

| | | | |
|------------------------|--------------------|--------------|----------------------------|
| RECEIVED: 8/28/2017 | REVIEWER: M A M | TYPE: SWD | APP NO: DMA 172 4045215 |
|------------------------|--------------------|--------------|----------------------------|

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: Black River Water Management Company, LLC**OGRID Number:** 371287**Well Name:** Rustler Breaks SWD 3**API:** 30-075-44303**Pool:** SWD; 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**2) NOTIFICATION REQUIRED TO:** Check those which apply.A. ☒ Offset operators or lease holdersB. ☐ Royalty, overriding royalty owners, revenue ownersC. ☒ Application requires published noticeD. ☐ Notification and/or concurrent approval by SLOE. ☐ Notification and/or concurrent approval by BLMF. ☒ Surface ownerG. ☒ For all of the above, proof of notification or publication is attached, and/or,H. ☐ No notice required**FOR OCD ONLY**☐

Notice Complete

☐Application
Content
Complete

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.

Brian Wood

Print or Type Name

Signature

8-26-17

Date

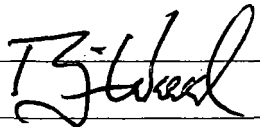
505 466-8120

Phone Number

brian@permitswest.com

e-mail Address

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance XXX Disposal _____ Storage
Application qualifies for administrative approval? _____ Yes _____ No
- II. OPERATOR: BLACK RIVER WATER MANAGEMENT COMPANY, LLC
ADDRESS: 5400 LBJ FREEWAY, SUITE 1500, DALLAS TX 75240
CONTACT PARTY: BRIAN WOOD (PERMITS WEST, INC.) PHONE: 505 466-8120
- 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 XXX 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.
Rustler Breaks SWD 3
30-015-44303
(Devonian (96101))
- 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: BRIAN WOOD  TITLE: CONSULTANT
SIGNATURE: _____ DATE: JULY 29, 2017
E-MAIL ADDRESS: brian@permitswest.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.

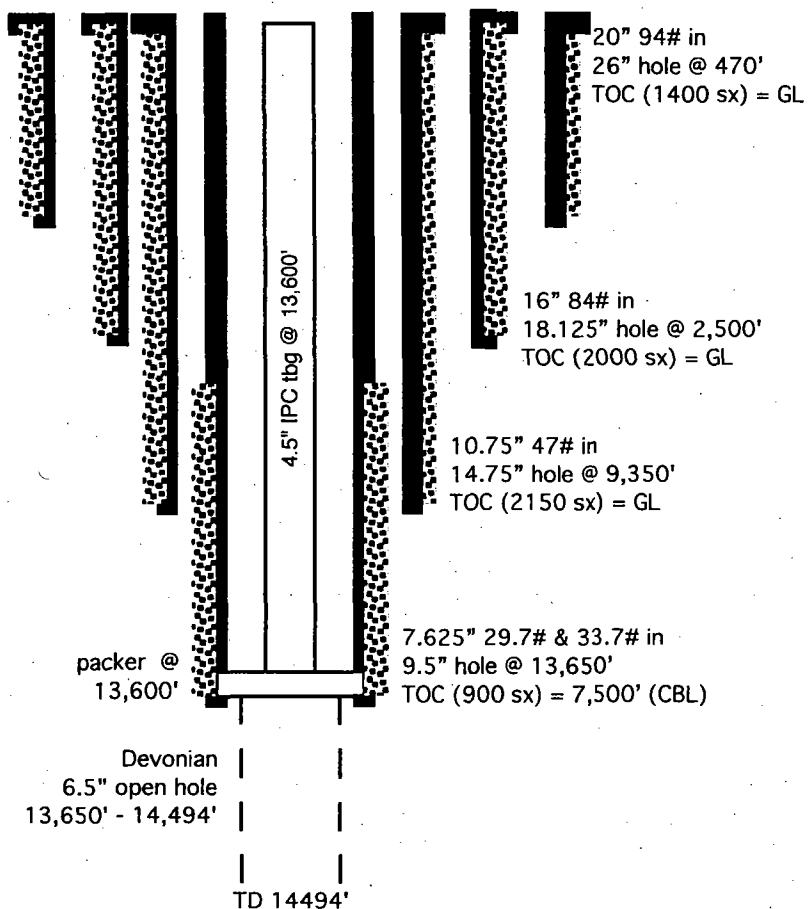
INJECTION WELL DATA SHEET

OPERATOR: BLACK RIVER WATER MANAGEMENT COMPANY, LLCWELL NAME & NUMBER: RUSTLER BREAKS SWD 3

WELL LOCATION: 1798' FSL & 1624' FEL J 24 23 S 27 E
 FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC

(not to scale)

WELL CONSTRUCTION DATASurface Casing

Hole Size: 26" Casing Size: 20"
 Cemented with: 1400 sx. or _____ ft³
 Top of Cement: SURFACE Method Determined: VISUAL

Intermediate Casing

Hole Size: 18.125" & 14.75" Casing Size: 16" & 10.75"
 Cemented with: 2,000 & 2,150 sx. or _____ ft³
 Top of Cement: SURFACE Method Determined: VISUAL

Production Casing

Hole Size: 9.5" Casing Size: 7.625" @ 13,650'
 Cemented with: 900 sx. or _____ ft³
 Top of Cement: 7,500' Method Determined: CBL
 Total Depth: 14,494'

Injection Interval

13,650' feet to 14,494'

(Perforated or Open Hole; indicate which)

■■■■■■■■■■

INJECTION WELL DATA SHEETTubing Size: 4.5" Lining Material: IPCType of Packer: STAINLESS STEEL &/OR NICKELPacker Setting Depth: 13,600'

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

Additional Data

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

If no, for what purpose was the well originally drilled? _____

2. Name of the Injection Formation: DEVONIAN

3. Name of Field or Pool (if applicable): SWD; DEVONIAN (POOL CODE 96101)

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

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

OVER: DELAWARE (2423'), BONE SPRING (5882'), WOLFCAMP (9268'),
ATOKA (11436'), & MORROW (12008')UNDER: none

BLACK RIVER WATER MANAGEMENT COMPANY, LLC
RUSTLER BREAKS SWD 3
1798' FSL & 1624' FEL
SEC. 24, T. 23 S., R. 27 E., EDDY COUNTY, NM

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30-015-44303

I. Goal is to drill a 14,494' deep commercial saltwater disposal well. Proposed disposal interval will be 13,650' - 14,494' in the SWD; Devonian (96101). See Exhibit A for C-102 and map.

II. Operator: Black River Water Management Company, LLC [OGRID 371287]
Operator phone number: (972) 371-5420
Operator address: 5400 LBJ Freeway, Suite 1500
Dallas TX 75240
Contact for Application: Brian Wood (Permits West, Inc.)
Phone: (505) 466-8120

III. A. (1) Lease name: Rustler Breaks SWD (fee)
Well name and number: Rustler Breaks SWD 3
Location: 1798' FSL & 1624' FEL, Section 24, T. 23 S., R. 28 E.

A. (2) Surface casing (20", 94#, K-55, BTC) will be set at 470' in a 26" hole and cemented to the surface with 1400 sacks.

First intermediate casing (16", 84#, K-55, BTC) will be set at 2,500' in an 18.125" hole and cemented to surface with 2,000 sacks

Second intermediate casing (10.75", 47#, P-110 HC) will be set at 9,350' in a 14.75" hole and cemented to surface with 2,150 sacks.

Production casing (7.625", 29.7# P-110 HC, BTC from GL to 9400' & 7.625", 33.7# P110 EC, BTC from 9400' to 13,650') will be set at 13,650' in a 9.5" hole and cemented to 7,500' (CBL) with 900 sacks.

A 6.5" open hole will be drilled to 14,494'.

A. (3) Tubing will be IPC, 4.5", 11.6#, P-110, IC, BTC. Setting depth will be ~13,600'. (Disposal interval will be 13,650' to 14,494'.)

- A. (4) A stainless steel and/or nickel packer will be set at $\approx 13,600'$ (or $\leq 100'$ above the top of the open hole which will be at 13,650').
- B. (1) Disposal zone will be the Devonian (SWD; Devonian (96101) pool). Estimated fracture gradient is ≈ 0.62 to ≈ 0.68 psi per foot. Variation depends on whether limestone or dolomite.
- B. (2) Disposal interval will be open hole from 13,650' to 14,494'.
- B. (3) Well has not been drilled. It will be drilled as a saltwater disposal well.
- B. (4) No perforated intervals are in the well.
- B. (5) Only zone currently producing in the area of review and above the Devonian (13,644') is the Wolfcamp (TVD $\leq 9403'$). Atoka (11,436') has produced in the past. Morrow (12,008') and Delaware (2423') have been tested in the past. Bone Spring will probably be tested. No oil or gas zone is below the Devonian in the area of review.

IV. This is not an expansion of an existing injection project. It is disposal only.

V. Exhibit B shows and tabulates the 6 existing wells (4 gas + 2 P&A) within a half-mile radius. Exhibit C shows all 105 existing wells (27 oil or gas wells + 24 P & A wells + 47 water wells + 7 injection or disposal wells) within a two-mile radius.

All land within a half-mile radius is leased. All leases (≥ 66) within a half-mile radius are fee. Exhibit D shows all the leases within a half-mile and two-mile radius.

VI. No Devonian penetrators are within a half-mile. Deepest (12,740' TVD) well (30-015-24061) within a half-mile bottomed in the Morrow, 904' above the Devonian.

- VII. 1. Average injection rate will be $\approx 30,000$ bwpd.
Maximum injection rate will be $\approx 42,000$ bwpd.
2. System will be open and closed. Water will both be trucked and piped.
3. Average injection pressure will be $\approx 2,500$ psi
Maximum injection pressure will be 2,730 psi ($= 0.2$ psi/foot $\times 13,650'$ (top of open hole)).
4. Disposal water will be produced water, mainly from Bone Spring and Wolfcamp wells. There are 256 approved Bone Spring wells and 434 approved Wolfcamp wells in T. 23 S., R. 27 & 28 E. and T. 24 S., R. 27 & 28 E. The well will take other Permian Basin waters (e. g., Delaware). A summary of water analyses follows. Their abstracts are in Exhibit E.

| Parameter | Devonian | Delaware | Bone Spring | Wolfcamp | Morrow |
|-------------|----------|----------|-------------|----------|--------|
| Bicarbonate | 1260 | 122 | 1,955 | 1,026 | 611 |
| Chloride | 34,400 | 130,543 | 100,110 | 67,273 | 33,036 |
| Sulfate | 3,600 | 940 | 180 | 88 | 0 |
| TDS | 63,260 | 211,635 | 165,550 | 111,226 | 54,903 |

No compatibility problems have been reported from the two closest ($\leq 8,389'$ south) operating Devonian disposal wells (30-015-21643 & 30-015-43807). The 15,115,460 barrels that have been disposed to date include Delaware, Bone Spring, Strawn, Atoka, and Morrow waters.

5. Closest Devonian producer (30-015-29252) is 24 miles ESE.

VIII. The Devonian (1,000' thick) is comprised of limestone and dolomite. It dips to the east at 1° . Average porosity is 4-6%. Closest possible underground source of drinking water above the proposed disposal interval is the Quaternary at the surface. According to State Engineer records (Exhibit F), 12 water wells are within a mile, deepest of which is 259'. No active water wells were found during a June 24, 2017 field inspection. Expansion of the Loving water system has allowed water well owners to abandon their water wells. No underground source of drinking water is below the proposed disposal interval.

Formation tops are:

Quaternary = 0'
Castile = 797'
Lamar (base of salt) = 2392'
Bell Canyon = 2460'
Cherry Canyon = 3216'
Brushy Canyon = 4381'
Bone Spring limestone = 5882'
Wolfcamp = 9268'
Strawn = 11240'
Atoka = 11436'
Morrow = 12008'
Barnett = 12787'
Mississippian limestone = 13138'
Woodford shale = 13486'
Devonian carbonate = 13644'
disposal interval = 13650' - 14494'
TD = 14494'
(Montoya = 14644')

Twelve water wells are within a 1-mile radius according to State Engineer records (Exhibit F), deepest of which is 259'. There will be >2 miles of vertical separation and shale, salt, and anhydrite intervals between the bottom of the only likely underground water source (Quaternary) and the top of the Devonian.

