

**EXHIBIT NO. 4**

## **SURFACE AND MINERAL OWNERS WITHIN ½ MILE**

### **SURFACE OWNERS**

Frontier Field Services, LLC  
1900 Dalrock Road  
Rowlett, TX 75088

Mid-American Pipeline Company, LLC  
P.O. Box 4018  
Houston, TX 77210

United States of America  
Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

### **MINERAL OWNERS**

United States of America  
Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

## **OPERATORS WITHIN ½ MILE**

Cimarex Energy Company  
600 North Marienfield Street #600  
Midland, TX 79701

ConocoPhillips Co.  
P.O. Box 2197  
Houston TX 77252-2197

COG Operating, LLC  
One Concho Center  
600 W. Illinois Ave.  
Midland, TX 79701

Frontier Field Services, LLC  
1900 Dalrock Rd.  
Rowlett, TX 75088

Mack Energy Corporation  
P.O. Box 960  
11352 Lovington Hwy  
Artesia, NM 88210



MONTGOMERY  
& ANDREWS  
LAW FIRM

J. SCOTT HALL

Phone: (505) 982-3873

Email: shall@montand.com

Reply To: Santa Fe Office

[www.montand.com](http://www.montand.com)

August 12, 2015

To: Interest Owner(s) on attached page

**CERTIFIED MAIL/  
RETURN RECEIPT REQUESTED**

Re: NMOCC Case No. 15358 (Re-Opened)  
Application of Frontier Field Services, LLC  
For Authorization to Inject  
Lea County, New Mexico

Dear Interest Owner:

Please be advised that Frontier Field Services, LLC has applied to the New Mexico Oil Conservation Commission for an amendment to Order Nos. R-13443-A and R-13443-B to provide for an increase of the maximum rate of injection of treated acid gas and plant wastewater into the Wolfcamp formation through two previously approved AGI wells located near Applicant's Maljamar Processing Plant:

Maljamar AGI Well No. 1

API No. 30-025-40420  
130' FSL and 1,830' FEL  
Section 21  
T-17-S, R-32-E, NMPM

Maljamar AGI Well No. 2

API No. 30-025-42628  
400' FSL and 2,100' FEL (Surface)  
350' FSL and 650' FWL (Bottom Hole)  
Section 21  
T-17-S, R-32-E, NMPM

Applicant proposes to increase the rate of injection through the wells to 3.5 MMSCFD. Applicant also requests the Commission to authorize the Oil Conservation Division to review and approve further modifications to Applicant's injection authorization either administratively or by hearing for such matters as are presently provided for injection operations under 19.15.16.1 NMAC, *et seq.* and by the Division's current procedures. The wells and lands are located approximately ½ mile south of Maljamar, New Mexico.

325 Paseo de Peralta  
Santa Fe, New Mexico 87501

T: 505.982.3873

F: 505.982.4289

P.O. Box 2307  
Santa Fe, New Mexico 87504-2307

Interest Owners  
August 12, 2015  
Page 2

A copy of the Application is enclosed. The Application will be set for hearing before the Commission September 10, 2015, at 9:00 a.m. at the offices of the New Mexico Oil Conservation Division, Porter Hall, Wendell Chino Building, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Commission, counsel for the Applicant and other parties with a pre-hearing statement at least four business days before the scheduled hearing date but in no event later than 5:00 p.m. mountain time on the Thursday preceding the hearing date in accordance with Division Rule 19.15.4.13.

Should you consent to the application and the proposed order authorizing the injection of the disposal fluids at the increased rate, you are requested to indicate your waiver of objection by signing where indicated below and then returning this letter to me at your earliest convenience.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.



J. Scott Hall  
Attorneys for Frontier Field Services, LLC

JSH;js  
Enclosure  
cc: w/o Frontier Field Services, LLC  
Geolex, Inc.

