drill 1378' of 8-1/2" hole 10151' - 11529'	8-1/2" PDC 6-3/4"MM 9 jts: 6" DC 6" Drilling Jars 18 jts: 5" FH HWDP 5" FH DP to Surface	Openhole completion	Displace with 3% KCl (or heavier brine if necessary)	
Queen 3316'					
Grayburg 3581'	2nd Intermediate TD -10151'				
DV/ECP set at 3850'					
Intermediate 1 TD - 3900'					
Glorietta 4401'	Injection Packer Set at 10,100'				
Tubbs 6609'					
Wolfcamp 7959'	DV 8000'				
Strawn 8354'					
Mississippian Shale 8809'					
Barnett 8911'					
Mississippian Lime 9115'					
Woodford 9617'					
Devonian 10,151'					
Fusselman 10,859'					
Montoya 11,429'					
					TD 11,529'

NGL Water Solutions Permian, LLC

Striker 5 SWD No. 1

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1.

Well information	
Lease Name	Striker 5 SWD
Well No.	1
Location	S-19 T-25S R-37E
Footage Location	135' FNL & 1,447.9 FWL

2.

a. Wellbore Description

Casing Information			
Type	Surface	Intermediate	Production
OD	20"	13.375"	9.625"
WT	0.438"	0.514"	0.472"
ID	19.124"	12.415"	8.525"
Drift ID	18.936"	12.259"	8.525"
COD	21.00"	14.375"	10.625"
Weight	94 lb/ft	68 lb/ft	47 lb/ft
Grade	J-55	L80	HCP-110
Hole Size	24"	17.5"	12.25"
Depth Set	1,000'	3,900'	10,151'

b. Cementing Program

Cement Information			
Casing String	Surface	Intermediate	Production
Lead Cement	C	C	H,H,C
Lead Cement Volume	457	1,383	Stage 1: 276 sks Stage 2: 732 sks Stage 3: 663 sks
Tail Cement	C	C	H,H,C
Tail Cement Volume	631	858	Stage 1: 390 sks Stage 2: 443 sks Stage 3: 201 sks
Cement Excess	60%	25%	25%
TOC	Surface	Surface	Surface
Method	Circulate to Surface	Circulate to Surface	Circulate to Surface

3. Tubing Description

Tubing Information	
OD	5.5"
WT	0.304"
ID	4.892"
Drift ID	4.767"
COD	6.050"
Weight	17 lb/ft
Grade	P-110 TCPC
Depth Set	0'-10,100'

Tubing will be lined with Duoline.

4. Packer Description

9-5/8" x 5-1/2" Incoloy Injection packer

B. Completion Information

1. Injection Formation: Devonian, Silurian, Fusselman, Montoya (Top 100')

2. Gross Injection Interval: 10,151' – 11,529'

Completion Type: Open Hole

3. Drilled for injection.

4. See the attached wellbore schematic.

5. Oil and Gas Bearing Zones within area of well:

Formation	Depth
Yates	2,664'
Seven Rivers	2,892'
Grayburg	3,581
Tubbs	6,609'
Devonian	10,151'

Note: This well is in the same non-productive (Devonian) fault block as OWL's Kimberly SWD #1.

VI. Area of Review

No wells within the area of review penetrate the proposed injection zone.

VII. Proposed Operation Data

1. Proposed Daily Rate of Fluids to be Injection:

Average Volume: 22,000 BPD
Maximum Volume: 24,950 BPD

2. Closed System

3. Anticipated Injection Pressure:

Average Injection Pressure: 1,523 PSI (surface pressure)
Maximum Injection Pressure: 2,030 PSI (surface pressure)

4. The injection fluid is to be locally produced water. Attached are produced water sample analyses taken from the closest wells that feature samples from the Grayburg, Glorieta, Devonian, Montoya, and Tubb formations. Produced water sample analyses are also attached from wells that are further away but include the Delaware and Bone Spring formations.

5. The disposal interval (Devonian) is productive a fault block over. Water samples are attached.

VIII. Geological Data

The Devonian formation is a dolomitic ramp carbonate that occurs below the Woodford shale and above the Fusselman formation. Strata found in the Devonian formation include two major groups, the Wristen Buildups and the Thirtyone Deepwater Chert, with the Wristen being more abundant. The Wristen Groups is composed of mixed limestone and dolomites with mudstone to grainstone and boundstone textures. Porosity in the Wristen group is a result of both primary and secondary development. Present are moldic, vugular, karstic (including collapse breccia) features that allow for higher porosities and permeabilities. The Thirtyone Formation contains two end-member reservoir facies, skeletal packstones/grainstones and spiculitic chert, with most of the porosity and permeability found in the coarsely crystalline cherty dolomite. These particular characteristics allow for this formation to be a tremendous Salt Water Disposal horizon.

A. Injection Zone: Siluro-Devonian Formation

Formation	Depth
Rustler	898'
Salado	1,230'
Yates	2,664'
Seven Rivers	2,892'
Wolfcamp	7,959'
Strawn	8,354'
Barnett	8,911'
Mississippian Lime	9,115'
Woodford	9,617'
Devonian	10,151'

B. Underground Sources of Drinking Water

Nearby the proposed Striker 5 SWD #1 location, there are multiple water wells with an average depth of 190 ft and an average water depth of 114 ft generally producing from the Santa Rosa and Cenozoic Alluvium. In the general area, the underlying Rustler Formation is a known USDW and will be protected.

IX. Proposed Stimulation Program

Stimulate with up to 50,000 gallons of acid.

X. Logging and Test Data on the Well

There are no logs or test data on the well. During the process of drilling and completion resistivity, gamma ray, and density logs will be run.

XI. Chemical Analysis of Fresh Water Wells

There are several water wells that exist within one mile of the well location. A map and several Water Rights Summaries from the New Mexico Office of the State Engineer are attached. Analysis of the water samples for 00524 and 01591 POD1 are attached.

XII. Affirmative Statement of Examination of Geologic and Engineering Data

Based on the available engineering and geologic data we find no evidence of open faults or any other hydrologic connection between the disposal zone (in the proposed Striker 5 SWD #1) and any underground sources of drinking water.

NAME: John C. Webb

TITLE: Sr. Geologist

SIGNATURE: 

DATE: 08/22/2018

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 and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
 Revised July 18, 2013

AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address NGL WATER SOLUTIONS PERMIAN, LLC 1509 W WALL ST, STE 306 MIDLAND, TX 79701		² OGRID Number 372338	
		³ API Number TBD	
⁴ Property Code	⁵ Property Name STRIKER 5 SWD		⁶ Well No. 1

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
C	19	25S	37E	N/A	135'	NORTH	1447.9'	WEST	LEA

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
-	-	-	-	-	-	-	-	-	-

9. Pool Information

Pool Name SWD; Silurian-Devonian	Pool Code 96101
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Additional Well Information

¹¹ Work Type N	¹² Well Type SWD	¹³ Cable/Rotary R	¹⁴ Lease Type Private	¹⁵ Ground Level Elevation 3,121'
¹⁶ Multiple N	¹⁷ Proposed Depth 11,529'	¹⁸ Formation Siluro-Devonian	¹⁹ Contractor TBD	²⁰ Spud Date ASAP
Depth to Ground water 114'		Distance from nearest fresh water well 855'		Distance to nearest surface water > 1 mile

We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

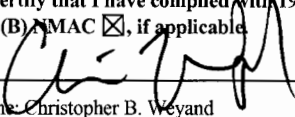
Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	24"	20"	94 lb/ft	1,000'	1,087	Surface
Intermediate	17.5"	13.375"	68 lb/ft	3,900'	2,241	Surface
Production	12.25"	9.625"	47 lb/ft	10,151'	2,704	Surface
Tubing	N/A	5.5"	17 lb/ft	0' - 10,100'	N/A	N/A

Casing/Cement Program: Additional Comments

See attached schematic.

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Hydraulic/Blinds, Pipe	10,000 psi	8,000 psi	TBD - Schaffer/Cameron

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
 I further certify that I have complied with 19.15.14.9 (A) NMAC and/or 19.15.14.9 (B) NMAC , if applicable.
 Signature: 

Printed name: Christopher B. Weyand

Title: Consulting Engineer

E-mail Address: chris@lonquist.com

Date: 9/06/2018

Phone: (512) 600-1764

OIL CONSERVATION DIVISION

Approved By:

Title:

Approved Date:

Expiration Date:

Conditions of Approval Attached

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, New Mexico 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code 96101	Pool Name SWD; Silurian-Devonian
Property Code	Property Name STRIKER 5 SWD	Well Number 1
OGRID No. 372338	Operator Name NGL Water Solutions Permian, LLC	Elevation 3121

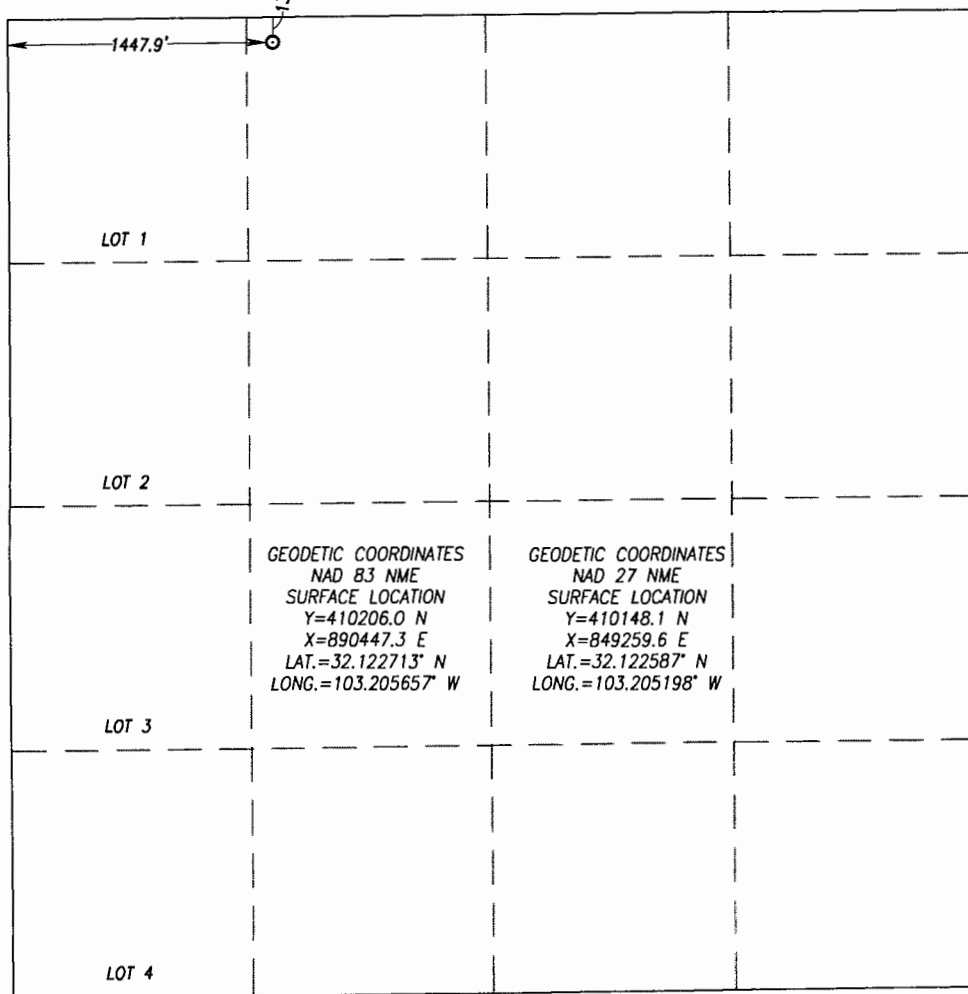
Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	19	25-S	37-E		135	NORTH	1447.9	WEST	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
Dedicated Acres	Joint or Infill	Consolidation Code	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



OPERATOR CERTIFICATION

I hereby certify that the information 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: *Chris Weyand* Date: 9/10/2018

Chris Weyand
Printed Name

chris@lonquist.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.