IX. The well will be stimulated with acid.

X. A CBL will be run from production casing setting depth to TOC. A triple combo log will be run from the second intermediate to TD.

XI. No active water wells were found within a mile during a June 24, 2017 field inspection. Two wells beyond a mile were sampled (Exhibit F).

BLACK RIVER WATER MANAGEMENT COMPANY, LLC
RUSTLER BREAKS SWD 3
1798' FSL & 1624' FEL
SEC. 24, T. 23 S., R. 27 E., EDDY COUNTY, NM

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30-015-44303

XII. Black River (Exhibit G) is not aware of any geologic or engineering data that may indicate the Devonian is in hydrologic connection with any underground sources of water. Deepest water well within a 2-mile radius is 260'. There are 157 approved Devonian saltwater disposal wells and 11 approved Devonian water injection wells in New Mexico. Closest Quaternary fault is \approx 52 miles southwest (Exhibit G).

XIII. A legal ad (see Exhibit H) was published on July 7, 2017. Notice (this application) has been sent (Exhibit I) to the surface owner (Walters) and all 20 lessees within a half-mile.

WGS84 104.13333° W



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., Sante 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.
Sante Fe, NM 87505

FORM C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | |
|--|--|---------------------------------|---|
| ¹ API Number 30-015- 44303 | | ² Pool Code 96101 | ³ Pool Name SWD; Devonian |
| ⁴ Property Code 318050 | ⁵ Property Name RUSTLER BREAKS SWD | | ⁶ Well Number #3 |
| ⁷ OGRID No. 371287 | ⁸ Operator Name BLACK RIVER WATER MANAGEMENT COMPANY, LLC. | | ⁹ Elevation 3115' |

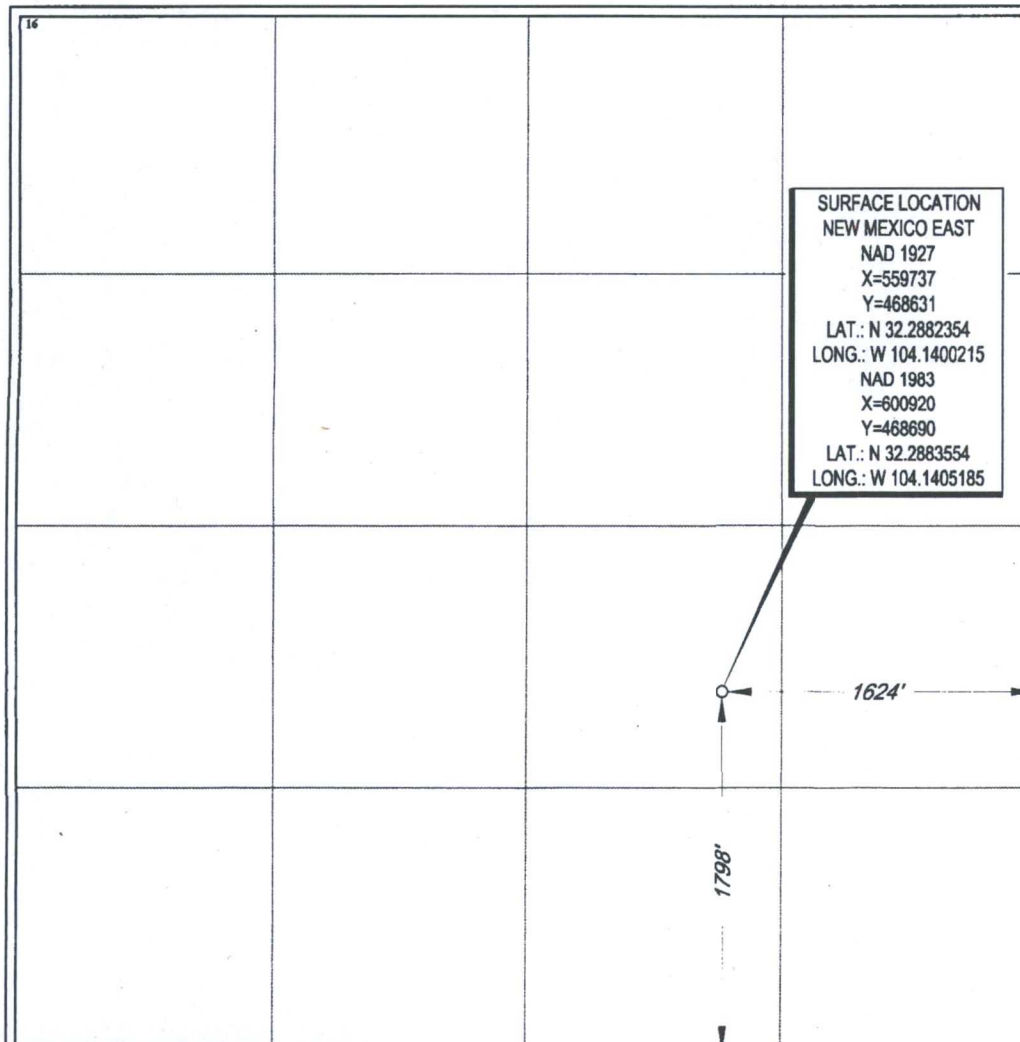
¹⁰Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| J | 24 | 23-S | 27-E | - | 1798' | SOUTH | 1624' | EAST | EDDY |

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| | | | | | | | | | |

| | | | |
|-------------------------------|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ 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.



¹⁷OPERATOR CERTIFICATION

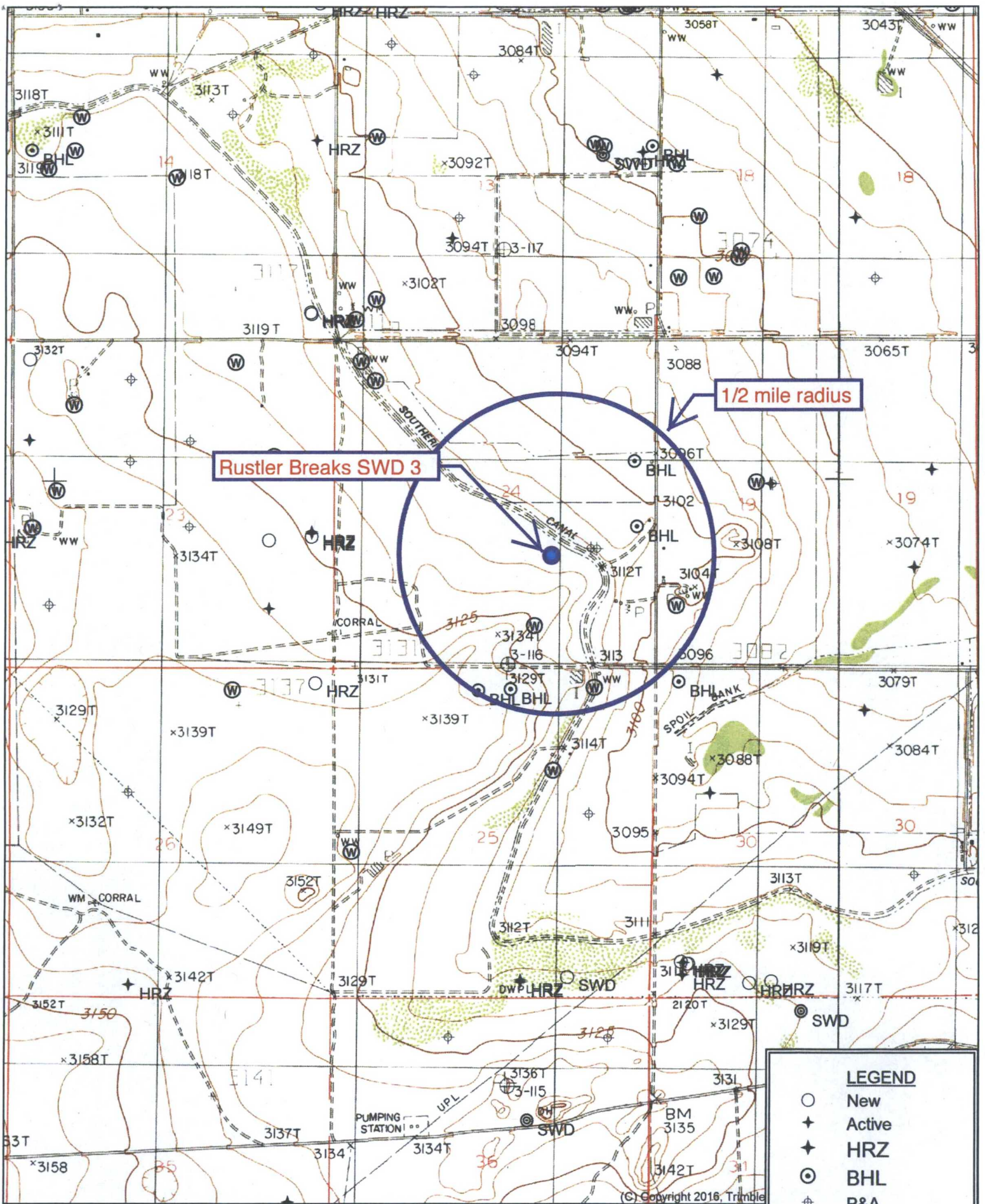
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this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

Brian Wood 7-6-17
Signature Date
Brian Wood
Printed Name
brian@permitswest.com
E-mail Address
(505) 466-8120

¹⁸SURVEYOR 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 to the best of my belief.

06/13/2017
Date of Survey
Signature and Seal of Professional Surveyor
MICHAEL BROWN
NEW MEXICO
18329
PROFESSIONAL SURVEYOR
EXHIBIT A
Certificate Number



Rustler Breaks SWD 3

1/2 mile radius

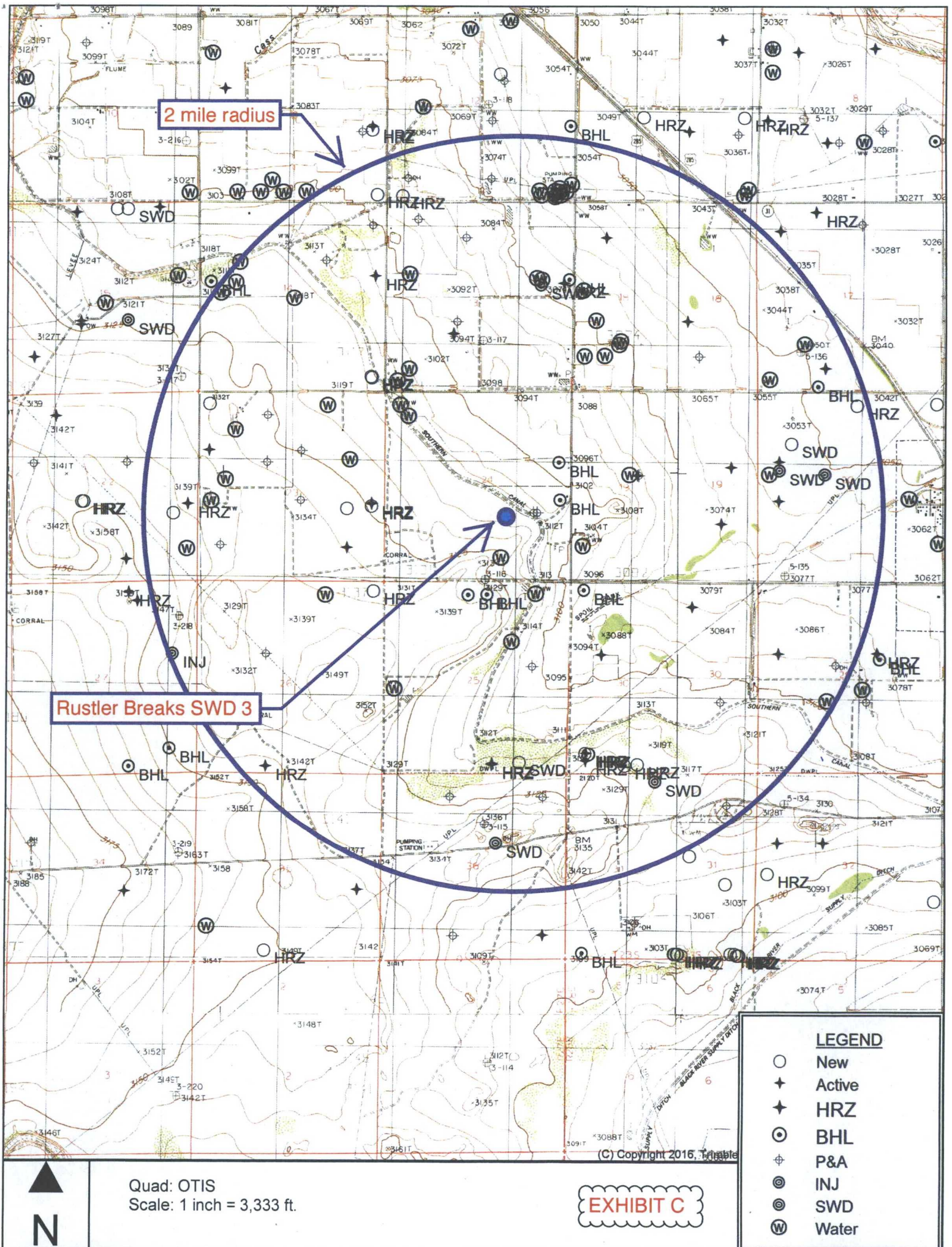
- LEGEND**
- New
 - ✦ Active
 - ✦ HRZ
 - ⊙ BHL
 - ⊕ P&A
 - ⊙ INJ
 - ⊙ SWD
 - ⊙ Water

Quad: OTIS
Scale: 1 inch = 2,000 ft.