CONSENT:

By: \_\_\_\_\_

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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Total Postage & Fees	\$	7.67

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Sent To  
Bureau of Land Management  
Street, Apt. No., or PO Box No. 620 E. Greene St  
City, State, ZIP+4 Midland NM 88220  
PS Form 3800, August 2006 See Reverse for Instructions

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Sent To  
COG Operating LLC  
Street, Apt. No., or PO Box No. One Corcho. Ch 200 W. Williams Ave  
City, State, ZIP+4 Midland TX 79701  
PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service  
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Cemarex Energy Co.  
Street, Apt. No., or PO Box No. 600 North Mainfield St #600  
City, State, ZIP+4 Midland TX 79701  
PS Form 3800, August 2006 See Reverse for Instructions

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Street, Apt. No., or PO Box No. PO Box 4018  
City, State, ZIP+4 Houston TX 77210  
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Sent To  
Mack Energy Corporation  
Street, Apt. No., or PO Box No. PO Box 9600  
City, State, ZIP+4 Antosia NM 88210  
PS Form 3800, August 2006 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	7.67

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Sent To  
Frontier Field Services  
Street, Apt. No., or PO Box No. 1900 Dalnack Rd.  
City, State, ZIP+4 Rowlett TX 75088  
PS Form 3800, August 2006 See Reverse for Instructions

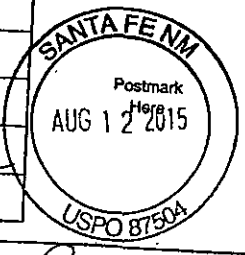
7012 3050 0000 6872 9479

U.S. Postal Service<sup>TM</sup>  
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.67



Sent To  
Anaco Phillips Co.  
Street, Apt. No.,  
or PO Box No. P.O. Box 2197  
City, State, ZIP+4  
Houston TX 77282-2197

**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:

Mack Energy Corporation  
P.O. Box 960  
11352 Lovington Hwy  
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7012 3050 0000 6872 9493 11 11

P Domestic Return Receipt

**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:

COG Operating, LLC  
One Concho Center  
600 W. Illinois Ave.  
Midland, TX 79701

2. Article Number

(Transfer from service label)

7012 3050 0000 6872 9486 11 11

PS Form 3811, July 2013

Domestic Return Receipt

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- 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:

ConocoPhillips Co.  
P.O. Box 2197  
Houston TX 77252-2197

2. Article Number

(Transfer from service label)

7012 3050 0000 6872 9479 11 11

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Kathy Beauregard* Agent  
☐ Address

B. Received by (Printed Name)

KATHY BEAUREGARD 8-17-11

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Sam Johnson* Agent  
☐ Address

B. Received by (Printed Name)

SAM JOHNSON 8-17-11

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]* Agent  
☐ Address

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <input type="checkbox"/> Agent  <input type="checkbox"/> Address </p> <p>B. Received by (Printed Name)  <div style="border: 1px solid black; padding: 2px; display: inline-block;">           BONNIE E. RUSSELL         </div> </p> <p>C. Date of Delivery  <div style="border: 1px solid black; padding: 2px; display: inline-block;">           8/7/15         </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No       </p>
<p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">           Cimarex Energy Company            600 North Marienfield Street            #600            Midland, TX 79701         </p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <span style="font-family: monospace;">7012 3050 0000 6872 9462</span></p>	
<p>PS Form 3811, July 2013 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.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <input type="checkbox"/> Agent  <input type="checkbox"/> Address </p> <p>B. Received by (Printed Name)  <div style="border: 1px solid black; padding: 2px; display: inline-block;">           Ron Lewis         </div> </p> <p>C. Date of Delivery  <div style="border: 1px solid black; padding: 2px; display: inline-block;">           8/17/15         </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No       </p>
<p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">           United States of America            Bureau of Land Management            620 E. Greene St.            Carlsbad, NM 88220         </p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <span style="font-family: monospace;">7014 0150 0000 5152 6791</span></p>	
<p>PS Form 3811, July 2013 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.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <input type="checkbox"/> Agent  <input type="checkbox"/> Address </p> <p>B. Received by (Printed Name)  <div style="border: 1px solid black; padding: 2px; display: inline-block;">           Ron Lewis         </div> </p> <p>C. Date of Delivery  <div style="border: 1px solid black; padding: 2px; display: inline-block;">           8/18/15         </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No       </p>
<p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">           Mid-American Pipeline            Company, LLC            P.O. Box 4018            Houston, TX 77210         </p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <span style="font-family: monospace;">7014 0150 0000 5152 6784</span></p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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- ☒ 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:

Frontier Field Services, LLC  
1900 Dalrock Rd.  
Rowlett, TX 75088

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address from item 1? ☐ YesIf YES, leave delivery address below. ☐ No

K.F. Andrews & Company  
1900 Dalrock Road  
Rowlett, TX 75088

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

7014 0150 0000 5152 6807

Form 3811, July 2013

Domestic Return Receipt