Date of Survey: MAY 16, 2018
Signature of Professional Surveyor: *Ronald J. Eidson*

REGISTERS SURVEYOR
NEW MEXICO
3239

Ronald J. Eidson 9/20/2018

Certificate Number: 12641
Ronald J. Eidson 3239

ACK REL. W.O.:17110882 JWSC W.O.: 18.11.0576

**Striker 5 SWD No. 1
1/2-Mile Area of Review List**

API (30-015-...)	WELL NAME	WELL TYPE	STATUS	OPERATOR	TVD (FT.)	LATITUDE (NAD83 DD)	LONGITUDE (NAD83 DD)	DATE DRILLED
09758	SHOLES A #007	G	P	SOUTHWEST ROYALTIES INC	3100	32.1248550	-103.2124634	11/24/1950
09785	SHOLES A #002	O	P	SOUTHWEST ROYALTIES INC	3274	32.1212273	-103.2124634	12/31/9999
11613	SOUTH LANGLIE JAL UNIT #024	I	P	BC OPERATING, INC.	3372	32.1248474	-103.1987152	3/7/1951
11624	PRE-ONGARD WELL #002	O	P	PRE-ONGARD WELL OPERATOR	-	32.1203156	-103.2028732	1/1/1900
11625	PRE-ONGARD WELL #003	O	P	PRE-ONGARD WELL OPERATOR	-	32.1212196	-103.1997757	1/1/1900
11650	MAGGIE ROSE #001	G	P	MARALO LLC	3148	32.1239471	-103.2092667	12/31/9999
11654	JALMAT YATES UNIT #030	I	A	LEGACY RESERVES OPERATING, LP	99999	32.1293869	-103.2028580	12/31/9999
11655	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	-	32.1248512	-103.1997833	1/1/1900
26409	JALMAT YATES UNIT #031	I	A	LEGACY RESERVES OPERATING, LP	99999	32.1275749	-103.2048340	12/31/9999
29990	JALMAT YATES UNIT #033	O	A	LEGACY RESERVES OPERATING, LP	3200	32.1275749	-103.2090302	8/10/1987
31194	JUNK YARD DOG #001	G	P	PRIMAL ENERGY CORPORATION	3320	32.1212273	-103.2091675	12/31/9999

Striker 5 SWD #1 2 mile Area of Review

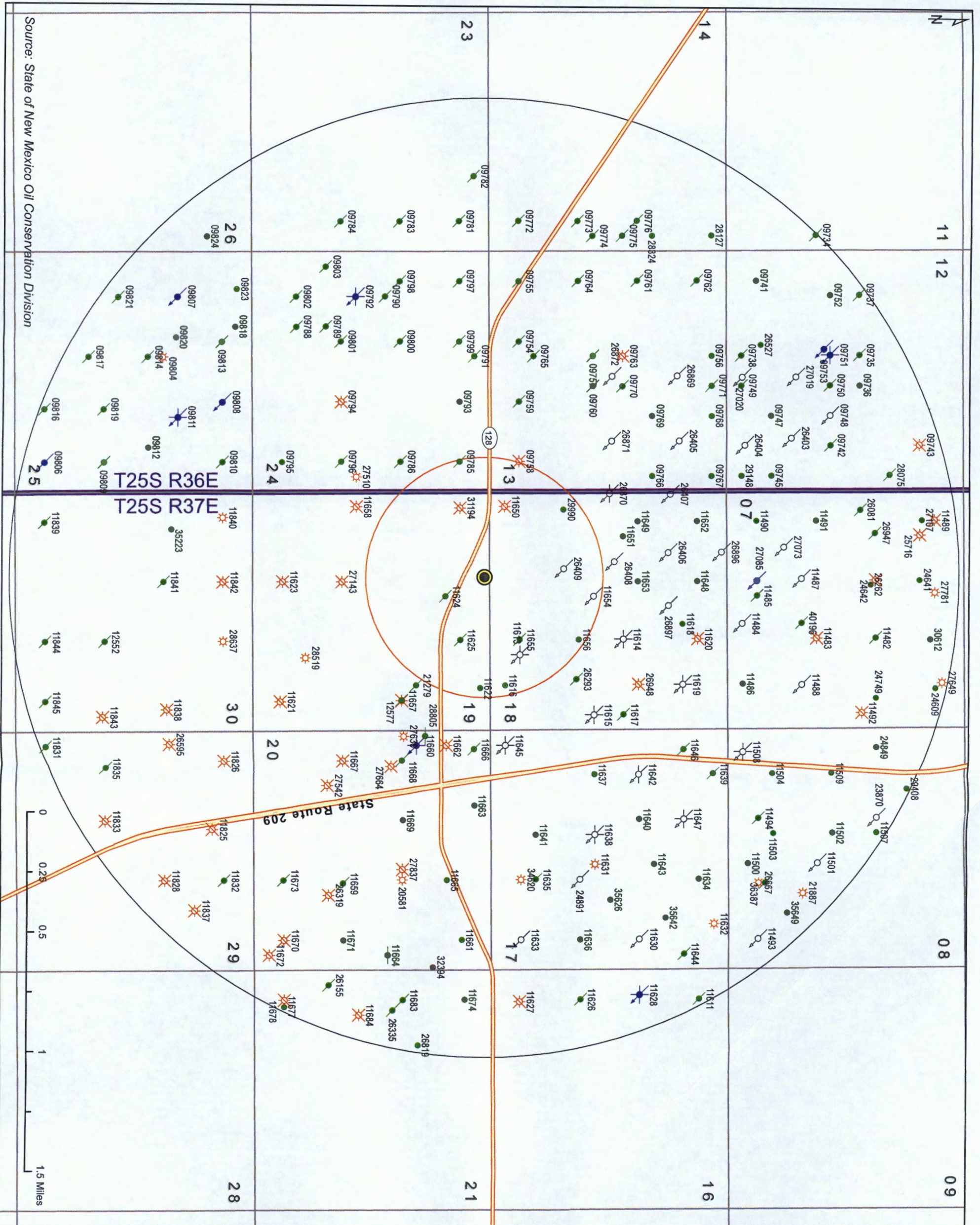
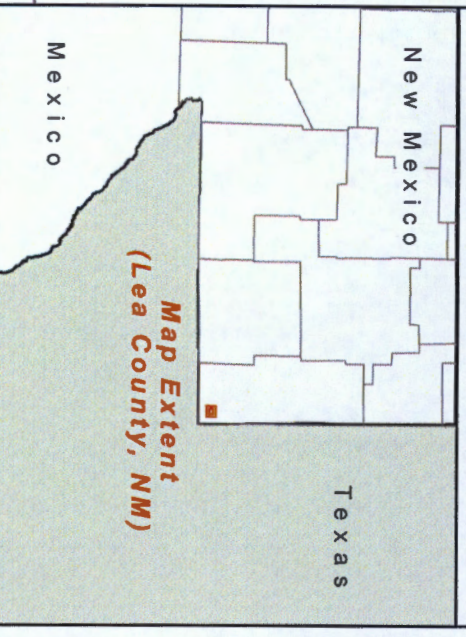
Lea County, NM
NGL Water Solutions Permian, LLC

Projection: NAD 1983 State Plane NM East FIPS 3001

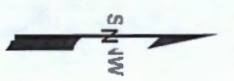
Drawn by: SAH Date: 10/5/2017 Approved by: NLB

LONQUIST & CO. LLC
PETROLEUM ENGINEERS ENERGY ADVISORS
AUSTIN · HOUSTON · WICHITA · DENVER · CALGARY

- Striker 5 SWD #1
- ☀ Active Gas (14)
- ☀ Plugged Gas (38)
- ☀ Active Injection (26)
- ☀ Plugged Injection (9)
- ☀ TA Injection
- Miscellaneous (1)
- Active Oil (66)
- Plugged Oil (85)
- TA Oil (2)
- Active SWD (5)
- Plugged SWD (5)
- == Major Road
- ▭ 1/2 mile Radius
- ▭ 2 mile Radius
- ▭ Section Boundary
- ▭ Township Boundary



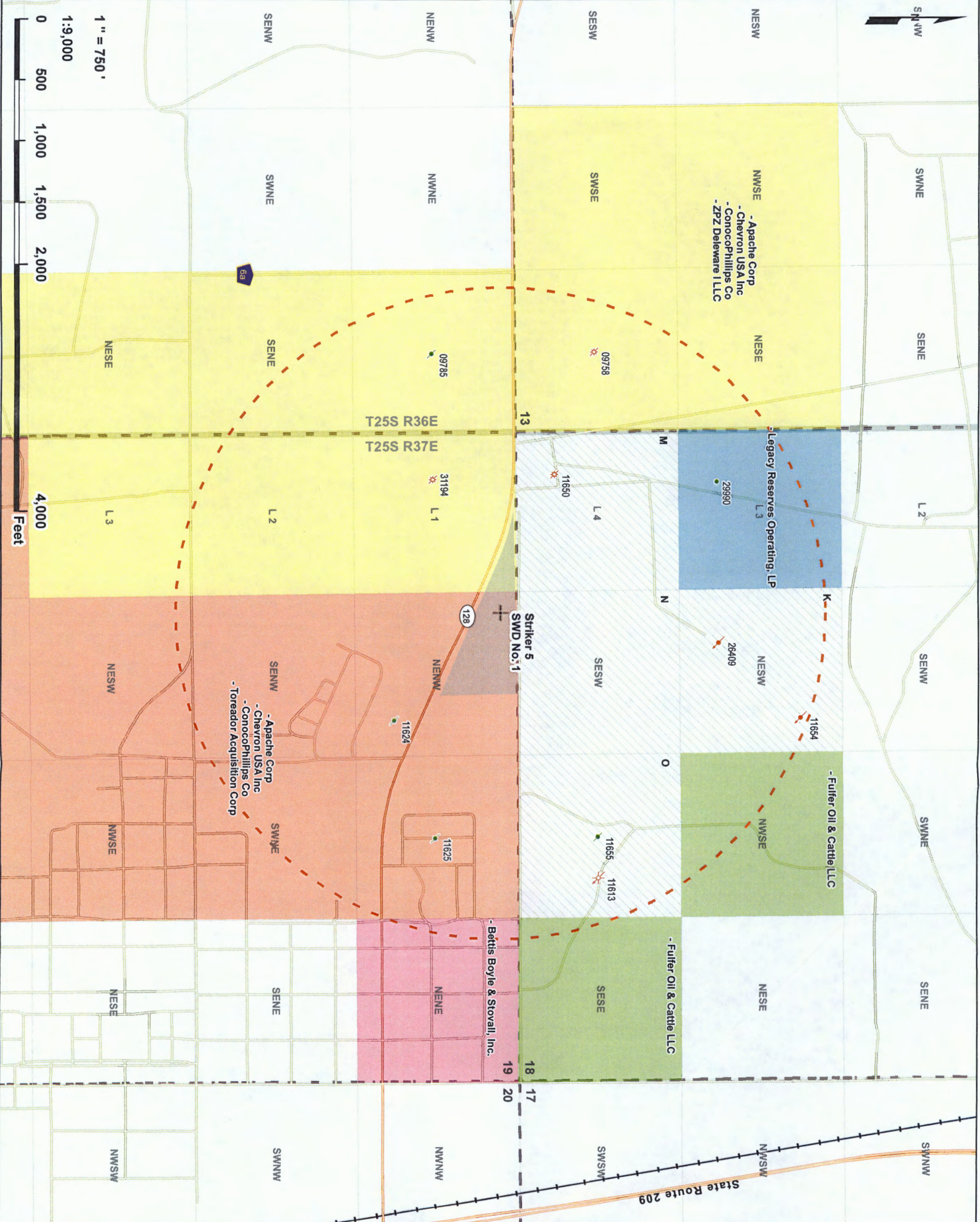
Source: State of New Mexico Oil Conservation Division



1" = 750'

0 500 1,000 1,500 2,000

0 500 1,000 1,500 2,000 4,000 Feet



Striker 5 SWD No. 1
Offset Leases
NGL Water Solutions Permian, LLC
Lea Co., NM

PCS: NAD 1983 SPCS NM-E FIPS 3001 (US FT.)
Drawn by: ELR Date: 6/24/2018 Approved by: NLB

LONQUIST & CO. LLC
PETROLEUM ENGINEERS ENERGY ADVISORS

AUSTIN · HOUSTON · WICHITA · DENVER · CALGARY

- ⊕ Striker 5 SWD No. 1 SHL
- ⊔ 1/2-Mile Radius
- ▭ Subject Tract (10,000 ac)
- ▭ QQ-Section (NM-PLSS 2nd Div.)
- ▭ Section (NM-PLSS 1st Div.)
- ▭ Township/Range (NM-PLSS)
- ▭ Lessee Property Boundary
- ▭ Apache Corp: Chevron USA Inc; ConocoPhillips Co; Toreador Acquisition Corp
- ▭ Apache Corp: Chevron USA Inc; ConocoPhillips Co; ZPZ Delaware I LLC
- ▭ Bettis Boyle & Stovall, Inc.
- ▭ Fuller Oil & Cattle LLC
- ▭ Legacy Reserves Operating, LP
- ▭ Need Lease Information (QQ-Sec. H, I, K, M, N, O)