EXHIBIT B

SORTED BY DISTANCE FROM RUSTLER BREAKS SWD 3

| API | WHO | UL- SECTION (SHL) | TOWNSHIP & RANGE | ZONE | TVD | WELL | STATUS | FEET FROM SWD |
|------------|----------------|-------------------------|---------------------|----------|-------|--|--------|---------------------|
| 3001524061 | Read & Stevens | I-24 | 23S-27E | Atoka | 12740 | Cass Draw 1 | P&A | 594 |
| 3001543378 | Matador | I-23 | 23S-27E | Wolfcamp | 9397 | Dr. K 203H | gas | 512* |
| 3001525486 | Read & Stevens | I-24 | 23S-27E | Delaware | 2484 | Cass Draw 2 | P&A | 693 |
| 3001543379 | Matador | I-23 | 23S-27E | Wolfcamp | 9403 | Dr. K 206H | gas | 1498* |
| 3001543827 | Matador | O-25 | 23S-27E | Wolfcamp | 9379 | Warren 203H | gas | 2150* |
| 3001543828 | Matador | O-25 | 23S-27E | Wolfcamp | 9349 | Warren 206H | gas | 2431* |
| | | | | | | *from closest point on horizontal wellbore | | |



Midland Map 24-23S-27E

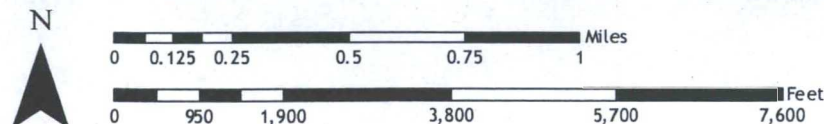
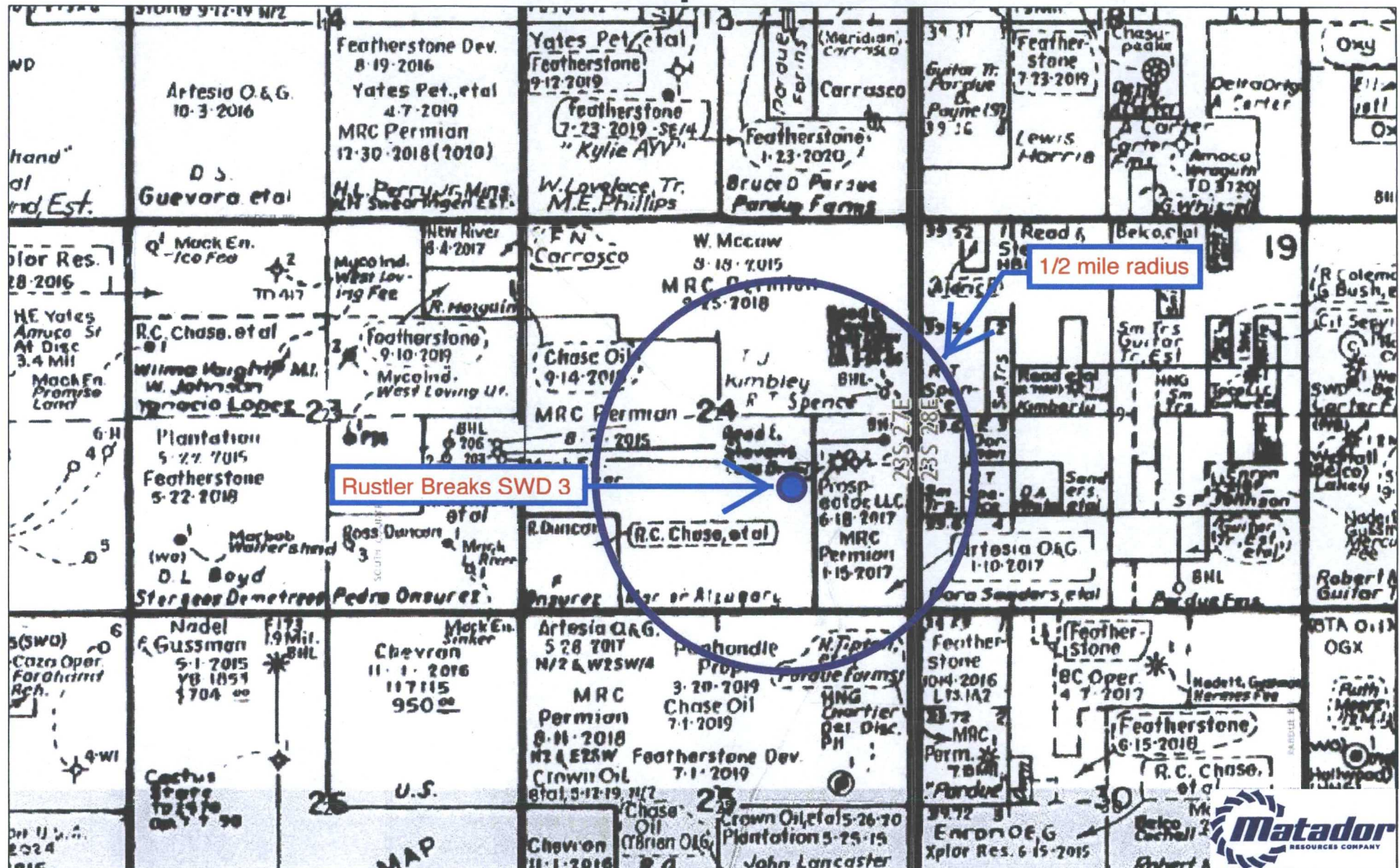


EXHIBIT D

Author: Matador Access Portal

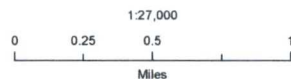
Date: 7/24/2017

Matador Production Company

Proposed Rustler Breaks SWD #3 2 Mile Mineral Ownership Map

Section 24, Township 23S, Range 27E
Eddy County, New Mexico

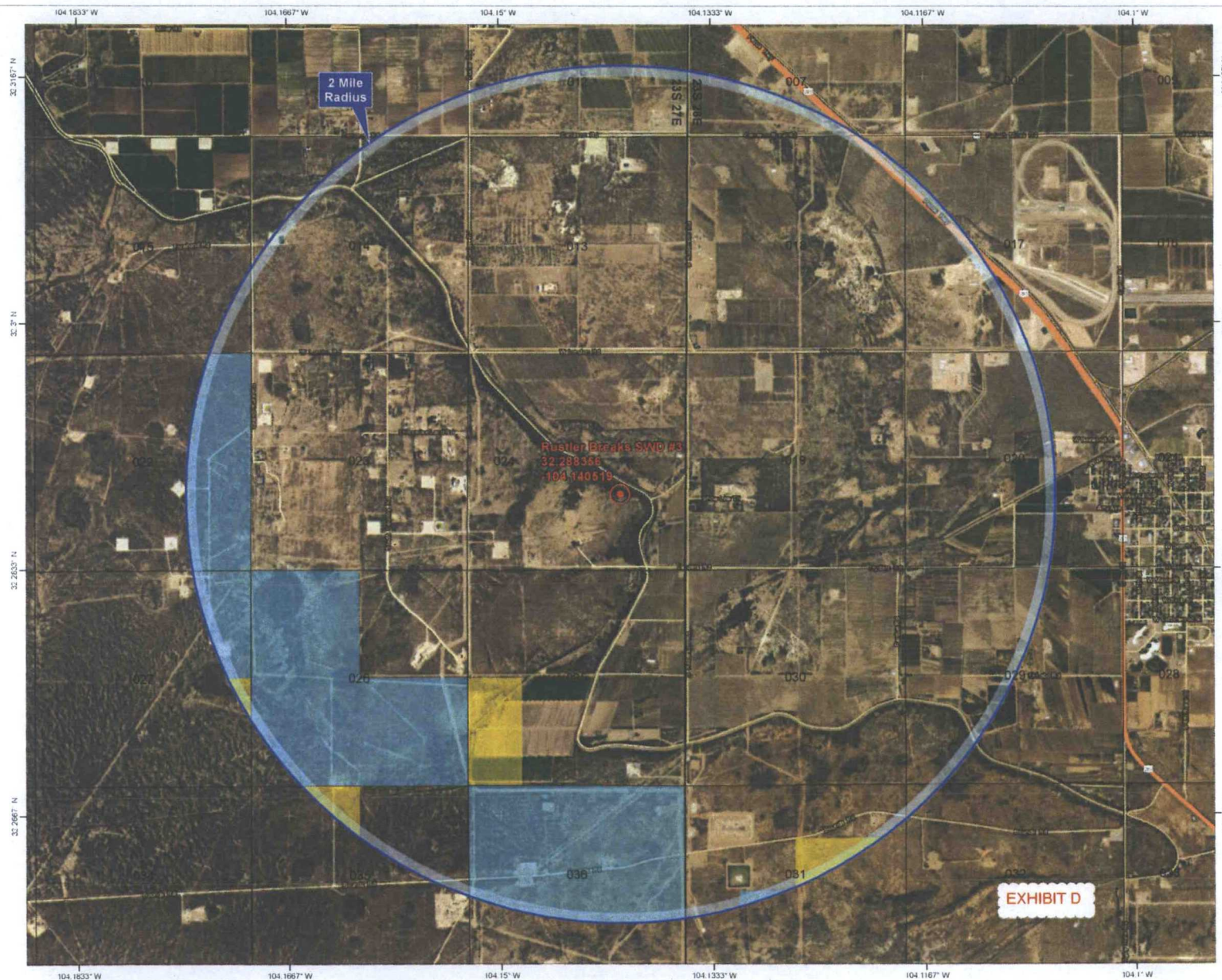
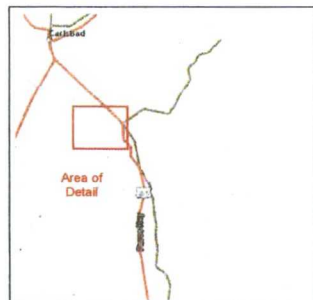
- Proposed SWD
- State Minerals
- Federal Minerals



NAD 1983 New Mexico State Plane East
FIPS 3001 Feet

PERMITS WEST

Prepared by Permits West, Inc., July 26, 2017
for Matador Production Company



NM WAIDS

DATA

MAPS

HOME

SCALE

CORROSION

| General Information About: Sample 5199 | | | |
|--|-----------------------|--|-------|
| SQUARE LAKE DEEP UNIT 001 | | | |
| API | 3001503979 | Sample Number | |
| Unit/Section/ Township/Range | J / 33 / 16 S / 30 E | Field | |
| County | Eddy | Formation | DEV |
| State | NM | Depth | |
| Lat/Long | 32.87982 / -103.97885 | Sample Source | DST |
| TDS (mg/L) | 63260 | Water Type | |
| Sample Date(MM/DD/YYYY) | | Analysis Date(MM/DD/YYYY) | |
| Remarks/Description | | | |
| Cation Information (mg/L) | | Anion Information (mg/L) | |
| Potassium (K) | | Sulfate (SO) | 3600 |
| Sodium (Na) | | Chloride (Cl) | 34400 |
| Calcium (Ca) | | Carbonate (CO ₃) | |
| Magnesium (Mg) | | Bicarbonate (HCO ₃) | 1260 |
| Barium (Ba) | | Hydroxide (OH) | |
| Manganese (Mn) | | Hydrogen Sulfide (H ₂ S) | |
| Strontium (Sr) | | Carbon Dioxide (CO ₂) | |
| Iron (Fe) | | Oxygen (O) | |



