

CASE NO. 15-00132-TRM

CHANGE OF ADDRESS
WARRANT/PRC NO. 56700

NEW MEXICO PUBLIC REGULATION COMMISSION

Commissioners

District 1 Cynthia B. Hall District 2 Jefferson L. Byrd District 3 Valerie Espinoza
District 4 T. Becenti Aguilar District 5 Stephen Fishmann

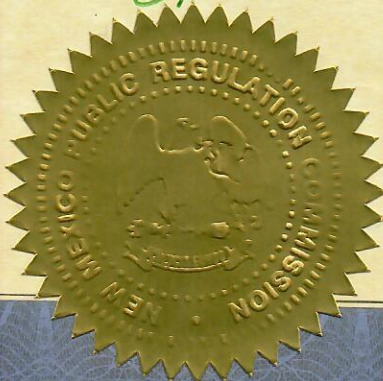
Warrant For Transportation Services

KILL IT SERVICES LLC
3710 W. AVE D
LOVINGTON, NEW MEXICO 88260

TRANSPORTATION OF GENERAL COMMODITIES EXCLUDING THE
TRANSPORTATION OF HOUSEHOLD GOODS AS THAT TERM IS DEFINED IN 49 USC
SECTION 13102(10), BETWEEN POINTS AND PLACES THROUGHOUT THE STATE OF
NEW MEXICO.

This Warrant shall remain in effect until suspended or revoked by the Commission. The holder of this
Warrant is subject to the New Mexico Motor Carrier Act and the Motor Transportation Rules.

DONE THIS 20th DAY OF February, 2020.



ATTEST:

Jason N. Montoya
Jason N. Montoya Interim Director
Transportation Division

Submit a single copy to
Santa Fe Office

State of New Mexico
Energy Minerals and Natural Resources

Form C-133
Revised August 1, 2013

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

AUTHORIZATION TO MOVE PRODUCED WATER

Transporter Name: Kill It Services, LLC

Business (Physical) Address in New Mexico:

3710 W. Ave D
Lovington N.M 88260

Contact Mailing Address (If different):

PO Box 482
Lovington Nm 88260

Business Phone: (575) 659-0390

Business Fax: N/A

Contact Phone: _____

Contact Fax: N/A

1. Attach a copy of the applicant's New Mexico Public Regulation Commission (PRC) Warrant for Transportation Services.

2. Identify the form of the applicant's business entity: (Example: corporation, limited liability company [LLC], limited partnership, limited liability partnership, partnership, sole proprietor): _____

A. If the applicant is a corporation or LLC, provide the Secretary of State corporation number: 4961927

B. If the applicant is a limited partnership or limited liability partnership, provide the Secretary of State file number: _____

C. If the applicant is any other form of partnership, identify all partners: _____

D. If the applicant is a sole proprietor, provide the name of the sole proprietor: _____

(Note: If the form of your business entity changes, the name of your business changes, or the business address changes, you must re-apply for authorization.)

It is the responsibility of each holder of an approved Form C-133 to comply with 19.15.34 NMAC and familiarize its personnel with that rule's requirements. Failure to move or dispose of produced water in accordance with 19.15.34 NMAC may be cause for cancellation of the Form C-133.

"I hereby certify that the information above is true and complete to the best of my knowledge and belief." (Application must be signed by person who is authorized to obligate the company applying for the permit)

Signature: Lynn Morge

Date: 3/04/2020

Printed Name: Lynn Morge

Title: Owner

E-mail Address: KillItServices@gmail.com

(This space for State use)

Approved by: _____

Title: _____

Date: _____