- API (30-025-...) SHL Status-Type (Count)
- Active - Injection (2)
 - Active - Oil (1)
 - ✳ Plugged/Site Released - Gas (3)
 - ✳ Plugged/Site Released - Injection (1)
 - ✳ Plugged/Site Released - Oil (4)

Sources: Well SHL Data - NM OCD (2018)

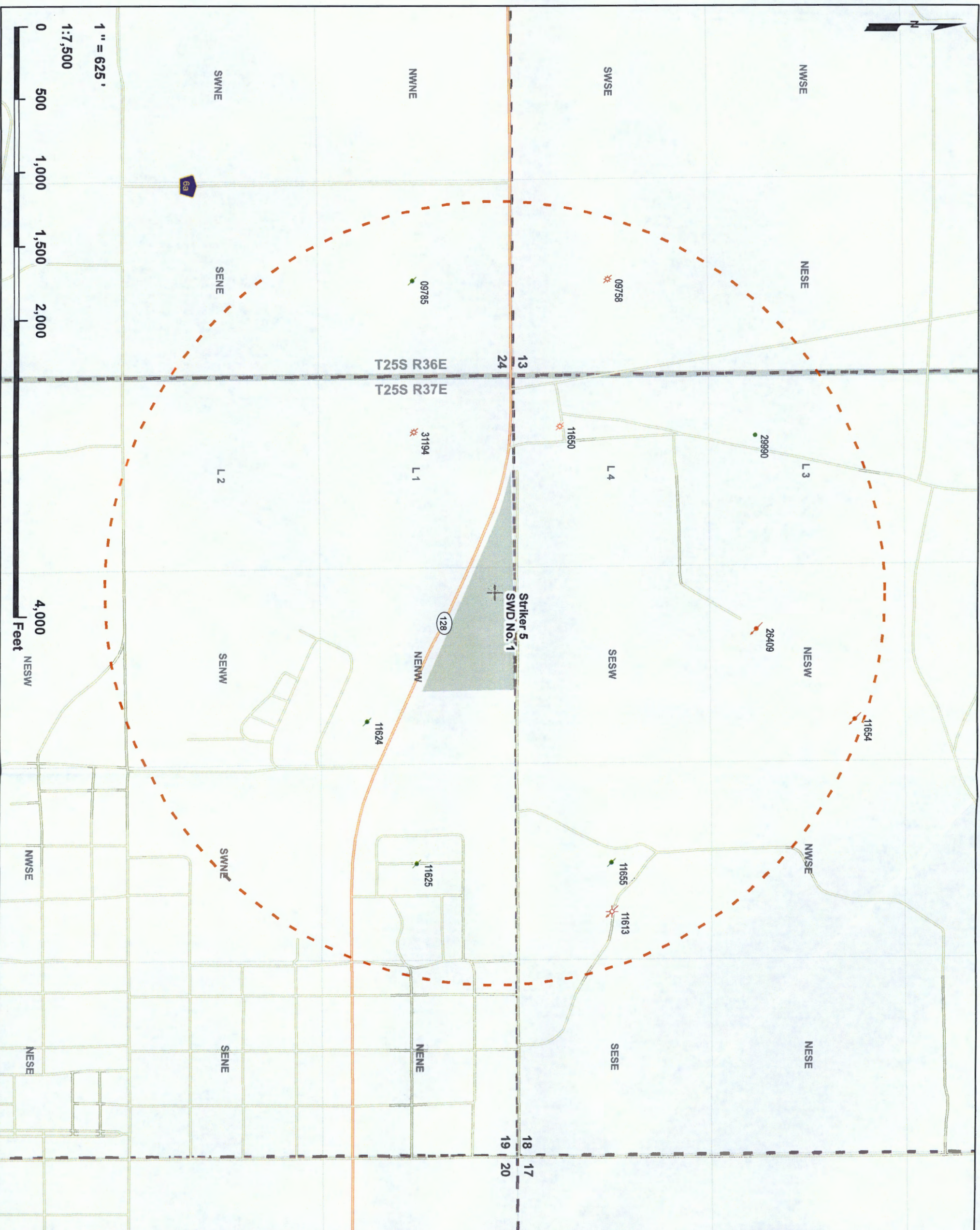


TEXAS

NEW MEXICO

REEVES LOVING WINKLER

EDDY LEA ANDREWS



Striker 5 SWD No. 1

1/2-Mile Area of Review

NGL Water Solutions Permian, LLC

Lea Co., NM

PCS: NAD 1983 SPCS NM-E FIPS 3001 (US Ft.)

Drawn by: ELR Date: 6/24/2018 Approved by: NLB

+	Striker 5 SWD No. 1 SHL
--- (dashed orange)	1/2-Mile Radius
■ (shaded)	Subject Tract (10,000 ac)
□ (white)	QQ-Section (NM-PLSS 2nd Div.)
▭ (black outline)	Section (NM-PLSS 1st Div.)
▭ (grey outline)	Township/Range (NM-PLSS)

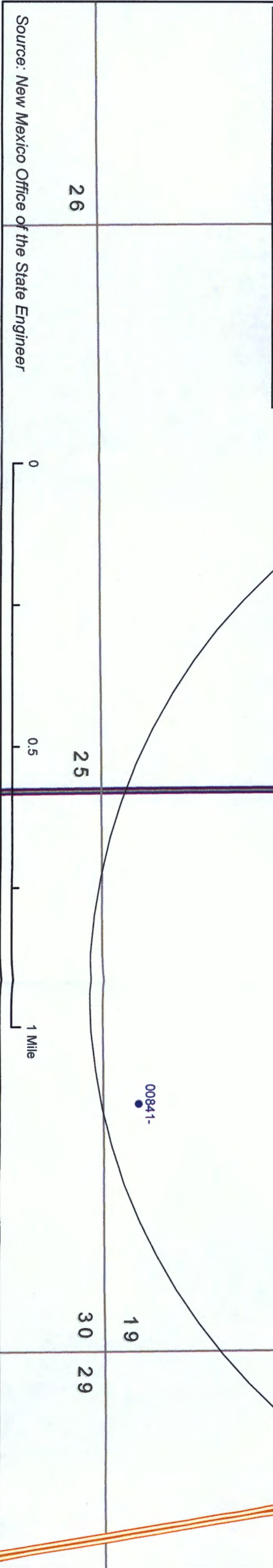
API (30-025-...) SHL Status-Type (Count)

- Active - Oil (1)
- ✖ Active - Injection (2)
- ✖ Plugged/Site Released - Gas (3)
- ✖ Plugged/Site Released - Injection (1)
- Plugged/Site Released - Oil (4)

Sources: Well SHL Data - NM OCCD (2018)



Map ID	Lat NAD83 DD	Long NAD83 DD
00324-POD1	32.12209985	-103.1944479
00325-POD1	32.12209985	-103.1944479
00388-	32.12209985	-103.1944479
00428-	32.11938048	-103.1890856
00429-	32.11938484	-103.1976067
00444-	32.12122211	-103.1955144
00460-	32.12033314	-103.200863
00473-POD1	32.12576518	-103.1965803
00473-POD2	32.1275877	-103.1966187
00473-POD3	32.12936091	-103.1944638
00473-POD4	32.12755749	-103.1944994
00473-POD5	32.12936091	-103.1944638
00473-POD6	32.12936751	-103.1987248
00473-POD7	32.12936091	-103.1944638
00473-POD8	32.12936751	-103.1987248
00473-POD9	32.12939113	-103.1965832
00473-POD10	32.12576518	-103.1965803
00515-	32.11670067	-103.1965997
00518-	32.12030959	-103.203015
00524-	32.12210643	-103.1987085
00526-	32.11667445	-103.2030015
00533-	32.11667445	-103.2030015
00534-	32.1185041	-103.1965642
00541-	32.12029642	-103.1944834
00565-	32.12033965	-103.2051341
00605-POD3	32.13304085	-103.2135245
00607-	32.12211302	-103.2029797
00608-	32.12213925	-103.2092854
00619-	32.1197254	-103.1912484
00620-	32.11670304	-103.1923392
00661-	32.11670304	-103.1923392
00710-	32.12032663	-103.1966025
00789-	32.11670304	-103.1923392
00841-	32.10944608	-103.2008435
00844-POD1	32.12485038	-103.1912564
00890-POD1	32.12394983	-103.2199869
00891-POD1	32.1348396	-103.1966243
00892-POD1	32.1348396	-103.1966243
01035-POD1	32.12061143	-103.1983605
01098-POD1	32.11763931	-103.1915831
01452-POD1	32.12699997	-103.1913337
01452-POD2	32.12841684	-103.1913884
01591-POD1	32.12350032	-103.1984161



Striker 5 SWD #1
Offset Water Wells

Lea County, NM

NGL Water Solutions Permian, LLC

Projection: NAD 1983 State Plane NM East FIPS 3001

Drawn by: SAH Date: 10/6/2017 Approved by: NLB

LONQUIST & CO. LLC

PETROLEUM ENGINEERS
ENERGY ADVISORS

AUSTIN · HOUSTON · WICHITA · DENVER · CALGARY

- Striker 5 SWD #1
- Water Well
- Major Road
- 1 mile Radius
- Section Boundary
- Township Boundary

Source: New Mexico Office of the State Engineer



April 16, 2018

CHRIS WEYAND

Lonquist Field Services, LLC
3345 Bee Cave Road, Suite 201
Austin, TX 78746

RE: WATER SAMPLES

Enclosed are the results of analyses for samples received by the laboratory on 04/10/18 13:07.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-17-10. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (*). For a complete list of accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/qa/lab_accred_certif.html.

Cardinal Laboratories is accredited through the State of Colorado Department of Public Health and Environment for:

Method EPA 552.2	Total Haloacetic Acids (HAA-5)
Method EPA 524.2	Total Trihalomethanes (TTHM)
Method EPA 524.4	Regulated VOCs (V1, V2, V3)

Cardinal Laboratories is accredited through the State of New Mexico Environment Department for:

Method SM 9223-B	Total Coliform and E. coli (Colilert MMO-MUG)
Method EPA 524.2	Regulated VOCs and Total Trihalomethanes (TTHM)
Method EPA 552.2	Total Haloacetic Acids (HAA-5)

Accreditation applies to public drinking water matrices for State of Colorado and New Mexico.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Caley D. Keene

Lab Director/Quality Manager

Analytical Results For:

Lonquist Field Services, LLC 3345 Bee Cave Road, Suite 201 Austin TX, 78746	Project: WATER SAMPLES Project Number: NONE GIVEN Project Manager: CHRIS WEYAND Fax To: (512) 732-9816	Reported: 16-Apr-18 09:47
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Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
00524 - SAENZ	H800981-01	Water	10-Apr-18 11:00	10-Apr-18 13:07
01591 POD 1 - CHESSER	H800981-02	Water	10-Apr-18 10:00	10-Apr-18 13:07

Cardinal Laboratories

* = Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

 Lonquist Field Services, LLC
 3345 Bee Cave Road, Suite 201
 Austin TX, 78746

 Project: WATER SAMPLES
 Project Number: NONE GIVEN
 Project Manager: CHRIS WEYAND
 Fax To: (512) 732-9816

 Reported:
 16-Apr-18 09:47

00524 - SAENZ
H800981-01 (Water)

Analyte	Result	MDL	Reporting Limit	Units	Dilution	Batch	Analyst	Analyzed	Method	Notes
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Cardinal Laboratories
Inorganic Compounds

Alkalinity, Bicarbonate	244		5.00	mg/L	1	8041014	AC	10-Apr-18	310.1	
Alkalinity, Carbonate	<1.00		1.00	mg/L	1	8041014	AC	10-Apr-18	310.1	
Chloride*	1100		4.00	mg/L	1	8040503	AC	10-Apr-18	4500-Cl-B	
Conductivity*	4830		1.00	uS/cm	1	8041010	AC	10-Apr-18	120.1	
pH*	6.84		0.100	pH Units	1	8041010	AC	10-Apr-18	150.1	
Phosphorus, Total as P	0.04		0.04	mg/L	1	8041308	AC	13-Apr-18	365.3	
Phosphorus, Total as PO4	0.12		0.11	mg/L	1	8041308	AC	13-Apr-18	365.3	
Resistivity	2.07			Ohms/m	1	8041010	AC	10-Apr-18	120.1	
Specific Gravity @ 60° F	0.9673		0.000	[blank]	1	8041012	AC	10-Apr-18	SM 2710F	
Sulfate*	1040		250	mg/L	25	8041104	AC	11-Apr-18	375.4	
TDS*	3290		5.00	mg/L	1	8041007	AC	12-Apr-18	160.1	
Alkalinity, Total*	200		4.00	mg/L	1	8041014	AC	10-Apr-18	310.1	
Sulfide, total	0.0221		0.0100	mg/L	1	8041113	AC	13-Apr-18	376.2	