EXHIBIT E

MITCHELL ANALYTICAL LABORATORY

2638 Faudree
Odessa, Texas 79765-8538
561-5579

Delaware

Company: **WadeCo Specialties, LLC**

Well Number: Santa Fe Fed 4 WH **30-015-27030**
Lease: RKI **H-35-22s-28e**
Location: WC20874
Date Run: 4/8/2014
Lab Ref #: 14-apr-h14284
K=1,289.47 ppm

Sample Temp: 70
Date Sampled: 3/18/2014
Sampled by: Wade Havens
Employee #:
Analyzed by: GR

Dissolved Gases

| | | Mg/L | Eq. Wt. | MEq/L |
|------------------|--------------------|---------------------|---------|-------|
| Hydrogen Sulfide | (H ₂ S) | .00 | 16.00 | .00 |
| Carbon Dioxide | (CO ₂) | 60.00 | 22.00 | 2.73 |
| Dissolved Oxygen | (O ₂) | NOT ANALYZED | | |

Cations

| Calcium | (Ca++) | 25,342.08 | 20.10 | 1,260.80 |
|-----------|--------|---------------------|-------|----------|
| Magnesium | (Mg++) | 1,698.24 | 12.20 | 139.20 |
| Sodium | (Na+) | 52,917.44 | 23.00 | 2,300.76 |
| Barium | (Ba++) | NOT ANALYZED | | |
| Manganese | (Mn+) | 7.87 | 27.50 | .29 |
| Strontium | (Sr++) | NOT ANALYZED | | |

Anions

| Hydroxyl | (OH-) | .00 | 17.00 | .00 |
|-------------------------------------|----------------------|------------|-------|----------|
| Carbonate | (CO ₃ =) | .00 | 30.00 | .00 |
| BiCarbonate | (HCO ₃ -) | 122.20 | 61.10 | 2.00 |
| Sulfate | (SO ₄ =) | 940.00 | 48.80 | 19.26 |
| Chloride | (Cl-) | 130,543.44 | 35.50 | 3,677.28 |
| Total Iron | (Fe) | 4.19 | 18.60 | .23 |
| Total Dissolved Solids | | 211,635.46 | | |
| Total Hardness as CaCO ₃ | | 70,317.98 | | |
| Conductivity MICROMHOS/CM | | 220,000 | | |

pH 6.180 Specific Gravity 60/60 F. 1.147

CaSO₄ Solubility @ 80 F. 8.44MEq/L, CaSO₄ scale is likely

CaCO₃ Scale Index

| | | | | | |
|------|-------|-------|-------|-------|-------|
| 70.0 | 1.164 | 100.0 | 1.764 | 130.0 | 3.284 |
| 80.0 | 1.294 | 110.0 | 2.214 | 140.0 | 3.284 |
| 90.0 | 1.764 | 120.0 | 2.214 | 150.0 | 3.284 |

RKI Exploration & Prod., LLC

C-108: Longview Fed 12 SWD No. 5 from SWD-1489 30-015-43596

Delaware Produced Water

WadeCo Specialties, LLC

EXHIBIT E

MITCHELL ANALYTICAL LABORATORY

2638 Faudree
Odessa, Texas 79765-8538
561-5579

Company: **WadeCo Specialties, LLC**

Bone Spring

Well Number: Pinnacle State 36-32H **30-015-41587**
Lease: RKI **C-36-22s-28e**
Location: WC20910
Date Run: 4/8/2014
Lab Ref #: 14-apr-h14273
K=1,033.30 ppm

Sample Temp: 70
Date Sampled: 3/30/2014
Sampled by: Wade Havens
Employee #:
Analyzed by: GR

Dissolved Gases

| | | Mg/L | Eq. Wt. | MEq/L |
|------------------|--------------------|---------------------|---------|-------|
| Hydrogen Sulfide | (H ₂ S) | 5.00 | 16.00 | .31 |
| Carbon Dioxide | (CO ₂) | 170.00 | 22.00 | 7.73 |
| Dissolved Oxygen | (O ₂) | NOT ANALYZED | | |

Cations

| Calcium | (Ca++) | 9,945.48 | 20.10 | 494.80 |
|-----------|--------|---------------------|-------|----------|
| Magnesium | (Mg++) | 1,459.12 | 12.20 | 119.60 |
| Sodium | (Na+) | 51,717.70 | 23.00 | 2,248.60 |
| Barium | (Ba++) | NOT ANALYZED | | |
| Manganese | (Mn+) | 1.35 | 27.50 | .05 |
| Strontium | (Sr++) | NOT ANALYZED | | |

Anions

| Hydroxyl | (OH-) | .00 | 17.00 | .00 |
|-------------------------------------|----------------------|------------|-------|----------|
| Carbonate | (CO ₃ =) | .00 | 30.00 | .00 |
| BiCarbonate | (HCO ₃ -) | 1,955.20 | 61.10 | 32.00 |
| Sulfate | (SO ₄ =) | 180.00 | 48.80 | 3.69 |
| Chloride | (Cl-) | 100,110.00 | 35.50 | 2,820.00 |
| Total Iron | (Fe) | 6.9 | 18.60 | .37 |
| Total Dissolved Solids | | 165,550.75 | | |
| Total Hardness as CaCO ₃ | | 30,846.09 | | |
| Conductivity MICROMHOS/CM | | 202,000 | | |

pH 6.660 Specific Gravity 60/60 F. 1.115

CaSO₄ Solubility @ 80 F. 23.81MEq/L, CaSO₄ scale is unlikely

CaCO₃ Scale Index

| | | | | | |
|------|-------|-------|-------|-------|-------|
| 70.0 | 1.662 | 100.0 | 2.012 | 130.0 | 2.642 |
| 80.0 | 1.762 | 110.0 | 2.322 | 140.0 | 2.642 |
| 90.0 | 2.012 | 120.0 | 2.322 | 150.0 | 3.012 |

RKI Exploration & Prod., LLC

C-108: Longview Fed 12 SWD No. 5 from SWD-1489 30-015-43596

Bone Spring Produced Water

WadeCo Specialties, LLC

EXHIBIT E

MITCHELL ANALYTICAL LABORATORY

2638 Faudree
Odessa, Texas 79765-8538
561-5579

Company: **WadeCo Specialties, LLC**

Well Number: Longview Deep Fed 31-31 **30-015-37604**
Lease: RKI **L-31-22s-29e**
Location: WC20907
Date Run: 4/8/2014
Lab Ref #: 14-apr-h14274
K=516.70 ppm

Sample Temp: 70
Date Sampled: 3/30/2014
Sampled by: Wade Havens
Employee #:
Analyzed by: GR

Dissolved Gases

| | | Mg/L | Eq. Wt. | MEq/L |
|------------------|--------------------|---------------------|---------|-------|
| Hydrogen Sulfide | (H ₂ S) | 5.00 | 16.00 | .31 |
| Carbon Dioxide | (CO ₂) | 300.00 | 22.00 | 13.64 |
| Dissolved Oxygen | (O ₂) | NOT ANALYZED | | |

Cations

| | | | | |
|-----------|--------|---------------------|-------|----------|
| Calcium | (Ca++) | 5,427.00 | 20.10 | 270.00 |
| Magnesium | (Mg++) | 1,127.28 | 12.20 | 92.40 |
| Sodium | (Na+) | 35,916.64 | 23.00 | 1,561.59 |
| Barium | (Ba++) | NOT ANALYZED | | |
| Manganese | (Mn+) | 3.59 | 27.50 | .13 |
| Strontium | (Sr++) | NOT ANALYZED | | |

Anions

| | | | | |
|-------------------------------------|----------------------|------------|-------|----------|
| Hydroxyl | (OH-) | .00 | 17.00 | .00 |
| Carbonate | (CO ₃ =) | .00 | 30.00 | .00 |
| BiCarbonate | (HCO ₃ -) | 1,026.48 | 61.10 | 16.80 |
| Sulfate | (SO ₄ =) | 88.00 | 48.80 | 1.80 |
| Chloride | (Cl-) | 67,273.92 | 35.50 | 1,895.04 |
| Total Iron | (Fe) | 58.7 | 18.60 | 3.16 |
| Total Dissolved Solids | | 111,226.61 | | |
| Total Hardness as CaCO ₃ | | 18,189.35 | | |
| Conductivity MICROMHOS/CM | | 152,700 | | |

pH 6.890 Specific Gravity 60/60 F. 1.077

CaSO₄ Solubility @ 80 F. 36.35MEq/L, CaSO₄ scale is unlikely

CaCO₃ Scale Index

| | | | | | |
|------|-------|-------|-------|-------|-------|
| 70.0 | .949 | 100.0 | 1.249 | 130.0 | 1.839 |
| 80.0 | 1.039 | 110.0 | 1.519 | 140.0 | 1.839 |
| 90.0 | 1.249 | 120.0 | 1.519 | 150.0 | 2.179 |

RKI Exploration & Prod., LLC

C-108: Longview Fed 12 SWD No. 5 from SWD-1489 30-015-43596

Wolfcamp Produced Water

WadeCo Specialties, LLC

EXHIBIT E

MITCHELL ANALYTICAL LABORATORY

2638 Faudree
Odessa, Texas 79765-8538
561-5579

Company: **WadeCo Specialties, LLC**

Well Number: Longview Deep Fed 6-41 **30-015-37606**
Lease: RKI **M-6-23s-29e**
Location: WC20908
Date Run: 4/8/2014
Lab Ref #: 14-apr-h14272
K=101.49 ppm

Sample Temp: 70
Date Sampled: 3/30/2014
Sampled by: Wade Havens
Employee #:
Analyzed by: GR

Dissolved Gases

| | | Mg/L | Eq. Wt. | MEq/L |
|------------------|--------------------|--------------|---------|-------|
| Hydrogen Sulfide | (H ₂ S) | 5.00 | 16.00 | .31 |
| Carbon Dioxide | (CO ₂) | 150.00 | 22.00 | 6.82 |
| Dissolved Oxygen | (O ₂) | NOT ANALYZED | | |

Cations

| | | | | |
|-----------|--------|--------------|-------|--------|
| Calcium | (Ca++) | 1,608.00 | 20.10 | 80.00 |
| Magnesium | (Mg++) | 517.28 | 12.20 | 42.40 |
| Sodium | (Na+) | 18,971.44 | 23.00 | 824.85 |
| Barium | (Ba++) | NOT ANALYZED | | |
| Manganese | (Mn+) | 2.55 | 27.50 | .09 |
| Strontium | (Sr++) | NOT ANALYZED | | |

Anions

| | | | | |
|-------------|----------------------|-----------|-------|--------|
| Hydroxyl | (OH-) | .00 | 17.00 | .00 |
| Carbonate | (CO ₃ =) | .00 | 30.00 | .00 |
| BiCarbonate | (HCO ₃ -) | 611.00 | 61.10 | 10.00 |
| Sulfate | (SO ₄ =) | .00 | 48.80 | .00 |
| Chloride | (Cl-) | 33,036.30 | 35.50 | 930.60 |

| | | | | |
|-------------------------------------|------|-----------|-------|-----|
| Total Iron | (Fe) | 1.49 | 18.60 | .08 |
| Total Dissolved Solids | | 54,903.06 | | |
| Total Hardness as CaCO ₃ | | 6,140.85 | | |
| Conductivity MICROMHOS/CM | | 84,500 | | |

pH 6.810 Specific Gravity 60/60 F. 1.038

CaSO₄ Solubility @ 80 F. 53.48MEq/L, CaSO₄ scale is unlikely

CaCO₃ Scale Index

| | | | | | |
|------|-------|-------|------|-------|-------|
| 70.0 | -.035 | 100.0 | .285 | 130.0 | .905 |
| 80.0 | .085 | 110.0 | .545 | 140.0 | .905 |
| 90.0 | .285 | 120.0 | .545 | 150.0 | 1.235 |