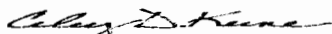
Green Analytical Laboratories
Total Recoverable Metals by ICP (E200.7)

Barium*	<0.250		0.250	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Calcium*	572		0.500	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Iron*	<0.250		0.250	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Magnesium*	153		0.500	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Potassium*	8.24		5.00	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Sodium*	343		5.00	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	

Cardinal Laboratories

* = Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

Lonquist Field Services, LLC 3345 Bee Cave Road, Suite 201 Austin TX, 78746	Project: WATER SAMPLES Project Number: NONE GIVEN Project Manager: CHRIS WEYAND Fax To: (512) 732-9816	Reported: 16-Apr-18 09:47
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01591 POD 1 - CHESSER
H800981-02 (Water)

Analyte	Result	MDL	Reporting Limit	Units	Dilution	Batch	Analyst	Analyzed	Method	Notes
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Cardinal Laboratories
Inorganic Compounds

Alkalinity, Bicarbonate	293		5.00	mg/L	1	8041014	AC	10-Apr-18	310.1	
Alkalinity, Carbonate	<1.00		1.00	mg/L	1	8041014	AC	10-Apr-18	310.1	
Chloride*	580		4.00	mg/L	1	8040503	AC	10-Apr-18	4500-CI-B	
Conductivity*	3470		1.00	uS/cm	1	8041010	AC	10-Apr-18	120.1	
pH*	6.86		0.100	pH Units	1	8041010	AC	10-Apr-18	150.1	
Phosphorus, Total as P	0.06		0.04	mg/L	1	8041308	AC	13-Apr-18	365.3	
Phosphorus, Total as PO4	0.17		0.11	mg/L	1	8041308	AC	13-Apr-18	365.3	
Resistivity	2.88			Ohms/m	1	8041010	AC	10-Apr-18	120.1	
Specific Gravity @ 60° F	0.9677		0.000	[blank]	1	8041012	AC	10-Apr-18	SM 2710F	
Sulfate*	919		250	mg/L	25	8041104	AC	11-Apr-18	375.4	
TDS*	2450		5.00	mg/L	1	8041007	AC	12-Apr-18	160.1	
Alkalinity, Total*	240		4.00	mg/L	1	8041014	AC	10-Apr-18	310.1	
Sulfide, total	<0.0100		0.0100	mg/L	1	8041113	AC	13-Apr-18	376.2	

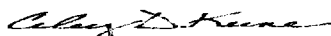
Green Analytical Laboratories
Total Recoverable Metals by ICP (E200.7)

Barium*	<0.250		0.250	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Calcium*	334		0.500	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Iron*	<0.250		0.250	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Magnesium*	94.3		0.500	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Potassium*	7.23		5.00	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	
Sodium*	283		5.00	mg/L	5	B804093	JDA	13-Apr-18	EPA200.7	

Cardinal Laboratories

*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

 Lonquist Field Services, LLC
 3345 Bee Cave Road, Suite 201
 Austin TX, 78746

 Project: WATER SAMPLES
 Project Number: NONE GIVEN
 Project Manager: CHRIS WEYAND
 Fax To: (512) 732-9816

 Reported:
 16-Apr-18 09:47

Inorganic Compounds - Quality Control
Cardinal Laboratories

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	-----------------	-------	-------------	---------------	------	-------------	-----	-----------	-------

Batch 8040503 - General Prep - Wet Chem
Blank (8040503-BLK1)

Prepared & Analyzed: 05-Apr-18

Chloride ND 4.00 mg/L

LCS (8040503-BS1)

Prepared & Analyzed: 05-Apr-18

Chloride 104 4.00 mg/L 100 104 80-120

LCS Dup (8040503-BSD1)

Prepared & Analyzed: 05-Apr-18

Chloride 100 4.00 mg/L 100 100 80-120 3.92 20

Batch 8041007 - Filtration
Blank (8041007-BLK1)

Prepared: 09-Apr-18 Analyzed: 10-Apr-18

TDS ND 5.00 mg/L

LCS (8041007-BS1)

Prepared: 09-Apr-18 Analyzed: 10-Apr-18

TDS 818 5.00 mg/L 1000 81.8 80-120

Duplicate (8041007-DUP1)

Source: H800929-04

Prepared: 09-Apr-18 Analyzed: 10-Apr-18

TDS 59400 5.00 mg/L 59400 0.0808 20

Batch 8041010 - General Prep - Wet Chem
LCS (8041010-BS1)

Prepared & Analyzed: 10-Apr-18

Conductivity 492 uS/cm 500 98.4 80-120

pH 7.23 pH Units 7.00 103 90-110

Duplicate (8041010-DUP1)

Source: H800963-01

Prepared & Analyzed: 10-Apr-18

pH 6.97 0.100 pH Units 6.92 0.720 20

Conductivity 11700 1.00 uS/cm 11800 0.170 20

Resistivity 0.853 Ohms/m 0.851 0.170 20

Cardinal Laboratories

* = Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

Lonquist Field Services, LLC 3345 Bee Cave Road, Suite 201 Austin TX, 78746	Project: WATER SAMPLES Project Number: NONE GIVEN Project Manager: CHRIS WEYAND Fax To: (512) 732-9816	Reported: 16-Apr-18 09:47
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Inorganic Compounds - Quality Control
Cardinal Laboratories

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	-----------------	-------	-------------	---------------	------	-------------	-----	-----------	-------

Batch 8041012 - General Prep - Wet Chem

Duplicate (8041012-DUP1)	Source: H800960-01		Prepared & Analyzed: 10-Apr-18							
Specific Gravity @ 60° F	0.9636	0.000	[blank]		0.9747			1.15	20	

Batch 8041014 - General Prep - Wet Chem

Blank (8041014-BLK1)	Prepared & Analyzed: 10-Apr-18									
Alkalinity, Carbonate	ND	1.00	mg/L							
Alkalinity, Bicarbonate	5.00	5.00	mg/L							
Alkalinity, Total	4.00	4.00	mg/L							

LCS (8041014-BS1)	Prepared & Analyzed: 10-Apr-18									
Alkalinity, Carbonate	ND	2.50	mg/L				80-120			
Alkalinity, Bicarbonate	330	12.5	mg/L				80-120			
Alkalinity, Total	270	10.0	mg/L	250		108	80-120			

LCS Dup (8041014-BSD1)	Prepared & Analyzed: 10-Apr-18									
Alkalinity, Carbonate	ND	2.50	mg/L				80-120		20	
Alkalinity, Bicarbonate	318	12.5	mg/L				80-120	3.86	20	
Alkalinity, Total	260	10.0	mg/L	250		104	80-120	3.77	20	

Batch 8041104 - General Prep - Wet Chem

Blank (8041104-BLK1)	Prepared & Analyzed: 11-Apr-18									
Sulfate	ND	10.0	mg/L							

LCS (8041104-BS1)	Prepared & Analyzed: 11-Apr-18									
Sulfate	21.8	10.0	mg/L	20.0		109	80-120			

Cardinal Laboratories

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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

Lonquist Field Services, LLC 3345 Bee Cave Road, Suite 201 Austin TX, 78746	Project: WATER SAMPLES Project Number: NONE GIVEN Project Manager: CHRIS WEYAND Fax To: (512) 732-9816	Reported: 16-Apr-18 09:47
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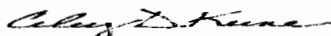
Inorganic Compounds - Quality Control
Cardinal Laboratories

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 8041104 - General Prep - Wet Chem										
LCS Dup (8041104-BSD1)				Prepared & Analyzed: 11-Apr-18						
Sulfate	21.8	10.0	mg/L	20.0		109	80-120	0.229	20	
Batch 8041113 - General Prep - Wet Chem										
Blank (8041113-BLK1)				Prepared: 11-Apr-18 Analyzed: 13-Apr-18						
Sulfide, total	ND	0.0100	mg/L							
Duplicate (8041113-DUP1)				Source: H800960-01		Prepared: 11-Apr-18 Analyzed: 13-Apr-18				
Sulfide, total	0.769	0.0100	mg/L		0.903			16.0	20	
Batch 8041308 - General Prep - Wet Chem										
Blank (8041308-BLK1)				Prepared & Analyzed: 13-Apr-18						
Phosphorus, Total as P	0.03	0.02	mg/L							
Phosphorus, Total as PO4	0.10	0.06	mg/L							
LCS (8041308-BS1)				Prepared & Analyzed: 13-Apr-18						
Phosphorus, Total as P	0.29	0.02	mg/L	0.261		111	80-120			
Phosphorus, Total as PO4	0.89	0.06	mg/L	0.800		111	80-120			
LCS Dup (8041308-BSD1)				Prepared & Analyzed: 13-Apr-18						
Phosphorus, Total as P	0.29	0.02	mg/L	0.261		111	80-120	0.00	20	
Phosphorus, Total as PO4	0.90	0.06	mg/L	0.800		112	80-120	1.12	20	

Cardinal Laboratories

* = Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

Lonquist Field Services, LLC 3345 Bee Cave Road, Suite 201 Austin TX, 78746	Project: WATER SAMPLES Project Number: NONE GIVEN Project Manager: CHRIS WEYAND Fax To: (512) 732-9816	Reported: 16-Apr-18 09:47
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Total Recoverable Metals by ICP (E200.7) - Quality Control
Green Analytical Laboratories

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	-----------------	-------	-------------	---------------	------	-------------	-----	-----------	-------

Batch B804093 - Total Rec. 200.7/200.8/200.2
Blank (B804093-BLK1)

Prepared: 12-Apr-18 Analyzed: 13-Apr-18

Magnesium	ND	0.100	mg/L							
Sodium	ND	1.00	mg/L							
Calcium	ND	0.100	mg/L							
Potassium	ND	1.00	mg/L							
Iron	ND	0.050	mg/L							
Barium	ND	0.050	mg/L							

LCS (B804093-BS1)

Prepared: 12-Apr-18 Analyzed: 13-Apr-18

Sodium	3.31	1.00	mg/L	3.24		102	85-115			
Barium	1.99	0.050	mg/L	2.00		99.5	85-115			
Potassium	8.21	1.00	mg/L	8.00		103	85-115			
Magnesium	19.9	0.100	mg/L	20.0		99.3	85-115			
Calcium	3.89	0.100	mg/L	4.00		97.4	85-115			
Iron	3.91	0.050	mg/L	4.00		97.7	85-115			

LCS Dup (B804093-BSD1)

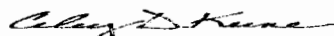
Prepared: 12-Apr-18 Analyzed: 13-Apr-18

Potassium	8.20	1.00	mg/L	8.00		103	85-115	0.0600	20	
Iron	3.98	0.050	mg/L	4.00		99.5	85-115	1.87	20	
Sodium	3.33	1.00	mg/L	3.24		103	85-115	0.617	20	
Barium	2.03	0.050	mg/L	2.00		102	85-115	2.17	20	
Calcium	3.98	0.100	mg/L	4.00		99.4	85-115	2.09	20	
Magnesium	20.3	0.100	mg/L	20.0		101	85-115	2.03	20	

Cardinal Laboratories

*=Accredited Analyte

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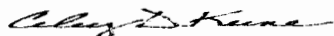
Notes and Definitions

- ND Analyte NOT DETECTED at or above the reporting limit
- RPD Relative Percent Difference
- ** Samples not received at proper temperature of 6°C or below.
- *** Insufficient time to reach temperature.
- Chloride by SM4500Cl-B does not require samples be received at or below 6°C
Samples reported on an as received basis (wet) unless otherwise noted on report

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*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager



101 East Marland, Hobbs, NM 88240
 (575) 393-2326 FAX (575) 393-2476

Company Name: Longquist Field Service
 Project Manager: Chris Weyand

Address: _____ State: _____ Zip: _____
 City: _____
 Phone #: _____ Fax #: _____

Project #: _____ Project Owner: _____
 Project Name: Water samples

Project Location: _____
 Sampler Name: _____

FOR LAB USE ONLY

Lab I.D. _____ Sample I.D. _____
H800781 | 00524 - Saenz
2 | 01591 Pod L-Chesser

CONTAINERS _____
 (G)RAB OR (C)OMP. _____
 MATRIX: _____
 GROUNDWATER _____
 WASTEWATER _____
 SOIL _____
 OIL _____
 SLUDGE _____
 OTHER _____
 PRESERV: _____
 ACID/BASE _____
 ICE / COOL _____
 OTHER _____

DATE: 4/10/18 TIME: 11:00
T 10:00

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

ANALYSIS REQUEST

✓	Total Sulfide
✓	ation/Ammon
✓	Scale
✓	Total Phosphorus

BILL TO

P.O. #: _____
 Company: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____

PLEASE NOTE: Liability and Damages: Cardinal's liability and client's exclusive remedy for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within 30 days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates, or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise.

Relinquished By: [Signature] Date: 4-10-18 Received By: [Signature]
 Relinquished By: _____ Date: _____ Received By: _____
 Delivered By: (Circle One) _____
 Sampler - UPS - Bus - Other: 13.22/13.15c

Phone Result: Yes No Add'l Phone #: _____
 Fax Result: Yes No Add'l Fax #: _____
 REMARKS: RUSH!!

* Cardinal cannot accept verbal requests. Please fax written requests to 575-393-2326.

CARDINAL LABORATORIES
SCALE INDEX WATER ANALYSIS REPORT

Company : LONQUIST FIELD SERVICES
 Lease Name : WATER SAMPLES
 Well Number : 00524-SAENZ (H800981-01)
 Location : LEA COUNTY

Date Sampled : 04/10/18
 Company Rep. : CHRIS WEYAND

ANALYSIS

1. pH	6.84	
2. Specific Gravity @ 60/60 F.	0.9673	
3. CaCO3 Saturation Index @ 80 F.	+0.697	'Calcium Carbonate Scale Possible'
@ 140 F.	+1.397	'Calcium Carbonate Scale Possible'

Dissolved Gasses

4. Hydrogen Sulfide	0.022	PPM
5. Carbon Dioxide	ND	PPM
6. Dissolved Oxygen	ND	PPM

Cations

		/	Eq. Wt.	=	MEQ/L
7. Calcium (Ca++)	572.00	/	20.1	=	28.46
8. Magnesium (Mg++)	153.00	/	12.2	=	12.54
9. Sodium (Na+)	343	/	23.0	=	15.29
10. Barium (Ba++)	0.000	/	68.7	=	0.00

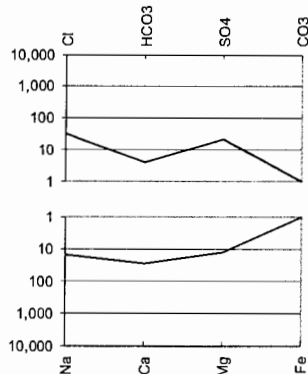
Anions

11. Hydroxyl (OH-)	0	/	17.0	=	0.00
12. Carbonate (CO3=)	0	/	30.0	=	0.00
13. Bicarbonate (HCO3-)	244	/	61.1	=	3.99
14. Sulfate (SO4=)	1,040	/	48.8	=	21.31
15. Chloride (Cl-)	1,100	/	35.5	=	30.99

Other

16. Total Iron (Fe)	0.000	/	18.2	=	0.00
17. Total Dissolved Solids	3,290				
18. Total Hardness As CaCO3	2,058.0				
19. Calcium Sulfate Solubility @ 90 F.	1,819				
20. Resistivity (Measured)	2.070	Ohm/Meters	@ 77	Degrees (F)	

Logarithmic Water Pattern



PROBABLE MINERAL COMPOSITION

COMPOUND	Eq. Wt.	X	MEQ/L	=	mg/L
Ca(HCO3)2	81.04	X	3.99	=	324
CaSO4	68.07	X	21.31	=	1,451
CaCl2	55.50	X	3.15	=	175
Mg(HCO3)2	73.17	X	0.00	=	0
MgSO4	60.19	X	0.00	=	0
MgCl2	47.62	X	12.54	=	597
NaHCO3	84.00	X	0.00	=	0
NaSO4	71.03	X	0.00	=	0
NaCl	58.46	X	15.29	=	894

ND = Not Determined

CARDINAL LABORATORIES
SCALE INDEX WATER ANALYSIS REPORT

Company : LONQUIST FIELD SERVICES	Date Sampled : 04/10/18
Lease Name : WATER SAMPLES	Company Rep. : CHRIS WEYAND
Well Number : 01591 POD 1-CHESSER (H800981-02)	
Location : LEA COUNTY	

ANALYSIS

1. pH	6.86	
2. Specific Gravity @ 60/60 F.	0.9677	
3. CaCO3 Saturation Index @ 80 F.	+0.543	'Calcium Carbonate Scale Possible'
@ 140 F.	+1.243	'Calcium Carbonate Scale Possible'

Dissolved Gasses

4. Hydrogen Sulfide	0.000	PPM
5. Carbon Dioxide	ND	PPM
6. Dissolved Oxygen	ND	PPM

Cations

		/	Eq. Wt.	=	MEQ/L
7. Calcium (Ca++)	334.00	/	20.1	=	16.62
8. Magnesium (Mg++)	94.30	/	12.2	=	7.73
9. Sodium (Na+)	283	/	23.0	=	15.62
10. Barium (Ba++)	0.000	/	68.7	=	0.00

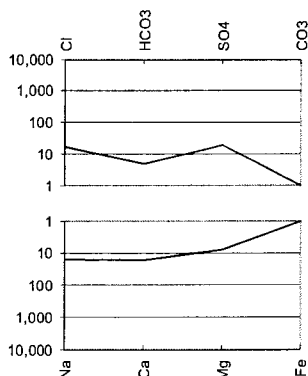
Anions

11. Hydroxyl (OH-)	0	/	17.0	=	0.00
12. Carbonate (CO3=)	0	/	30.0	=	0.00
13. Bicarbonate (HCO3-)	293	/	61.1	=	4.80
14. Sulfate (SO4=)	919	/	48.8	=	18.83
15. Chloride (Cl-)	580	/	35.5	=	16.34

Other

16. Total Iron (Fe)	0.000	/	18.2	=	0.00
17. Total Dissolved Solids	2,450				
18. Total Hardness As CaCO3	1,222.0				
19. Calcium Sulfate Solubility @ 90 F.	1,962				
20. Resistivity (Measured)	2.880	Ohm/Meters	@ 77	Degrees (F)	

Logarithmic Water Pattern



PROBABLE MINERAL COMPOSITION

COMPOUND	Eq. Wt.	X	MEQ/L	=	mg/L
Ca(HCO3)2	81.04	X	4.80	=	389
CaSO4	68.07	X	11.82	=	805
CaCl2	55.50	X	0.00	=	0
Mg(HCO3)2	73.17	X	0.00	=	0
MgSO4	60.19	X	7.01	=	422
MgCl2	47.62	X	0.72	=	34
NaHCO3	84.00	X	0.00	=	0
NaSO4	71.03	X	0.00	=	0
NaCl	58.46	X	15.62	=	913

ND = Not Determined



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01591 **Subbasin:** CP **Cross Reference:-**
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 1 **Cause/Case:** -
Owner: DEWAYNE CHESSER
Owner: JOAN CHESSER

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/	Acres	Diversion	Consumptive
			1	2		To			
585085	72121	2016-04-01	PMT	APR	CP 01591 POD1	T		1	

Current Points of Diversion

POD Number	Source	Q			X		Y		Other Location Desc
		64	16	4	669953	3555546			
<u>CP 01591 POD1</u>	64Q16Q4SecTws Rng	4	3	4 18 25S 37E				508 WEST OCHO AVENUE	

(NAD83 UTM in meters)

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9/13/18 2:13 PM

WATER RIGHT
SUMMARY



New Mexico Office of the State Engineer

Point of Diversion Summary

(quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest) (NAD83 UTM in meters)

Well Tag	POD Number	Q64 Q16 Q4	Sec	Tws	Rng	X	Y
	CP 00524	2 1 2	19	25S	37E	669928	3555391*

Driller License: 882	Driller Company: LARRY'S DRILLING & PUMP CO.	
Driller Name: FELKINS, LARRY		
Drill Start Date: 04/12/1983	Drill Finish Date: 04/12/1983	Plug Date:
Log File Date: 04/20/1983	PCW Rcv Date:	Source: Shallow
Pump Type:	Pipe Discharge Size:	Estimated Yield: 15 GPM
Casing Size: 5.50	Depth Well: 86 feet	Depth Water: 68 feet

Water Bearing Stratifications:	Top	Bottom	Description
	68	82	Sandstone/Gravel/Conglomerate

Casing Perforations:	Top	Bottom
	66	86

*UTM location was derived from PLSS - see Help

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New Mexico Office of the State Engineer

Point of Diversion Summary

(quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest) (NAD83 UTM in meters)

Well Tag	POD Number	Q64 Q16 Q4	Sec	Tws	Rng	X	Y
	CP 00524	2 1 2	19	25S	37E	669928	3555391*

Driller License: 882	Driller Company: LARRY'S DRILLING & PUMP CO.	
Driller Name: FELKINS, LARRY		
Drill Start Date: 04/12/1983	Drill Finish Date: 04/12/1983	Plug Date:
Log File Date: 04/20/1983	PCW Rcv Date:	Source: Shallow
Pump Type:	Pipe Discharge Size:	Estimated Yield: 15 GPM
Casing Size: 5.50	Depth Well: 86 feet	Depth Water: 68 feet

Water Bearing Stratifications:	Top	Bottom	Description
	68	82	Sandstone/Gravel/Conglomerate

Casing Perforations:	Top	Bottom
	66	86

*UTM location was derived from PLSS - see Help

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New Mexico Office of the State Engineer

Point of Diversion Summary

(quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest) (NAD83 UTM in meters)

Well Tag	POD Number	Q64 Q16 Q4	Sec	Tws	Rng	X	Y
	CP 00460	3 1 2	19	25S	37E	669728	3555191*

Driller License: 439	Driller Company: WHITE, QUINCE L.	
Driller Name: WHITE, QUINCE L.		
Drill Start Date: 09/21/1968	Drill Finish Date: 02/18/1969	Plug Date:
Log File Date: 03/26/1969	PCW Rcv Date:	Source: Shallow
Pump Type:	Pipe Discharge Size:	Estimated Yield:
Casing Size: 5.50	Depth Well: 128 feet	Depth Water: 63 feet

Water Bearing Stratifications:	Top	Bottom	Description
	78	81	Sandstone/Gravel/Conglomerate
	87	93	Sandstone/Gravel/Conglomerate
	98	109	Sandstone/Gravel/Conglomerate
	120	125	Shale/Mudstone/Siltstone

Casing Perforations:	Top	Bottom
	60	125

*UTM location was derived from PLSS - see Help

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New Mexico Office of the State Engineer

Point of Diversion Summary

(quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest) (NAD83 UTM in meters)

Well Tag	POD Number	Q64	Q16	Q4	Sec	Tws	Rng	X	Y
	CP 00565	3	2	1	19	25S	37E	669325	3555185*

Driller License: 560	Driller Company: HEATON, WILLIAM EDWARD	
Driller Name: HEATON, WILLIAM EDWARD		
Drill Start Date: 05/16/1977	Drill Finish Date: 05/20/1977	Plug Date:
Log File Date: 06/06/1977	PCW Rcv Date:	Source:
Pump Type:	Pipe Discharge Size:	Estimated Yield:
Casing Size:	Depth Well: 141 feet	Depth Water:

*UTM location was derived from PLSS - see Help

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New Mexico Office of the State Engineer

Point of Diversion Summary

(quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest) (NAD83 UTM in meters)

Well Tag	POD Number	Q64 Q16 Q4	Sec	Tws	Rng	X	Y
	CP 00607	2 2 1	19	25S	37E	669525	3555385*

Driller License: 586	Driller Company: MARSH, KENNETH RAY	
Driller Name:		
Drill Start Date: 05/04/1980	Drill Finish Date: 05/05/1980	Plug Date:
Log File Date: 05/09/1980	PCW Rcv Date:	Source: Shallow
Pump Type:	Pipe Discharge Size:	Estimated Yield: 1 GPM
Casing Size:	Depth Well: 90 feet	Depth Water: 60 feet

Water Bearing Stratifications:	Top	Bottom	Description
	65	68	Sandstone/Gravel/Conglomerate