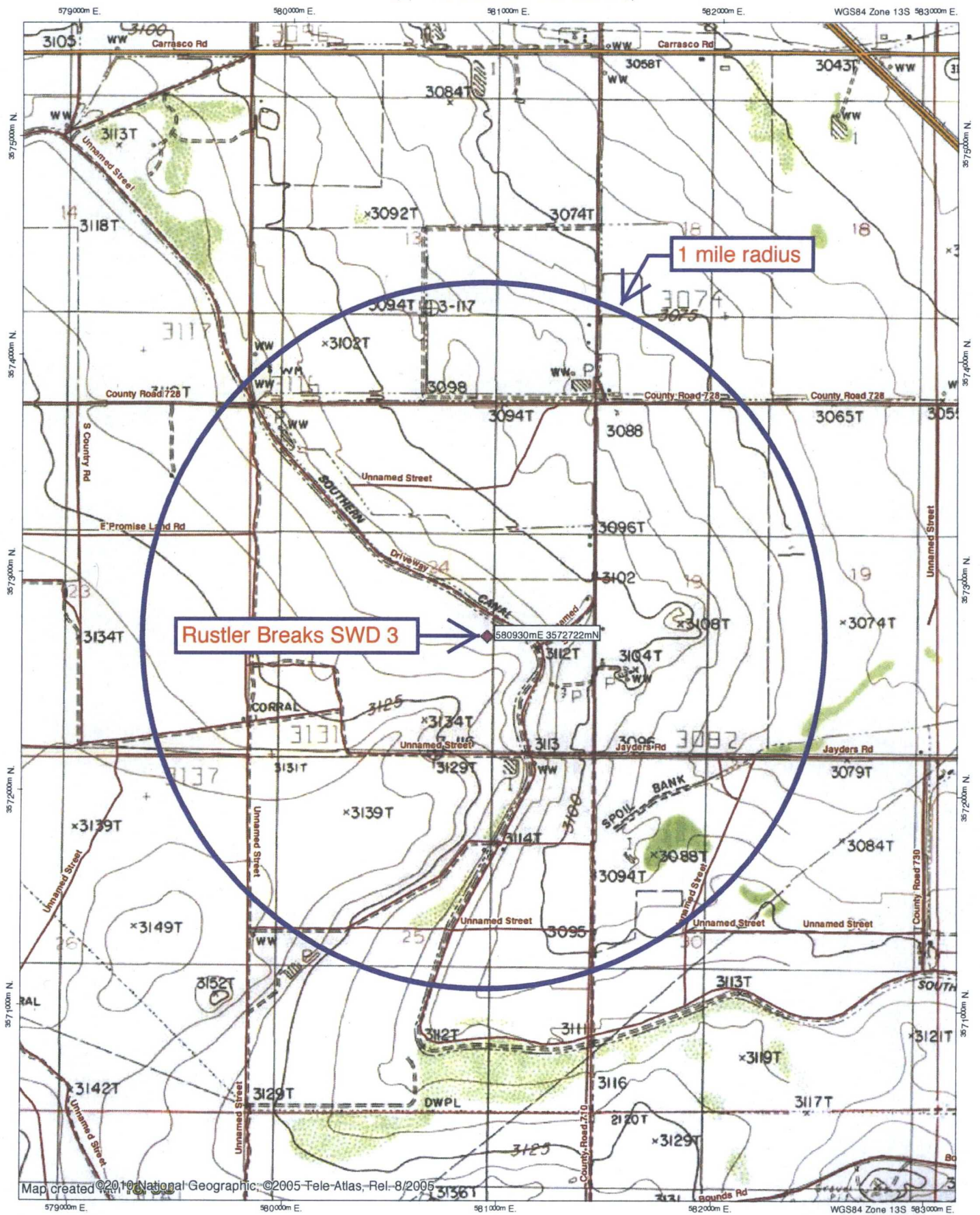
RKI Exploration & Prod., LLC

C-108: Longview Fed 12 SWD No. 5 from SWD-1489 30-015-43596

Morrow Produced Water

WadeCo Specialties, LLC

EXHIBIT E





New Mexico Office of the State Engineer

Water Column/Average Depth to Water

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced,
O=orphaned,
C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

| POD Number | Code | POD Sub-basin | County | Q 64 | Q 16 | Q 4 | Sec | Tws | Rng | X | Y | Distance | DepthWell | DepthWater | Water Column |
|--------------------------|----------------------|---------------|--------|------|------|-----|-----|-----|-----|--------|----------|----------|-----------|------------|--------------|
| <u>C 02004</u> | | C | ED | 3 | 4 | 24 | 23S | 27E | | 580825 | 3572378* | 359 | 232 | 190 | 42 |
| <u>C 01477</u> | | | ED | 1 | 3 | 3 | 19 | 23S | 28E | 581532 | 3572484* | 647 | 127 | 10 | 117 |
| <u>C 00010</u> | | CUB | ED | 1 | 2 | 2 | 25 | 23S | 27E | 581129 | 3572075* | 676 | 250 | 103 | 147 |
| <u>C 00010 CLW191759</u> | O | | ED | 1 | 2 | 2 | 25 | 23S | 27E | 581129 | 3572075* | 676 | 259 | | |
| <u>C 00010 ENLGD</u> | | CUB | ED | 1 | 2 | 2 | 25 | 23S | 27E | 581129 | 3572075* | 676 | 259 | | |
| <u>C 00010 CLW191724</u> | O | | ED | 2 | 3 | 2 | 25 | 23S | 27E | 580926 | 3571666* | 1056 | 259 | | |
| <u>C 01992</u> | | C | ED | 3 | 4 | 1 | 19 | 23S | 28E | 581929 | 3573094* | 1066 | 232 | 45 | 187 |
| <u>C 00276 S</u> | | | ED | 1 | 1 | 24 | 23S | 27E | | 580017 | 3573576* | 1250 | 248 | 130 | 118 |
| <u>C 00276</u> | | C | ED | 1 | 1 | 1 | 24 | 23S | 27E | 579945 | 3573670* | 1367 | 232 | 70 | 162 |
| <u>C 03390 POD1</u> | | C | ED | 1 | 4 | 2 | 23 | 23S | 27E | 579511 | 3573200* | 1497 | 200 | 180 | 20 |
| <u>C 03082</u> | | C | ED | 1 | 3 | 3 | 18 | 23S | 28E | 581529 | 3574096* | 1498 | 220 | 217 | 3 |
| <u>C 00368</u> | | | ED | 3 | 3 | 3 | 13 | 23S | 27E | 579916 | 3573877* | 1536 | 250 | 40 | 210 |
| <u>C 00368 CLW197578</u> | O | | ED | 3 | 3 | 13 | 23S | 27E | | 580017 | 3573978* | 1552 | 250 | 40 | 210 |
| <u>C 00368 S</u> | | | ED | 3 | 3 | 13 | 23S | 27E | | 580017 | 3573978* | 1552 | 250 | 120 | 130 |
| <u>C 03779 POD1</u> | 1610 meters = 1 mile | C | ED | 2 | 3 | 3 | 18 | 23S | 28E | 581707 | 3574103* | 1584 | 110 | 70 | 40 |
| <u>C 02180</u> | | C | ED | 3 | 18 | 23S | 28E | | | 581831 | 3574198* | 1729 | 140 | 80 | 60 |
| <u>C 02567</u> | | C | ED | 2 | 1 | 2 | 26 | 23S | 27E | 579314 | 3572049* | 1750 | 187 | 89 | 98 |
| <u>C 03922 POD1</u> | | C | ED | 3 | 2 | 3 | 18 | 23S | 28E | 581844 | 3574230* | 1763 | 138 | 75 | 63 |
| <u>C 02697</u> | | C | ED | 1 | 3 | 18 | 23S | 28E | | 581629 | 3574401* | 1818 | 220 | 42 | 178 |
| <u>C 02999</u> | | C | ED | 2 | 1 | 2 | 23 | 23S | 27E | 579314 | 3573661* | 1869 | | 160 | |
| <u>C 03753 POD1</u> | | C | ED | 3 | 3 | 1 | 18 | 23S | 28E | 581515 | 3574658* | 2023 | 210 | 60 | 150 |
| <u>C 03941 POD2</u> | | CUB | ED | 3 | 4 | 2 | 13 | 23S | 27E | 581152 | 3574745* | 2035 | 32 | | |
| <u>C 03941 POD1</u> | | CUB | ED | 3 | 4 | 2 | 13 | 23S | 27E | 581110 | 3574757* | 2043 | 37 | 19 | 18 |
| <u>C 00312</u> | | O | ED | 3 | 3 | 1 | 20 | 23S | 28E | 583140 | 3573106* | 2243 | 230 | 70 | 160 |
| <u>C 01661</u> | | C | ED | 3 | 1 | 13 | 23S | 27E | | 580014 | 3574783* | 2255 | 238 | 195 | 43 |
| <u>C 00518 CLW197989</u> | | O | ED | 2 | 1 | 3 | 23 | 23S | 27E | 578510 | 3572840* | 2422 | 210 | | |
| <u>C 00313</u> | | | ED | 3 | 3 | 3 | 17 | 23S | 28E | 583136 | 3573915* | 2507 | 250 | 75 | 175 |
| <u>C 03488 POD1</u> | | C | ED | 4 | 3 | 1 | 23 | 23S | 27E | 578430 | 3573023* | 2517 | 217 | 122 | 95 |

| | | | | | | | | | | | | | | | |
|--------------------------|-----|----|---|---|----|-----|-----|--------|----------|----------|------|------|-----|-----|-----|
| <u>C 00231 AS</u> | | ED | 4 | 1 | 1 | 23 | 23S | 27E | 578512 | 3573447* | | 2524 | 230 | 100 | 130 |
| <u>C 00498</u> | | ED | 4 | 1 | 1 | 23 | 23S | 27E | 578512 | 3573447* | | 2524 | 210 | 120 | 90 |
| <u>C 00498 CLW194833</u> | O | ED | 4 | 1 | 1 | 23 | 23S | 27E | 578512 | 3573447* | | 2524 | 165 | 80 | 85 |
| <u>C 00518</u> | | ED | 1 | 1 | 3 | 23 | 23S | 27E | 578310 | 3572840* | | 2622 | 178 | | |
| <u>C 04045 POD1</u> | CUB | ED | 3 | 3 | 2 | 14 | 23S | 27E | 579013 | 3574571 | | 2663 | 240 | 150 | 90 |
| <u>C 03888 POD4</u> | CUB | ED | 3 | 4 | 4 | 12 | 23S | 27E | 581139 | 3575462 | | 2748 | 35 | | |
| <u>C 03819 POD5</u> | CUB | ED | 4 | 4 | 4 | 12 | 23S | 27E | 581256 | 3575451 | | 2748 | 36 | | |
| <u>C 03819 POD1</u> | CUB | ED | 4 | 4 | 4 | 12 | 23S | 27E | 581270 | 3575463 | | 2762 | 36 | | |
| <u>C 03819 POD2</u> | CUB | ED | 4 | 4 | 4 | 12 | 23S | 27E | 581270 | 3575463 | | 2762 | 34 | | |
| <u>C 03819 POD4</u> | CUB | ED | 4 | 4 | 4 | 12 | 23S | 27E | 581306 | 3575464 | | 2767 | 35 | | |
| <u>C 00333</u> | | ED | 3 | 1 | 2 | 18 | 23S | 28E | 582325 | 3575118* | | 2772 | 147 | | |
| <u>C 03053</u> | C | ED | 3 | 4 | 4 | 12 | 23S | 27E | 581122 | 3575505* | | 2789 | 94 | 14 | 80 |
| <u>C 03888 POD5</u> | CUB | ED | 4 | 4 | 4 | 12 | 23S | 27E | 581295 | 3575494 | | 2796 | 35 | | |
| <u>C 03819 POD3</u> | | ED | 4 | 4 | 4 | 12 | 23S | 27E | 581256 | 3575500 | | 2797 | 35 | | |
| <u>C 03888 POD3</u> | CUB | ED | 4 | 4 | 4 | 12 | 23S | 27E | 581348 | 3575495 | | 2804 | 35 | | |
| <u>C 03457</u> | C | ED | 3 | 4 | 4 | 12 | 23S | 27E | 581081 | 3575530 | | 2812 | 200 | | |
| <u>C 03888 POD1</u> | CUB | ED | 4 | 4 | 4 | 12 | 23S | 27E | 581295 | 3575525 | | 2827 | 35 | | |
| <u>C 00518 POD2</u> | | ED | 2 | 4 | 4 | 22 | 23S | 27E | 578105 | 3572431* | | 2839 | 220 | 98 | 122 |
| <u>C 03888 POD2</u> | CUB | ED | 4 | 4 | 4 | 12 | 23S | 27E | 581400 | 3575557 | | 2873 | 30 | | |
| <u>C 00851</u> | C | ED | | 3 | 17 | 23S | 28E | 583438 | 3574217* | | 2919 | 200 | 50 | 150 | |
| <u>C 03557 POD1</u> | C | ED | 3 | 3 | 3 | 12 | 23S | 27E | 579895 | 3575503 | | 2967 | 250 | | |
| <u>C 03767 POD1</u> | C | ED | 4 | 3 | 1 | 14 | 23S | 27E | 578503 | 3574702 | | 3132 | 235 | 140 | 95 |
| <u>C 01648</u> | C | ED | | 2 | 3 | 29 | 23S | 28E | 583667 | 3571184* | | 3139 | 65 | 15 | 50 |
| <u>C 02037</u> | C | ED | | 2 | 3 | 29 | 23S | 28E | 583667 | 3571184* | | 3139 | 260 | | |
| <u>C 03766 POD1</u> | C | ED | 3 | 3 | 1 | 14 | 23S | 27E | 578373 | 3574609 | | 3177 | 260 | 25 | 235 |
| <u>C 03997 POD1</u> | C | ED | 2 | 3 | 1 | 14 | 23S | 27E | 578534 | 3574872 | | 3219 | 230 | 125 | 105 |