*UTM location was derived from PLSS - see Help

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S-T-R	Unit(s)	Notice Party Type	Notice Party	Address	Phone Number	Mail Date
Multiple		JRFACE TRACT MINERAL OWN	BUREAU OF LAND MGMT	301 Dinosaur Trail Santa Fe, NM 87508	(505) 954-2000	9/12/2018
S18-T255-R37E	C, L1, L2, L3, F	OPERATOR	Legacy Reserves Operating, LP	303 W WALL SUITE 1600 MIDLAND, TX 79701	432-221-6370	9/12/2018
S18-T255-R36E	G, H, A	OPERATOR	Fulfer Oil & Cattle, LLC	P.O. BOX 1224 JAIL, NM 88252	505-985-9970	9/12/2018
S18-T255-R37E	P, J	OPERATOR	Bertis Boyle & Stovall, Inc.	P.O. BOX 1240 GRAHAM, TX 76450	940-549-0780	9/12/2018
S19-T255-R37E	A	LESSEE	Apache Corp.	2000 POST OAK BLVD STE 100, HOUSTON TX 77056	432-685-0005	9/12/2018
S13-T255-R36E	J1, J2, J3	LESSEE	Chevron USA Inc	6301 DEAUVILLE, MIDLAND TX 79706	866-212-1212	9/12/2018
S24-T255-R36E	A, H, J, P, B, G, J, O	LESSEE	ConocoPhillips Co	PO BOX 7500, BARTLESVILLE OK 74005		9/12/2018
S19-T255-R37E	L1, L2, L3, L4, B, C, G, F, J, K	LESSEE	Toreador Acquisition Corp.	4809 COLE AVE #108, DALLAS TX 75205		9/12/2018
S19-T255-R37E	N, O	LESSEE	ZPZ Delaware LLC	2000 POST OAK BLVD STE 100, HOUSTON TX 77056		9/12/2018
S18-T255-R37E	O	LESSEE	EV Properties, LP	101 Fannin Suite 800, Houston, TX 77002	713-651-1144	9/12/2018
S18-T255-R37E	O	LESSEE	Doyle Hartman	500 N. Main Street #2 PO Box 10426, Midland, TX 79702	432-684-4011	9/12/2018
S18-T255-R37E	O	LESSEE	Rickey Smith Oil and Gas, LTD	PO Box 863, Kermit, TX 79745		9/12/2018
S18-T255-R37E	O	LESSEE	Larry Nermyr	900 33rd Ave. SW, Minot, ND 58701		9/12/2018
S18-T255-R37E	O	LESSEE	James E. Burr	3803 Wedgewood Court PO Box 8050, Midland, TX 79708		9/12/2018
S18-T255-R37E	O	LESSEE	Unknown Heirs of Jack Fletcher	1801 N. Midland Drive Apt. 104, Midland, TX 79707		9/12/2018
S18-T255-R37E	O	LESSEE	Delphi L. Fletcher	1008 Kingsway, Tool, TX 75143		9/12/2018
S18-T255-R37E	O	LESSEE	Unknown Heirs of Ruth Sutton	2826 Moss Ave., Midland, TX 79705		9/12/2018
S18-T255-R37E	O	LESSEE	Billy Bob Sutton	2106 Bridal Path, Cedar Park, TX 78613		9/12/2018
S18-T255-R37E	K, M, N	LESSEE	Mark Pritman Marshall	221 W. Solomon Lane, Midland, TX 79705		9/12/2018
S18-T255-R37E	K, M, N	LESSEE	Mary J. Hickey	6709 2nd Street, Lubbock, TX 79416		9/12/2018
S18-T255-R37E	K, M, N	LESSEE	Scott M. Brown	680 Saddle Ridge Drive, Wimberley, TX 78676		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	George H. Etz, Jr., Trustee	1105 Xanthusia Avenue, Midland, TX 79504-5519		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Burtram Energies, Inc.	3012 Ridge Road #202, Rockwall, TX 75087	405-840-7800	9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Max W. Coll III	7625-2 El Centro Blvd., Las Cruces, NM 88012		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Sally Rodgers	152-B Arroyo Honda Road, Santa Fe, NM 87505		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Eric J. Coll	P. O. Box 1818, Roswell, NM 88202-1818		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Clarke C. Coll	P. O. Box 1818, Roswell, NM 88202-1818		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Jon F. Coll II	P. O. Box 1818, Roswell, NM 88202-1818		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Melanie Coll de Tempa	5658 Tobias Avenue, Van Nuys, CA 91411		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Max W. Coll III Testamentary Trust	P. O. Box 1818, Roswell, NM 88202-1818		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Diamond LLC	P. O. Box 1818, Roswell, NM 88202-1818		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Spirit Trail LLC	P. O. Box 25848, Oklahoma City, OK 73125		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	The Liberty National Bank of Oklahoma City, Trustee	P. O. Box 73406, Phoenix, AZ 85050		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	E. B. Garmany & Sons	4925 Greenville Avenue, Dallas, TX 75206		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	The University of Oklahoma Foundation	100 Timberdell Road, Norman, OK 73072		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Edward Galt Properties Agency	3707 N. St. Mary's Street, Suite 101, San Antonio, TX 78212		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Gonzales Royalties, Inc.	P. O. Box 237, Gonzales, TX 78629		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Leaning Oil	1304 St. Vincent, Gonzales, TX 78629		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Larry D. Finch, Trustee	8111 Preston Road, Suite 800, Dallas, TX 75225		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	The Ruth G. Pickens Grandchildren Joint Venture	Production Gathering Company, LP		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Greg and Nancy Vance Family Limited Partnership	8080 N. Central Expressway, Suite 1090, Dallas, TX 75203	972-680-9737	9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Miller Ganzz and John William Lytle, Jr., Successor Trustees uwo Ida Miller, de	P. O. Box 65, Farmingdale, NY 11735		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	Joan Miller Ganzz, Individually	P. O. Box 65, Farmingdale, NY 11735		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	The Unknown Heirs of Margaret Ellen Jones	P. O. Box 65, Farmingdale, NY 11735		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	The Unknown Heirs of George Meade Sandberg	P. O. Box 65, Farmingdale, NY 11735		9/12/2018
S18-T255-R37E	K, M, N	MINERAL OWNER	The Unknown Heirs of Emily Sandberg	P. O. Box 65, Farmingdale, NY 11735		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	Jessie Blevins Crump Family Trust U/A, f/b/o David C. Blevins IV, Bank of America, N.A., Trustee	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	Jessie Blevins Crump Family Trust U/A, f/b/o Sue Blevins, Bank of America, N.A., Trustee	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	Richard B. Lynn 2009 Trust U/A, Richard B. Lynn, Trustee, Bank of America, N.A., Trustee	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	William M. Lynn 2009 Trust U/A, William M. Lynn, Trustee, Bank of America, N.A., Agent	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	Jones Louis Blevins Family Trust U/W, f/b/o Sue Blevins, Boone Slusher and Richard B. Lynn, co-trustees, Bank of America, N.A., Agent	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	Frances Georganna Lesniak 2001 Trust U/A, Frances G. Lesniak, Trustee, Bank of America, N.A., Agent	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	Kimberly Sue Furlong 2001 Trust U/A, Kimberly S. Furlong, Trustee, Bank of America, N.A., Agent	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	Jessica Ann Furlong 2001 Trust U/A, Jessica A. Furlong, Trustee, Bank of America, N.A., Agent	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	Sandra McFadden Furlong 2001 Trust U/A, Sandra M. Furlong, Trustee, Bank of America, N.A., Agent	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	William M. Lynn 2001 Trust U/A, William M. Lynn, Trustee, Bank of America, N.A., Agent	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018
S18-T255-R37E	P	MINERAL OWNER	Richard B. Lynn 2001 Trust U/A, Richard B. Lynn, Trustee, Bank of America, N.A., Trustee	P.O. BOX 830308, Dallas, TX 75283-0308		9/12/2018

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

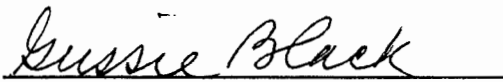
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
September 09, 2018
and ending with the issue dated
September 09, 2018.



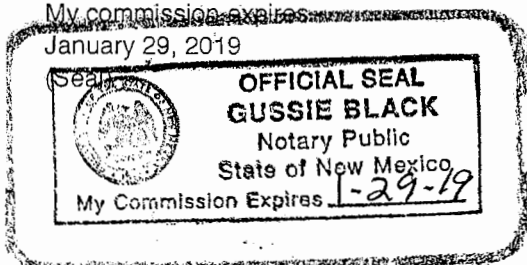
Publisher

Sworn and subscribed to before me this
9th day of September 2018.



Business Manager

My commission expires
January 29, 2019



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

LEGAL NOTICE
September 9, 2018

NGL Water Solutions Permian, LLC, 1509 W. Wall Street, Suite 306, Midland, Texas 79701 is filing Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division for administrative approval for its salt water disposal well Striker 5 SWD No. 1. The proposed well will be located 135' FNL & 1,447.9' FWL in Section 19, Township 25S, Range 37E in Lea County, New Mexico. Disposal water will be sourced from area production, and will be injected into the Siluro-Devonian Formation (determined by offset log analysis) through an open hole completion between a maximum applied for top of 9,050 feet to a maximum depth of 11,750 feet. The maximum surface injection pressure will not exceed 1,810 psi with a maximum rate of 25,000 BWPD. Interested parties opposing the action must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505, within 15 days. Additional information can be obtained from the applicant's agent, Lonquist & Co., LLC, at (512) 600-1764. #33212

67112661

00217664

LONQUIST & CO., LLC
12912 HILL COUNTRY BLVD, STE F200
AUSTIN, TX 78738



Shipment Receipt

Address Information

Ship to:

GREG & NANCY VANCE
PRODUCTION GATHERING CO, LP
8080 N. CENTRAL EXPRESSWAY
SUITE 1090
DALLAS, TX
75203
US
972-680-9737

Ship from:

Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773196069934
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable FedEx Service Guide or the FedEx Rate Sheets for details on how shipping charges are calculated.

**Shipment Receipt****Address Information****Ship to:**

RUTH G PICKENS
GRANDCHILDREN JOINT VENTURE
8111 PRESTON ROAD
SUITE 800
DALLAS, TX
75225
US
7135599956

Ship from:

Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773196027548
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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Shipment Receipt

Address Information

Ship to:

LARRY D FINCH, TRUSTEE

1304 ST VINCENT

GONZALES, TX

78629

US

7135599956

Ship from:

Chris Weyand

Lonquist Field Service

1001 MCKINNEY ST

STE 1650

HOUSTON, TX

770026423

US

5126001764

Shipment Information:

Tracking no.: 773196003893

Ship date: 09/12/2018

Estimated shipping charges: 16.61 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Ground

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Adult signature required

Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089

Your reference: 1525-STRIKER#5/LEGAL NOTICE

P.O. no.:

Invoice no.:

Department no.:

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Shipment Receipt

Address Information

Ship to:
EDWARD GALT PROPERTIES
AGENCY

3707 N. ST MARY'S STREET
SUITE 101
SAN ANTONIO, TX
78212
US
7135599956

Ship from:
Chris Weyand

Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195985733
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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Shipment Receipt

Address Information

Ship to:
UNIVERSITY OF OKLAHOMA
FOUNDATION

100 TIMBERDELL ROAD

NORMAN, OK
73072
US
7135599956

Ship from:
Chris Weyand

Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195950419

Ship date: 09/12/2018

Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Ground

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Adult signature required

Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089

Your reference: 1525-STRIKER#5/LEGAL NOTICE

P.O. no.:

Invoice no.:

Department no.:

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**Shipment Receipt****Address Information**

Ship to:
EB GERMANY & SONS

4925 GREENVILLE AVENUE

DALLAS, TX
75206
US
7135599956

Ship from:
Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195931435
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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Shipment Receipt

Address Information

Ship to:

MELANIE COLL DE TEMPE

5658 TOBIAS AVENUE

VAN NUYS, CA

91411

US

7135599956

Ship from:

Chris Weyand

Lonquist Field Service

1001 MCKINNEY ST

STE 1650

HOUSTON, TX

770026423

US

5126001764

Shipment Information:

Tracking no.: 773195911904

Ship date: 09/12/2018

Estimated shipping charges: 14.25 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Ground

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Adult signature required

Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089

Your reference: 1525-STRIKER#5/LEGAL NOTICE

P.O. no.:

Invoice no.:

Department no.:

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**Shipment Receipt****Address Information****Ship to:**

SALLY RODGERS

152-B ARROYO HONDO ROAD

SANTA FE, NM
87505
US
7135599956

Ship from:

Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195895319
Ship date: 09/12/2018
Estimated shipping charges: 13.98 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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Shipment Receipt

Address Information

Ship to:

MAX W. COLL III

7625-2 EL CENTRO BLVD

LAS CRUCES, NM
88012
US
7135599956

Ship from:

Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195866908
Ship date: 09/12/2018
Estimated shipping charges: 13.98 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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Please Note

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**Shipment Receipt****Address Information****Ship to:**

BUTTRAM ENERGIES, INC

3012 RIDGE ROAD

#202

ROCKWALL, TX

75032

US

405-840-7800

Ship from:

Chris Weyand

Lonquist Field Service

1001 MCKINNEY ST

STE 1650

HOUSTON, TX

770026423

US

5126001764

Shipment Information:

Tracking no.: 773195842841

Ship date: 09/12/2018

Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Ground

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Adult signature required

Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089

Your reference: 1525-STRIKER#5/LEGAL NOTICE

P.O. no.:

Invoice no.:

Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the [FedEx Rate Sheets](#) for details on how shipping charges are calculated.