Average Depth to Water: **91 feet**
Minimum Depth: **10 feet**
Maximum Depth: **217 feet**

Record Count: 54

UTMNAD83 Radius Search (in meters):

Eastings (X): 580930

Northing (Y): 3572722

Radius: 3220

*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

6/19/17 9:24 AM

WATER COLUMN/ AVERAGE DEPTH TO
WATER

Hall Environmental Analysis Laboratory, Inc.

Analytical Report

Lab Order 1706F68

Date Reported: 7/24/2017

CLIENT: Permits West

Project: Matador Rustler Brecks 3

Lab ID: 1706F68-001

Client Sample ID: MRB HAHA

Collection Date: 6/24/2017 4:22:00 PM

Received Date: 6/28/2017 4:40:00 PM

| Analyses | Result | PQL | Qual | Units | DF | Date Analyzed |
|--|--------|------|------|-------|----|-----------------------|
| EPA METHOD 300.0: ANIONS | | | | | | Analyst: MRA |
| Chloride | 530 | 25 | * | mg/L | 50 | 7/14/2017 11:28:34 AM |
| EPA METHOD 1664B | | | | | | Analyst: tnc |
| N-Hexane Extractable Material | ND | 10.6 | | mg/L | 1 | 7/6/2017 11:44:00 AM |
| SM2540C MOD: TOTAL DISSOLVED SOLIDS | | | | | | Analyst: KS |
| Total Dissolved Solids | 2290 | 20.0 | * | mg/L | 1 | 7/2/2017 2:34:00 PM |

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

| | | |
|--------------------|---|---|
| Qualifiers: | * Value exceeds Maximum Contaminant Level. | B Analyte detected in the associated Method Blank |
| | D Sample Diluted Due to Matrix | E Value above quantitation range |
| | H Holding times for preparation or analysis exceeded | J Analyte detected below quantitation limits |
| | ND Not Detected at the Reporting Limit | P Sample pH Not In Range |
| | PQL Practical Quantitative Limit | RL Reporting Detection Limit |
| | S % Recovery outside of range due to dilution or matrix | W Sample container temperature is out of limit as specified |

Page 1 of 5

EXHIBIT F

Hall Environmental Analysis Laboratory, Inc.

Analytical Report

Lab Order 1706F68

Date Reported: 7/24/2017

CLIENT: Permits West

Client Sample ID: MRB Sec 18 Tank

Project: Matador Rustler Brecks 3

Collection Date: 6/24/2017 4:51:00 PM

Lab ID: 1706F68-002

Matrix: AQUEOUS

Received Date: 6/28/2017 4:40:00 PM

| Analyses | Result | PQL | Qual | Units | DF | Date Analyzed |
|-------------------------------------|--------|------|------|-------|----|---------------------------------------|
| EPA METHOD 300.0: ANIONS | | | | | | |
| Chloride | 590 | 25 | * | mg/L | 50 | Analyst: MRA 7/14/2017 11:40:59 AM |
| EPA METHOD 1664B | | | | | | |
| N-Hexane Extractable Material | ND | 9.87 | | mg/L | 1 | Analyst: tnc 7/6/2017 11:44:00 AM |
| SM2540C MOD: TOTAL DISSOLVED SOLIDS | | | | | | |
| Total Dissolved Solids | 3620 | 20.0 | * | mg/L | 1 | Analyst: KS 7/2/2017 2:34:00 PM |

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

| | | |
|-------------|---|---|
| Qualifiers: | * Value exceeds Maximum Contaminant Level. | B Analyte detected in the associated Method Blank |
| | D Sample Diluted Due to Matrix | E Value above quantitation range |
| | H Holding times for preparation or analysis exceeded | J Analyte detected below quantitation limits |
| | ND Not Detected at the Reporting Limit | P Sample pH Not In Range |
| | PQL Practical Quantitative Limit | RL Reporting Detection Limit |
| | S % Recovery outside of range due to dilution or matrix | W Sample container temperature is out of limit as specified |

Page 2 of 5

EXHIBIT F

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1706F68

24-Jul-17

Client: Permits West

Project: Matador Rustler Brecks 3

| | | | | | | | | | | |
|-------------------------------|----------|----------------|-----------|-------------|------------------|----------|-----------|------|----------|------|
| Sample ID | MB-32662 | SampType: | MBLK | TestCode: | EPA Method 1664B | | | | | |
| Client ID: | PBW | Batch ID: | 32662 | RunNo: | 44036 | | | | | |
| Prep Date: | 7/6/2017 | Analysis Date: | 7/6/2017 | SeqNo: | 1388568 | Units: | mg/L | | | |
| Analyte | Result | PQL | SPK value | SPK Ref Val | %REC | LowLimit | HighLimit | %RPD | RPDLimit | Qual |
| N-Hexane Extractable Material | ND | 10.0 | | | | | | | | |

| | | | | | | | | | | |
|-------------------------------|-----------|----------------|-----------|-------------|------------------|----------|-----------|------|----------|------|
| Sample ID | LCS-32662 | SampType: | LCS | TestCode: | EPA Method 1664B | | | | | |
| Client ID: | LCSW | Batch ID: | 32662 | RunNo: | 44036 | | | | | |
| Prep Date: | 7/6/2017 | Analysis Date: | 7/6/2017 | SeqNo: | 1388569 | Units: | mg/L | | | |
| Analyte | Result | PQL | SPK value | SPK Ref Val | %REC | LowLimit | HighLimit | %RPD | RPDLimit | Qual |
| N-Hexane Extractable Material | 38.0 | 10.0 | 40.00 | 0 | 95.0 | 78 | 114 | | | |

Qualifiers:

* Value exceeds Maximum Contaminant Level.
D Sample Diluted Due to Matrix
H Holding times for preparation or analysis exceeded
ND Not Detected at the Reporting Limit
PQL Practical Quantitative Limit
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank
E Value above quantitation range
J Analyte detected below quantitation limits
P Sample pH Not In Range
RL Reporting Detection Limit
W Sample container temperature is out of limit as specified

Page 3 of 5

EXHIBIT F

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1706F68

24-Jul-17

Client: Permits West
Project: Matador Rustler Brecks 3

| | | |
|----------------|--------------------------|--|
| Sample ID MB | SampType: mblk | TestCode: EPA Method 300.0: Anions |
| Client ID: PBW | Batch ID: R44240 | RunNo: 44240 |
| Prep Date: | Analysis Date: 7/14/2017 | SeqNo: 1396863 Units: mg/L |
| Analyte | Result | PQL SPK value SPK Ref Val %REC LowLimit HighLimit %RPD RPDLimit Qual |
| Chloride | ND | 0.50 |

| | | |
|-----------------|--------------------------|--|
| Sample ID LCS | SampType: lcs | TestCode: EPA Method 300.0: Anions |
| Client ID: LCSW | Batch ID: R44240 | RunNo: 44240 |
| Prep Date: | Analysis Date: 7/14/2017 | SeqNo: 1396864 Units: mg/L |
| Analyte | Result | PQL SPK value SPK Ref Val %REC LowLimit HighLimit %RPD RPDLimit Qual |
| Chloride | 4.7 | 0.50 5.000 0 94.6 90 110 |

Qualifiers:

- | | |
|---|---|
| * Value exceeds Maximum Contaminant Level. | B Analyte detected in the associated Method Blank |
| D Sample Diluted Due to Matrix | E Value above quantitation range |
| H Holding times for preparation or analysis exceeded | J Analyte detected below quantitation limits |
| ND Not Detected at the Reporting Limit | P Sample pH Not In Range |
| PQL Practical Quantitative Limit | RL Reporting Detection Limit |
| S % Recovery outside of range due to dilution or matrix | W Sample container temperature is out of limit as specified |

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1706F68

24-Jul-17

Client: Permits West

Project: Matador Rustler Brecks 3

| | | | | | |
|------------------------|-----------|----------------|-----------|-------------|--|
| Sample ID | MB-32575 | SampType: | MBLK | TestCode: | SM2540C MOD: Total Dissolved Solids |
| Client ID: | PBW | Batch ID: | 32575 | RunNo: | 43954 |
| Prep Date: | 6/30/2017 | Analysis Date: | 7/2/2017 | SeqNo: | 1385414 Units: mg/L |
| Analyte | Result | PQL | SPK value | SPK Ref Val | %REC LowLimit HighLimit %RPD RPDLimit Qual |
| Total Dissolved Solids | ND | 20.0 | | | |

| | | | | | |
|------------------------|-----------|----------------|-----------|-------------|--|
| Sample ID | LCS-32575 | SampType: | LCS | TestCode: | SM2540C MOD: Total Dissolved Solids |
| Client ID: | LCSW | Batch ID: | 32575 | RunNo: | 43954 |
| Prep Date: | 6/30/2017 | Analysis Date: | 7/2/2017 | SeqNo: | 1385415 Units: mg/L |
| Analyte | Result | PQL | SPK value | SPK Ref Val | %REC LowLimit HighLimit %RPD RPDLimit Qual |
| Total Dissolved Solids | 991 | 20.0 | 1000 | 0 | 99.1 80 120 |

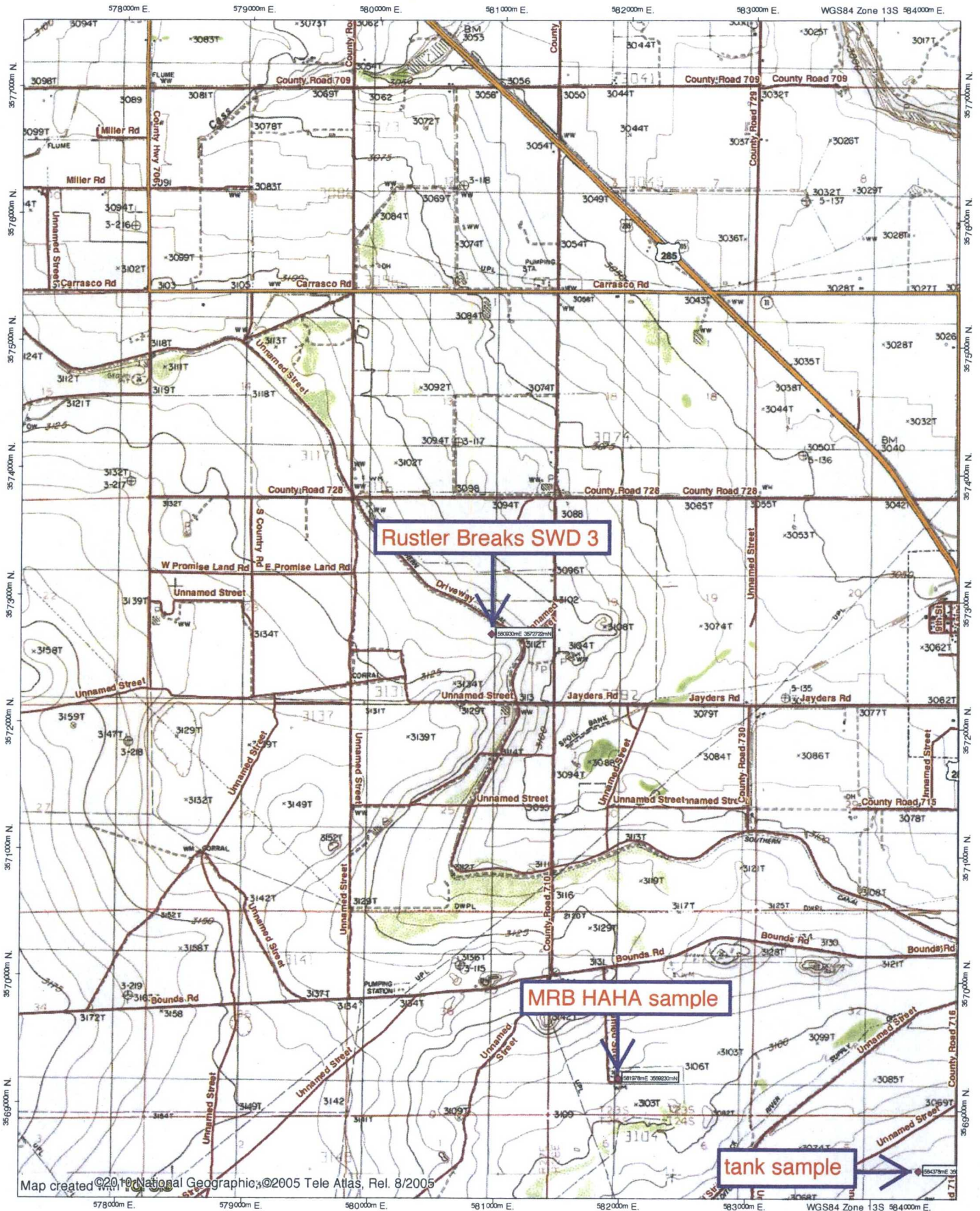
Qualifiers:

* Value exceeds Maximum Contaminant Level.
D Sample Diluted Due to Matrix
H Holding times for preparation or analysis exceeded
ND Not Detected at the Reporting Limit
PQL Practical Quantitative Limit
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank
E Value above quantitation range
J Analyte detected below quantitation limits
P Sample pH Not In Range
RL Reporting Detection Limit
W Sample container temperature is out of limit as specified

Page 5 of 5

EXHIBIT F



Map created ©2010 National Geographic, ©2005 Tele Atlas, Rel. 8/2005

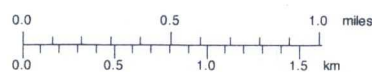
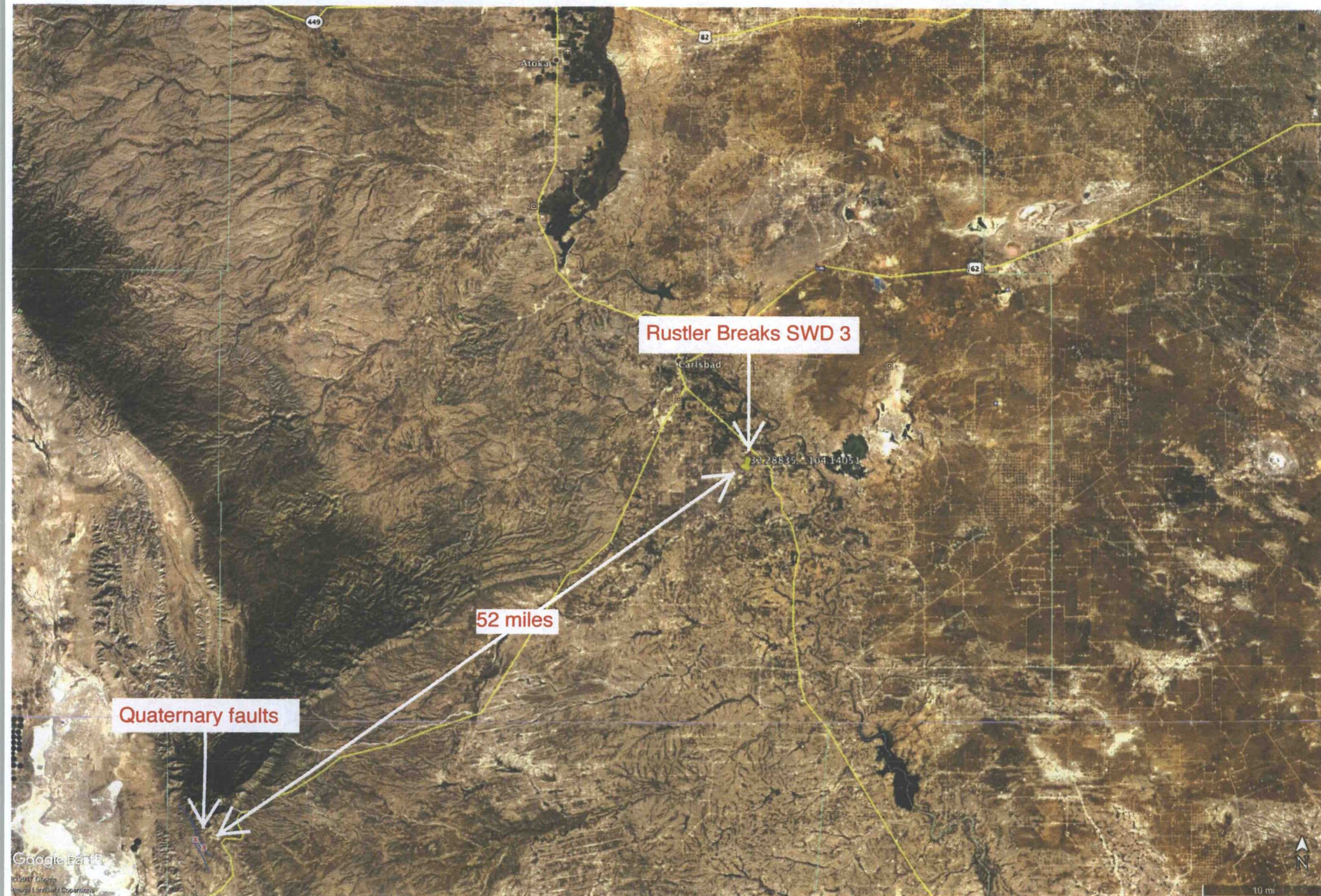


EXHIBIT F



Rustler Breaks SWD 3

52 miles

Quaternary faults

Black River Water Management Company, LLC

One Lincoln Centre • 5400 LBJ Freeway • Suite 1500 • Dallas, Texas 75240

Voice 972.371.5454 • Fax 214.866.4832

ccollier@matadorresources.com

Clark Collier
Geologist

July 28, 2017

New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505
David.Catanach@state.nm.us

**Re: Geology Statement
 Rustler Breaks SWD #3 ("the Well")
 Section 24, Township 23 South, Range 28 East, N.M.P.M.
 Eddy County, New Mexico**

To whom it may concern:

Available geologic and engineering data related to the proposed Well has been thoroughly reviewed, and no evidence for a hydrological connection between the proposed deep Devonian injection zone, located at approximately 13,694', and any underground sources of drinking water has been found.

Sincerely,
Black River Water Management
Company, LLC



Clark Collier

EXHIBIT G

Affidavit of Publication

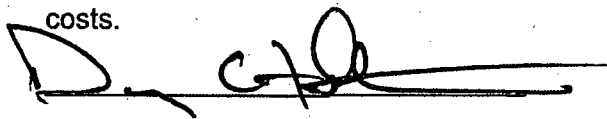
State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly
sworn, on oath says:

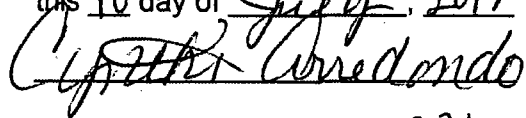
That he is the Publisher of the
Carlsbad Current-Argus, a
newspaper published daily at the
City of Carlsbad, in said county of
Eddy, state of New Mexico and of
general paid circulation in said
county; that the same is a duly
qualified newspaper under the laws
of the State wherein legal notices
and advertisements may be
published; that the printed notice
attached hereto was published in the
regular and entire edition of said
newspaper and not in supplement
thereof on the date as follows, to wit:

July 7 2017

That the cost of publication is **\$51.48**
and that payment thereof has been
made and will be assessed as court
costs.

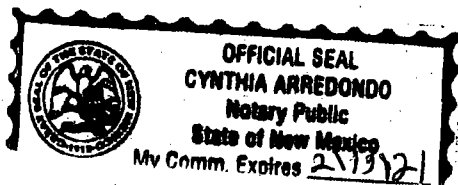


Subscribed and sworn to before me
this 10 day of July, 2017



My commission Expires 2/13/21

Notary Public



July 7, 2017
Black River Water Management Company, LLC is applying to drill the Rustler Breaks SWD 3 as a saltwater disposal well. The well is staked at 1798 FSL & 1624 FEL Sec. 24, T. 23 S. R. 27 E. Eddy County and is 2 miles west of Loving, NM. Disposal will be in the Devonian from 13,511' to 14,494'. Maximum injection pressure will be 2,702 psi. Maximum disposal rate will be 42,000 bwpd. Interested parties must file objections or requests for hearing with the NM Oil Conservation Division, 1220 South Saint Francis Dr., Santa Fe, NM 87505 within 15 days. Additional information can be obtained by contacting Brian Wood, Permits West, Inc., 37 Verano Loop, Santa Fe, NM 87508. Phone number is (505) 466-8120.

EXHIBIT H

PERMITS WEST, INC.
PROVIDING PERMITS for LAND USERS
37 Verano Loop, Santa Fe, New Mexico 87508 (505) 466-8120

July 29, 2017

Diane Walters
PO Box 1332
Loving, NM 88256

TYPICAL LETTER

Black River Water Management Company, LLC is applying (see attached application) to drill the Rustler Breaks SWD 3 well as a saltwater disposal well. As required by NM Oil Conservation Division (NMOCD) rules, I am notifying you of the following proposed saltwater disposal well. This letter is a notice only. No action is needed unless you have questions or objections.

Well Name: Rustler Breaks SWD 3 (fee lease) ID = 14,494'
Proposed Disposal Zone: Devonian (from 13,650' to 14,494')
Location: 1798' FSL & 1624' FEL Sec. 24, T. 23 S., R. 27 E., Eddy County, NM
Approximate Location: ~2 miles west of Loving, NM
Applicant Name: Black River Water Management Company, LLC (972) 371-5420
Applicant's Address: 5400 LBJ Freeway, Suite 1500, Dallas TX 75240

Submittal Information: Application for a saltwater disposal well will be filed with the NMOCD. If you have an objection, or wish to request a hearing, then it must be filed with the NMOCD within 15 days of receipt of this letter. NMOCD address is 1220 South St. Francis Dr. Santa Fe, NM 87505. Phone is (505) 476-3440.

Please call me if you have any questions.