Shipment Receipt

Address Information

Ship to:
GEORGE H ETZ JR

1105 XANTHISMA AVE

MCALLEN, TX
78504-3519
US
7135599956

Ship from:
Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195791365
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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**Shipment Receipt****Address Information****Ship to:**

SCOTT M BROWN
680 SADDLE RIDGE DRIVE
WIMBERLEY, TX
78676
US
7135599956

Ship from:

Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment information:

Tracking no.: 773195765357
Ship date: 09/12/2018
Estimated shipping charges: 16.61 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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**Shipment Receipt****Address Information****Ship to:**

MARY J. HICKEY

6709 3RD STREET

LUBBOCK, TX
79416
US
7135599956

Ship from:

Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195746097
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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**Shipment Receipt****Address Information****Ship to:**

MARK PITTMAN MARSHALL

221 W SOLOMON LANE

MIDLAND, TX

79705

US

7135599956

Ship from:

Chris Weyand

Lonquist Field Service

1001 MCKINNEY ST

STE 1650

HOUSTON, TX

770026423

US

5126001764

Shipment Information:

Tracking no.: 773195688561

Ship date: 09/12/2018

Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Ground

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Adult signature required

Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089

Your reference: 1525-STRIKER#5/LEGAL NOTICE

P.O. no.:

Invoice no.:

Department no.:

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**Shipment Receipt****Address Information**

Ship to:
BILLY BOB SUTTON

2106 BRIDAL PATH

CEDAR PARK, TX
78613
US
7135599956

Ship from:
Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195671842
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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**Shipment Receipt****Address Information****Ship to:**

JAMES E. BURR
3803 WEDGEWOOD COURT

MIDLAND, TX
79708
US
7135599956

Ship from:

Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195643100
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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**Shipment Receipt****Address Information****Ship to:**

LARRY NERMYR

900 33RD AVE SW

MINOT, ND

58701

US

7135599956

Ship from:

Chris Weyand

Lonquist Field Service

1001 MCKINNEY ST

STE 1650

HOUSTON, TX

770026423

US

5126001764

Shipment Information:

Tracking no.: 773195628533

Ship date: 09/12/2018

Estimated shipping charges: 16.98 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Ground

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Adult signature required

Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089

Your reference: 1525-STRIKER#5/LEGAL NOTICE

P.O. no.:

Invoice no.:

Department no.:

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**Shipment Receipt****Address Information**

Ship to:
DOYLE HARTMAN

500 N. MAIN STREET
#2
MIDLAND, TX
79702
US
4326844011

Ship from:
Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195607009
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

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**Shipment Receipt****Address Information**

Ship to:
EV PROPERTIES, LP

101 FANNIN
SUITE 800
HOUSTON, TX
77002
US
7136511144

Ship from:
Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195587003
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

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**Shipment Receipt****Address Information**

Ship to:
ZPZ DELAWARE I LLC

2000 POST OAK BLVD
STUIE 100
HOUSTON, TX
77056
US
7132966000

Ship from:
Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195568270
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER #5/Legal Notice
P.O. no.:
Invoice no.:
Department no.:

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**Shipment Receipt****Address Information****Ship to:**

TOREADOR ACQUISITION CORP

48090 COLE AVE

#108

DALLAS, TX

75205

US

7135951900

Ship from:

Chris Weyand

Lonquist Field Service

1001 MCKINNEY ST

STE 1650

HOUSTON, TX

770026423

US

5126001764

Shipment Information:

Tracking no.: 773195557993

Ship date: 09/12/2018

Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Ground

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Adult signature required

Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089

Your reference: 1525-STRIKER #5/LEGAL NOTICE

P.O. no.:

Invoice no.:

Department no.:

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**Shipment Receipt****Address Information**

Ship to:
CHEVRON USA INC

6301 DEAUVILLE

MIDLAND, TX
79706
US
4326877723

Ship from:
Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195545165
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER #5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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Shipment Receipt

Address Information**Ship to:**

APACHE CORP.

2000 POST OAK BLVD
SUITE 100
HOUSTON, TX
77056
US
7132966000**Ship from:**Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764**Shipment Information:**

Tracking no.: 773195534124

Ship date: 09/12/2018

Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Ground

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Adult signature required

Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089

Your reference: 1525-STRIKER#5/Legal Notice

P.O. no.:

Invoice no.:

Department no.:

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Shipment Receipt

Address Information

Ship to:

LEGACY RESERVES OPERATING LP
303 W. WALL
SUITE 1600
MIDLAND, TX
79701
US
4322216370

Ship from:

Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773195522315
Ship date: 09/12/2018
Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER#5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

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Shipment Receipt

Address Information

Ship to:
BUREAU OF LAND MGMT

301 DINOSAUR TRAIL

SANTA FE, NM
87508
US
5059542000

Ship from:
Chris Weyand
LONQUIST FIELD SERVICE LLC
1001 McKinney, Suite 1650

Houston, TX
77002
US
5126001764

Shipment Information:

Tracking no.: 773195365194
Ship date: 09/12/2018
Estimated shipping charges: 13.98 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525-STRIKER #5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

**Shipment Receipt****Address Information**

Ship to:
NGL WATER SOLUTIONS PERMIAN,
LLC

1509 W. WALL STREET
SUITE 306
MIDLAND, TX
79701
US
4326850005

Ship from:
Chris Weyand

LONQUIST FIELD SERVICE LLC
1001 McKinney, Suite 1650

Houston, TX
77002
US
5126001764

Shipment Information:

Tracking no.: 773189254707

Ship date: 09/11/2018

Estimated shipping charges: 13.88 USD

Package Information

Pricing option: FedEx Standard Rate

Service type: FedEx Ground

Package type: Your Packaging

Number of packages: 1

Total weight: 1 LBS

Declared Value: 0.00 USD

Special Services: Adult signature required

Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089

Your reference: 1525-STRIKER 5/LEGAL NOTICE

P.O. no.:

Invoice no.:

Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.



Shipment Receipt

Address Information

Ship to:
DELPHI L. FLETCHER

1008 KINGSWAY

TOOL, TX
75143
US
7135599956

Ship from:
Chris Weyand
Lonquist Field Service
1001 MCKINNEY ST
STE 1650
HOUSTON, TX
770026423
US
5126001764

Shipment Information:

Tracking no.: 773200427887
Ship date: 09/12/2018
Estimated shipping charges: 16.61 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx Ground
Package type: Your Packaging
Number of packages: 1
Total weight: 1 LBS
Declared Value: 0.00 USD
Special Services: Adult signature required
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1525 - STRIKER #5/LEGAL NOTICE
P.O. no.:
Invoice no.:
Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**KIMBERLY, JESSICA, & SANDRA
FURLONG
P.O. BOX 830308
DALLAS, TX 75238-0308**



9590 9402 2957 7094 4838 33

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5168

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

1525-STRIKER #5

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 2680 0000 7062 5168
7017 2680 0000 7062 5168

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$ _____

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
KIMBERLY, JESSICA & SANDRA FURLONG

Street and Apt. No., or PO Box No.
P.O. BOX 830308

City, State, ZIP+4®
DALLAS TX 75238-0308

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**FRANCES G. LESNIAK
P.O. BOX 830308
DALLAS, TX 75238-0308**



9590 9402 2957 7094 4838 40

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5151

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

1525-STRIKER #5

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7017 2680 0000 7062 5151
7017 2680 0000 7062 5151

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

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

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Sent To

FRANCES G. LESNIAK

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

P.O. BOX 830308

City, State, ZIP+4®

DALLAS TX 75238-0308

Postmark
Here

1525-STRIKER #5

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**SUE BLEVINS, BOONE SLUSHER &
RICHARD B. LYNN
P.O. BOX 830308
DALLAS, TX 75238-0308**



9590 9402 2957 7094 4838 57

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5144

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

1525-STRIKER #5

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7017 2680 0000 7062 5144
7017 2680 0000 7062 5144

**U.S. Postal Service™
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Domestic Mail Only**

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Postmark Here
---	------------------

1525-STRIKER #5

Sent To
SUE BLEVINS, BOONE SLUSHER & RICHARD LYNN
Street and Apt. No., or PO Box No.
P.O. BOX 830308
City, State, ZIP+4®
DALLAS TX 75238-0308

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

SENDER: COMPLETE THIS SECTION

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

**RICHARD B. LYNN &
WILLIAM LYNN
P.O. BOX 830308
DALLAS, TX 75238-0308**



9590 9402 2957 7094 4838 64

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5137

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

1525-STRIKER #5

3. Service Type Priority Mail Express®
 Registered Mail™

Adult Signature Registered Mail Restricted Delivery

Adult Signature Restricted Delivery Certified Mail

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

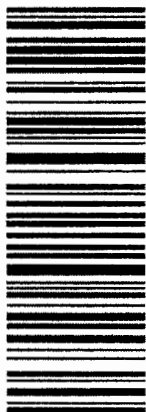
Collect on Delivery Restricted Delivery Insured Mail

Insured Mail Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 2680 0000 7062 5137
7017 2680 0000 7062 5137

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

1525-STRIKER #5

Sent To
RICHARD & WILLIAM LYNN
 Street and Apt. No., or PO Box No.
P.O. BOX 830308
 City, State, ZIP+4®
DALLAS TX 75238-0308

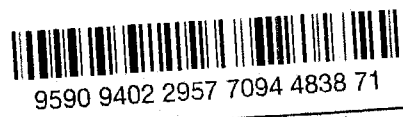
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**DAVID C. BLEVINS IV &
SUE BLEVINS
P.O. BOX 830308
DALLAS, TX 75238-0308**



9590 9402 2957 7094 4838 71

2. Article Number (Transfer from service label)
7017 2680 0000 7062 5120

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

1525-STRIKER #5

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7017 2680 0000 7062 5120
7017 2680 0000 7062 5120

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

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

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

1525-STRIKER #5

Sent To **DAVID + SUE BLEVINS**
Street and Apt. No., or PO Box No.
P.O. Box 830308
City, State, ZIP+4®
DALLAS TX 75238-0308

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**HEIRS OF GEORGE MEADE
SANDBERG & EMILY SANDBERG
P.O. BOX 65
FARMINGDALE, NY 11735**



9590 9402 2957 7094 4838 88

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5113

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

1525-STRIKER #5

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 2680 0000 7062 5113
7017 2680 0000 7062 5113


**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Postmark Here <i>1525-STRIKER #5</i>
Sent To HEIRS OF GEORGE SANDBERG & EMILY SANDBERG Street and Apt. No., or PO Box No. P.O. BOX 65 City, State, ZIP+4® FARMINGDALE NY 11735	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">HEIRS OF MARGARET ELLEN JONES P.O. BOX 65 FARMINGDALE, NY 11735</p>  <p style="text-align: center;">9590 9402 2957 7094 4838 95</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><i>1525-STRIKER #5</i></p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2680 0000 7062 5106</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.