Sincerely,



Brian Wood

EXHIBIT I

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PO BOX 847
ARTESIA NM 88211
Rustler Breaks SWD 3

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Sent to: **PLANTATION OPERATING LLC**
4700 W. SAM HOUSTON PKWY.
NORTH
HOUSTON TX 77041
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FORT WORTH TX 76102
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PO BOX 429
ROSWELL NM 88202
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PO BOX 2292
ROSWELL NM 88202
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P.O. BOX 1743
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UPLAND CORP
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MIDLAND TX 79702
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LOVING NM 88256
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HERRA OIL CO LLC
PO BOX 700968
SAN ANTONIO TX 78270
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1762 QUEEN HWY
CARLSBAD NM 88220
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ENERGY PARTNERS II LLC
PO BOX 50820
MIDLAND TX 79710
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P.O. BOX 429
ROSWELL NM 88202
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PO BOX 1767
ARTESIA NM 88211
Rustler Breaks SWD 3

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333 W. SHERIDAN AVENUE
OKLAHOMA CITY OK 73102
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P.O. BOX 1768
ARTESIA NM 88211
Rustler Breaks SWD 3

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| <p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> | <p> A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address </p> <p> B. Received by (Printed Name) C. Date of Delivery </p> <p> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">ABO PETROLEUM CORPORATION 105 S. FOURTH ST ARTESIA NM 88210</p> <p style="text-align: center;">Rustler Breaks SWD 3</p> <p style="text-align: center;">9590 9402 2852 7069 1225 34</p> | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restrict Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (500) </p> <p> <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery </p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4562</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> | <p> A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address </p> <p> B. Received by (Printed Name) C. Date of Delivery A WATTS </p> <p> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">ARTESIA OIL & GAS LLC P.O. BOX 1768 ARTESIA NM 88211</p> <p style="text-align: center;">Rustler Breaks SWD 3</p> <p style="text-align: center;">9590 9402 2852 7069 1225 10</p> | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restrict Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery </p> <p> <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery </p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4388</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> | <p> A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address </p> <p> B. Received by (Printed Name) C. Date of Delivery KATHY BEAUREGARD </p> <p> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">CHASE OIL CORPORATION PO BOX 1767 ARTESIA NM 88211</p> <p style="text-align: center;">Rustler Breaks SWD 3</p> | <p>3. Service Type <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</p> <p> <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4395</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>PS Form 3811, February 2004 Domestic Return Receipt</p> | |

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LC
CROWN OIL PARTNERS V LP AND CRUMP ENERGY PARTNERS II
PO BOX 50820
MIDLAND TX 79710
Rustler Breaks SWD 3

2. Article Number 7014 2870 0001 8951 4401

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rachel Lange

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Rachel Lange

C. Date of Delivery

8-14-17

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEVON ENERGY PRODUCTION COMPANY L.P.
333 W. SHERIDAN AVENUE
OKLAHOMA CITY OK 73102

Rustler Breaks SWD 3

2. Article Number 7014 2870 0001 8951 4418

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

David Carrillo

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FEATHERSTONE DEVELOPMENT CORPORATION
P.O. BOX 429
ROSWELL NM 88202

Rustler Breaks SWD 3

2. Article Number 7014 2870 0001 8951 4425

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M Hernandez

☐ Agent
☒ Addressee

B. Received by (Printed Name)

M. Hernandez

C. Date of Delivery

8-11-17

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>1. Article Addressed to:</p> <p>ROLLA R. HINKLE III PO BOX 2292 ROSWELL NM 88202</p> <p>Rustler Breaks SWD 3</p> | | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (10)</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4494</p> | | <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>1. Article Addressed to:</p> <p>REED KIMBERLY BLANE WALTERS P.O. 595 PO BOX 1332 LOVING NM 88256</p> <p>Rustler Breaks SWD 3</p> | | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (10)</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4593</p> | | <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>1. Article Addressed to:</p> <p>JAMES W. MARBACH 1762 QUEEN HWY CARLSBAD NM 88220</p> <p>Rustler Breaks SWD 3</p> | | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (10)</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4432</p> | | <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">MYCO INDUSTRIES 105 S. FOURTH ST ARTESIA NM 88210</p> <p style="text-align: center;">Rustler Breaks SWD 3</p> <p style="text-align: center;">9590 9402 2852 7069 1225 27</p> | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4579</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p> | |

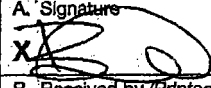
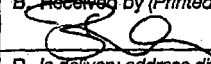
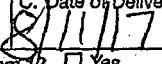
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">PROSPECTOR LLC PO BOX 429 ROSWELL NM 88202</p> <p style="text-align: center;">Rustler Breaks SWD 3</p> <p style="text-align: center;">9590 9402 2852 7069 1226 19</p> | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4487</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p> | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">PANHANDLE PROPERTIES LLC PO BOX 647 ARTESIA NM 88211</p> <p style="text-align: center;">Rustler Breaks SWD 3</p> <p style="text-align: center;">9590 9402 2266 6225 8443 71</p> | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4463</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p> | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|---|--|---|--|--|---|---|--|--|--|---|--|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> <i>Dolly Goebel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p>TIERRA OIL CO LLC PO BOX 700968 SAN ANTONIO TX 78270</p> <p>Rustler Breaks SWD 3</p> <p>9590 9402 2852 7069 1225 89</p> | | <p>B. Received by (Printed Name) <i>Dolly Goebel</i></p> <p>C. Date of Delivery <i>8/14/17</i></p> | | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label) 7014 2870 0001 8951 4517</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | |
| | | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail (over \$500)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> <td></td> </tr> </table> | | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> 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 (over \$500) | | <input type="checkbox"/> Registered Mail Restricted Delivery | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> 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 (over \$500) | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | | | | | | | | | | | | | | | | | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|---|--|---|--|--|---|---|--|--|--|---|--|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> <i>Diane Walters</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> | | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p>DIANE WALTERS PO BOX 1332 LOVING NM 88256</p> <p>Rustler Breaks SWD 3</p> <p>9590 9402 2852 7069 1229 30</p> | | <p>B. Received by (Printed Name) <i>Diane Walters</i></p> <p>C. Date of Delivery <i>8-19-17</i></p> | | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label) 7014 2870 0001 8951 4586</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | |
| | | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail (over \$500)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> <td></td> </tr> </table> | | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> 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 (over \$500) | | <input type="checkbox"/> Registered Mail Restricted Delivery | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> 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 (over \$500) | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | | | | | | | | | | | | | | | | | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|---|--|---|--|--|---|---|--|--|--|---|--|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p>YATES DRILLING CO. 105 S. FOURTH ST ARTESIA NM 88210</p> <p>Rustler Breaks SWD 3</p> <p>9590 9402 2852 7069 1225 58</p> | | <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>8/14/17</i></p> | | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label) 7014 2870 0001 8951 4548</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | |
| | | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail (over \$500)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> <td></td> </tr> </table> | | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> 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 (over \$500) | | <input type="checkbox"/> Registered Mail Restricted Delivery | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Insured Mail (over \$500) | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | | | | | | | | | | | | | | | | | |

| 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>B. Received by (Printed Name)  C. Date of Delivery </p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p>YATES PETROLEUM CORPORATION 105 S. FOURTH ST ARTESIA NM 88210</p> <p>Rustler Breaks SWD 3</p> <p>9590 9402 2852 7069 1225 41</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery (00)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input 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"/> Mail Restricted Delivery (00) | |
| <input 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 | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mail Restricted Delivery (00) | | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4555</p> | | | | | | | | | | | | | | | | | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | | | | | | | | | | | | | | | | | |

Black River Water Management Company, LLC

One Lincoln Centre • 5400 LBJ Freeway • Suite 1500 • Dallas, Texas 75240

Voice 972.371.5454 • Fax 214.866.4832

ccollier@matadorresources.com

Clark Collier
Geologist

July 28, 2017


New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505
David.Catanach@state.nm.us

**Re: Geology Statement
 Rustler Breaks SWD #3 ("the Well")
 Section 24, Township 23 South, Range 28 East, N.M.P.M.
 Eddy County, New Mexico**

To whom it may concern:

Available geologic and engineering data related to the proposed Well has been thoroughly reviewed, and no evidence for a hydrological connection between the proposed deep Devonian injection zone, located at approximately 13,694', and any underground sources of drinking water has been found.

Sincerely,
Black River Water Management
Company, LLC



Clark Collier

EXHIBIT G

McMillan, Michael, EMNRD

From: Brian Wood <brian@permitswest.com>
Sent: Thursday, September 14, 2017 8:13 AM
To: McMillan, Michael, EMNRD
Subject: Re: Black River Water Management SWD Well No. 3
Attachments: C-108 wbd.pdf; ATT00001.htm; fault statement.pdf; ATT00002.htm

Matador narrowed their focus after the ad ran.
Disposal interval (open hole) will be 13650' - 14494'
Casing will be set at 13650'
Packer will be set at 13600'.
Fault statement attached.



C-108 Review Checklist: Received _____ Add. Request: _____ Reply Date: _____ Suspended: _____ [Ver 15]

ORDER TYPE: WFX / PMX / SWD Number: _____ Order Date: _____ Legacy Permits/Orders: _____

Well No. 3 Well Name(s): RUSTLER BREAKS SW

API: 30-0 15-44303 Spud Date: TBD New or Old: N (UIC Class II Primacy 03/07/1982)

Footages 1798 FSL Lot _____ or Unit J Sec 24 Tsp 23S Rge 27E County Leidy
1624 FEL

General Location: 3 miles W/Loling Pool: SWD DEUNA Pool No.: 9610

BLM 100K Map: Carlsbad Operator: BLACK RIVER WATER MGMT OGRID: _____ Contact: _____

COMPLIANCE RULE 5.9: Total Wells: _____ Inactive: _____ Fincl Assur: _____ Compl. Order? _____ IS 5.9 OK? _____ Date: _____

WELL FILE REVIEWED ☐ Current Status: _____

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

Planned Rehab Work to Well: _____

| Well Construction Details | | Sizes (in) | Setting | Cement | Cement Top and Determination Method |
|---|--|-------------------|-------------|-----------------|-------------------------------------|
| | | Borehole / Pipe | Depths (ft) | Sx or Cf | |
| Planned ___ or Existing ___ Surface | | 26 1/2" / 20" | 470 | 1400 | SURFACE / VISUAL |
| Planned ___ or Existing ___ Interm/Prod | | 18 1/2" / 16" | 2500 | 2000 | SURFACE / VISUAL |
| Planned ___ or Existing ___ Interm/Prod | | 14 3/4" / 10 3/4" | 9350 | 2150 | SURFACE / VISUAL |
| Planned ___ or Existing ___ Prod/Liner | | 9 1/2" / 7 9/16" | 13650 | 900 | 7500 / C-B-L |
| Planned ___ or Existing ___ Liner | | | | | |
| Planned ___ or Existing <u>OH</u> PERF | | 13650 / 14464 | | Inj Length: 844 | |

| Injection Lithostratigraphic Units: | | Depths (ft) | Injection or Confining Units | Tops |
|-------------------------------------|--|-------------|------------------------------|------|
| Adjacent Unit: Litho. Struc. Por. | | | | |
| Confining Unit: Litho. Struc. Por. | | | | |
| Proposed Inj Interval TOP: | | | | |
| Proposed Inj Interval BOTTOM: | | | | |
| Confining Unit: Litho. Struc. Por. | | | | |
| Adjacent Unit: Litho. Struc. Por. | | | | |

| Completion/Operation Details: | |
|---|--|
| Drilled TD <u>14430</u> | PBTD _____ |
| NEW TD _____ | NEW PBTD _____ |
| NEW Open Hole <input checked="" type="radio"/> or NEW Perfs <input type="radio"/> | |
| Tubing Size <u>4 1/2</u> in. | Inter Coated? <input checked="" type="radio"/> |
| Proposed Packer Depth _____ ft | |
| Min. Packer Depth _____ (100-ft limit) | <u>2702</u> |
| Proposed Max. Surface Press <u>2730</u> psi | |
| Admin. Inj. Press <u>2730</u> (0.2 psi per ft) | |

AOR: Hydrologic and Geologic Information

POTASH: R-111-P MA Noticed? _____ BLM Sec Ord ☐ WIPP ☐ Noticed? _____ Salt/Salado T: 797B 2352 NW: Cliff House fm _____

FRESH WATER: Aquifer Quaternary Max Depth 14217 HYDRO AFFIRM STATEMENT By Qualified Person ☐

NMOSE Basin: Carlsbad CAPITAN REEF: thru adj NA No. Wells within 1-Mile Radius? 12 FW Analysis ☒

Disposal Fluid: Formation Source(s) Wolfcamp Analysis? ☒ On Lease ☐ Operator Only ☐ or Commercial ☒

Disposal Int: Inject Rate (Avg/Max BWPD): 30K/30K Protectable Waters? _____ Source: _____ System: Closed or Open

HC Potential: Producing Interval? MA Formerly Producing? _____ Method: Logs/DST/P&A/Other negative 2-Mile Radius Pool Map ☐

AOR Wells: 1/2-M Radius Map? ☒ Well List? ☒ Total No. Wells Penetrating Interval: 0 Horizontals? _____

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

Penetrating Wells: No. P&A Wells _____ Num Repairs? _____ on which well(s)? _____ Diagrams? _____

NOTICE: Newspaper Date July 7, 2017 Mineral Owner MA Surface Owner MA N. Date 8-15-2017

RULE 26.7(A): Identified Tracts? _____ Affected Persons: Featherstone, Aaron, ylttes N. Date 8-14-2017

Order Conditions: Issues: Run C-B-L from 500' top Liner-base of Liner

Add Order Cond: _____