U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE



7017 2680 0000 7062 5106
7017 2680 0000 7062 5106

Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	

1525-STRIKER #5

Sent To HEIRS OF MARGARET E. JONES

Street and Apt. No., or PO Box No. P.O. BOX 65

City, State, ZIP+4® FARMINGDALE NY 11735

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**JOAN MILLER GANZ &
JOHN WILLIAM LYTTLE
P.O. BOX 65
FARMINGDALE, NY 11735**



9590 9402 2957 7094 4839 01

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5090

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

1525-STRIKER #5

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

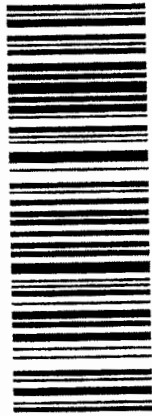
Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7017 2680 0000 7062 5090
7017 2680 0000 7062 5090

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Postmark
Here

1525-STRIKER #5

Sent To

JOAN MILLER GANZ & JOHN W. LYTTLE

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

P.O. BOX 65

City, State, ZIP+4®

FARMINGDALE NY 11735

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LEXINGTON OIL
P.O. BOX 237
GONZALES, TX 78629



9590 9402 2957 7094 4839 18

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5083

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

1525-STRIKER #5

- | | |
|--|---|
| 3. Service Type | <input type="checkbox"/> Priority Mail Express® |
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7017 2680 0000 7062 5083
7017 2680 0000 7062 5083

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage	
\$	
Total Postage and Fees	
\$	

1525-STRIKER #5

Sent To	<i>LEXINGTON OIL</i>
Street and Apt. No., or PO Box No.	<i>P.O. BOX 237</i>
City, State, ZIP+4®	<i>GONZALES TX 78629</i>

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**GONZALES ROYALTIES, INC
P.O. BOX 237
GONZALES, TX 78629**



9590 9402 2957 7094 4839 25

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5076

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

1525-STRIKER #5

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD AT DOTTED LINE.
CERTIFIED MAIL®



7017 2680 0000 7062 5076
7017 2680 0000 7062 5076

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

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

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage \$ _____

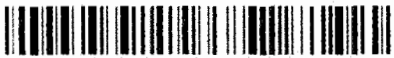
Total Postage and Fees \$ _____

Postmark Here

1525-STRIKER

Sent To GONZALES ROYALTIES INC
Street and Apt. No., or PO Box No. PO BOX 237
City, State, ZIP+4® GONZALES TX 78629

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">ETZ OIL PROPERTIES, LTD P.O. BOX 73406 PHOENIX, AZ 85050</p>  <p style="text-align: center;">9590 9402 2957 7094 4839 32</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><i>1525-STRIKER #5</i></p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2680 0000 7062 5069</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7017 2680 0000 7062 5069
 7017 2680 0000 7062 5069

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	<i>1525-STRIKER #5</i>
Total Postage and Fees \$	
Sent To <u>ETZ OIL PROPERTIES</u> Street and Apt. No., or PO Box No. <u>P.O. BOX 73406</u> City, State, ZIP+4® <u>PHOENIX AZ 85050</u>	
PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**LIBERTY NATIONAL BANK OF
OKLAHOMA CITY, TRUSTEE
P.O. BOX 25848
OKLAHOMA CITY, OK 73125**



9590 9402 2957 7094 4839 49

2. Article Number (Transfer from carrier label)
7017 2680 0000 7062 5052

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

1525-STRIDER #5

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7017 2680 0000 7062 5052
7017 2680 0000 7062 5052

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark Here

Postage \$
Total Postage and Fees \$

1525-STRIDER #5

Sent To LIBERTY NATL BANK OF OKLAHOMA CITY
Street and Apt. No., or PO Box No. P.O. Box 25848
City, State, ZIP+4® OKLAHOMA CITY OK 73125

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**SPIRIT TRAIL, LLC
P.O. BOX 1818
ROSWELL, NM 88202-1818**



9590 9402 2957 7094 4839 56

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5045

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. 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

1525-STRIKER #5

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7017 2680 0000 7062 5045
7017 2680 0000 7062 5045

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ _____

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

1525-STRIKER #5

Sent To **SPIRIT TRAIL, LLC**

Street and Apt. No., or PO Box No. **P.O. Box 1818**

City, State, ZIP+4® **ROSWELL NM 88202-1818**

PS Form 3800, April 2015 PSN 7530-02-000-9047


See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**DIAMOND LIL LLC
P.O. BOX 1818
ROSWELL, NM 88202-1818**



9590 9402 2957 7094 4839 63

2. Article Number (Transfer from service label)
7017 2680 0000 7062 5038

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 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

1525-STRIKER #5

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7017 2680 0000 7062 5038
7017 2680 0000 7062 5038

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	

1525-STRIKER #5

Sent To **DIAMOND LIL LLC**
Street and Apt. No. or PO Box No. **P.O. BOX 1818**
City, State, ZIP+4® **ROSWELL NM 88202-1818**

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ERIC J. COLL, CLARKE C. COLL,
JON F. COLL, II, MAX W. COLL
P.O. BOX 1818
ROSWELL, NM 88202-1818



9590 9402 2957 7094 4839 70

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5021

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

1525 STRIKER #5

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7017 2680 0000 7062 5021
7017 2680 0000 7062 5021


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

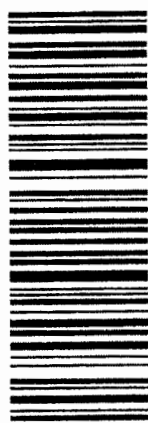
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To 1525 STRIKER #5 ERIC J COLL CLARKE COLL JON COLL Street and Apt. No., or PO Box No. MAX COLL P.O. BOX 1818 City, State, ZIP+4® ROSWELL NM 88202-1818	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
1. Article Addressed to:	E. Received by (Printed Name)	C. Date of Delivery
HEIRS OF RUTH SUTTON 2826 MOSS AVE. MIDLAND, TX 79705	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><i>1525-STRIKER #5</i></p>	
 9590 9402 2957 7094 4839 87	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	
2. Article Number (Transfer from service label)	Domestic Return Receipt	
7017 2680 0000 7062 5014		

PS Form 3811, July 2015 PSN 7530-02-000-9053

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7017 2680 0000 7062 5014
7017 2680 0000 7062 5014

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	<i>#</i> <i>1525-STRIKER #5</i>
Sent To <i>HEIRS OF RUTH SUTTON</i> Street and Apt. No., or PO Box No. <i>2826 MOSS AVE.</i> City, State, ZIP+4® <i>MIDLAND TX 79705</i>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**HEIRS OF JACK FLETCHER
1801 N MIDLAND DRIVE, APT 104
MIDLAND, TX 79707**



9590 9402 2957 7094 4839 94

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5946

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

1525-STRIKER #5

3. Service Type

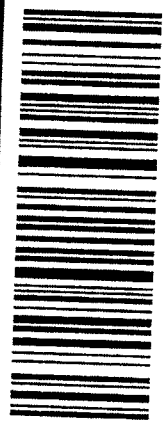
<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 2680 0000 7062 5946
7017 2680 0000 7062 5946

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage		<i>1525-STRIKER #5</i>
\$		
Total Postage and Fees		
\$		
Sent To <i>HEIRS OF JACK FLETCHER</i>		
Street and Apt. No., or PO Box No. <i>1801 N. MIDLAND DR # 104</i>		
City, State, ZIP+4® <i>MIDLAND TX 79707</i>		

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RICKEY SMITH OIL & GAS, LTD
PO BOX 863
KERMIT, TX 79745



9590 9402 2957 7094 4840 07

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5939

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- X**
- 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

1525-STRIKER #5

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7017 2680 0000 7062 5939
 7017 2680 0000 7062 5939

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	1525-STRIKER ⁵
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <u>Rickey Smith Oil & Gas Ltd</u>	
Street and Apt. No., or PO Box No. <u>PO BOX 863</u>	
City, State, ZIP+4® <u>KERMIT TX 79745</u>	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**CONOCO PHILLIPS CO
P.O. BOX 7500
BARTLESVILLE, OK 74005**



9590 9402 2957 7094 4840 14

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5922

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

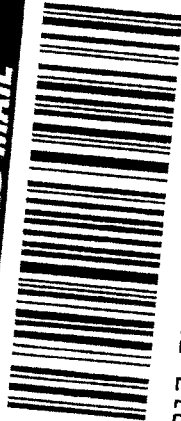
1525-STRIKER #5

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 2680 0000 7062 5922
7017 2680 0000 7062 5922

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To **CONOCO PHILLIPS CO** 1525-STRIKER #5
Street and Apt. No., or PO Box No.
PO BOX 7500
City, State, ZIP+4®
BARTLESVILLE OK 74005

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BETTIS BOYLE & STOVALL, INC.
P.O. BOX 1240
GRAHAM, TX 76450



9590 9402 2957 7094 4840 21

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5915

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

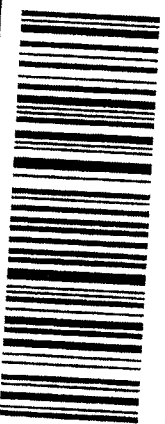
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1525-STRIKER #5

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7017 2680 0000 7062 5915
 7017 2680 0000 7062 5915

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Postmark Here
--	---------------

1525-STRIKER #5

Sent To BETTIS BOYLE & STOVALL INC
 Street and Apt. No., or PO Box No. P.O. BOX 1240
 City, State, ZIP+4® GRAHAM TX 76450

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FULFER OIL & CATTLE, LLC
P.O. BOX 1224
JAL, NM 88252



9590 9402 2957 7094 4840 38

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5908

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

1525-STRIKER #5

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7017 2680 0000 7062 5908
 7017 2680 0000 7062 5908

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

1525-STRIKER #5

Sent To **FULFER OIL & CATTLE LLC**

Street and Apt. No., or PO Box No. **P.O. BOX 1224**

City, State, ZIP+4® **JAL NM 88252**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

APPLICATION PROTESTED

Applicant: NGL Water Solutions LLC

Application Type: SLD

Well Name: Strikers SLD#1 API: 30-0 25-Pending

Protestant: Fulfer Land & Cattle LLC

Date Protest Received: 9/25/2018

Notification of Applicant: 9/26/2018

Resolution: _____

Copy to Case Handler:

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Wednesday, September 26, 2018 11:04 AM
To: Chris Weyand
Cc: Jones, William V, EMNRD; Goetze, Phillip, EMNRD; Lowe, Leonard, EMNRD
Subject: Notification of Protest for Application to Inject - Striker 5 SWD Well No. 1
Attachments: NGLWaterSolutions Striker5SWD#1_FulferProtest.pdf

RE: Striker 5 SWD Well No. 1 (API 30-015-Pending; Admin. Appl. No pMAM1825746464) Unit C; Sec 19, T25S, R37E, NMPM, Lea County

Mr. Weyand:

OCD was notified by Fulfer Land & Cattle, LLC that it is protesting this application. This party is identified as an affected person for the location being considered for the application. You are being notified that if NGL Water Solutions Permian LLC wishes for this application to be considered, they must either go to hearing or may be reviewed administratively if the protest is withdrawn as a result of a negotiated resolution with this party. The application will be retained pending resolution of the protest. Please continue to provide OCD with information regarding the standing of this application. Please call me with any questions on this matter.

Contact Information:

Mr. Ernest Padilla
Padilla Law Firm, P.A.
1512 South St. Francis Drive
P.O. Box 2523
Santa Fe, NM 87504-2523
505-988-7577 (phone)

e-mail: padillalaw@qwestoffice.net

Michael McMillan
1220 South St. Francis
Santa Fe, New Mexico
505-476-3448
Michael.mcmillan@state.nm.us

PADILLA LAW FIRM, P.A.

STREET ADDRESS
1512 S. ST. FRANCIS DRIVE
SANTA FE, NM 87505

MAILING ADDRESS
P.O. BOX 2523
SANTA FE, NEW MEXICO 87504-2523

EMAIL ADDRESS
padillalaw@qwestoffice.net

TELEPHONE
505-988-7577

FACSIMILE
505-988-7592

September 25, 2018

VIA EMAIL ONLY
Florene.davidson@state.nm.us

Heather Riley, Division Director
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87501

***Re: Application of NGL Water Solutions Permian, LLC
Striker 5 SWD No. 1
Unit C, Section 19, Township 25 South, Range 37 East
Lea County, New Mexico***

Dear Ms. Riley:

By this letter, we are notifying the Division that Fulfer Oil & Cattle, LLC opposes the above referenced application for administrative approval.

Accordingly, we request that the application be set for hearing.

If you have any questions, please contact our office.

Very truly yours,

/s/ ERNEST L. PADILLA

ERNEST L. PADILLA

ELP:jbg

xc: Fulfer Oil & Cattle, LLC
Scotty Holloman, Esq.
NGL Water Solutions Permian, LLC

McMillan, Michael, EMNRD

From: Padilla Law Firm, P.A. <padillalaw@qwestoffice.net>
Sent: Tuesday, September 25, 2018 3:11 PM
To: Davidson, Florene, EMNRD; McMillan, Michael, EMNRD; Goetze, Phillip, EMNRD
Cc: chris@lonquist.com; scotty.holloman@outlook.com
Subject: [EXT] Application of NGL Water Solutions Permian, LLC
Attachments: OCD Itr 092518.pdf

Ladies & Gentlemen:

Please see attached letter from Ernest Padilla. If you have any questions please let us know. Thank You.

Jo Ann B. Gallegos
Legal Assistant
Padilla Law Firm, P.A.
1512 South Saint Francis Drive
P.O. Box 2523
Santa Fe, New Mexico 87504
(505) 988-7577
(505) 988-7592 fax
email: padillalaw@qwestoffice.net