

SPUR

WAUKEE S/2
NMOCD Exhibits
(Case No. 22090)

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF SPUR ENERGY
PARTNERS, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO**

Case No. 22090

**SPUR ENERGY PARTNERS, LLC'S
HEARING EXHIBITS**

Compulsory Pooling Checklist

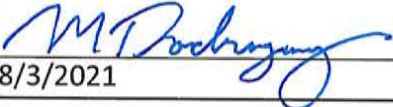
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|-----------|--|
| Exhibit A | Self-Affirmed Statement of Morgan Landry |
| A-1 | Application & Proposed Notice of Hearing |
| A-2 | C-102(s) |
| A-3 | Plat of Tracts, Tract Ownership, Pooled Party, Unit Recapitulation |
| A-4 | Sample Well Proposal Letter & AFE(s) |
| A-5 | Summary of Communications |
| A-6 | Hearing Notice Letter and Return Receipts |
| A-7 | Affidavit of Publication |
|
 | |
| Exhibit B | Self-Affirmed Statement of C.J. Lipinski |
| B-1 | Location Map |
| B-2 | Structure Map |
| B-3 | Cross Section |
| B-4 | Gunbarrel Schematic |

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22090
Hearing Date:	8/5/2021
Applicant	Spur Energy Partners LLC
Designated Operator & OGRID	OGRID # 328947
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Spur Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	ConocoPhillips Company
Well Family	Waukee
Formation/Pool	
Formation Name(s) or Vertical Extent	Yeso
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Yeso
Pool Name and Pool Code	Red Lake, Glorieta-Yeso, Northeast (Pool Code 96836)
Well Location Setback Rules	Statewide
Spacing Unit Size	320-acre
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acre
Building Blocks	quarter-quarter
Orientation	Laydown
Description: TRS/County	S/2 of Section 36, Township 17 South, Range 27 East, Eddy County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	Yes, the completed interval of the Waukee C 36 State Com 2H will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 36 to allow inclusion of this acreage into a standard 320-acre horizontal spacing unit.
Proximity Defining Well: if yes, description	Waukee C 36 State Com 2H
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Waukee C 36 State Com 2H (API # pending) SHL – 2200' FSL & 735' FWL, Section 31, T17S-R28E BHL – 1560' FSL & 50' FWL, Section 36, T17S-R27E Completion Target: Yeso formation TVD: Approx. 3350'
Well #2	Waukee C 36 State Com 11H (API # pending) SHL – 2240' FSL & 735' FWL, Section 31, T17S-R28E BHL – 2310' FSL & 50' FWL, Section 36, T17S-R27E Completion Target: Yeso formation TVD: Approx. 3535'
Well #3	Waukee C 36 State Com 51H (API # pending) SHL – 2220' FSL & 735' FWL, Section 31, T17S-R28E BHL – 1935' FSL & 50' FWL, Section 36, T17S-R27E Completion Target: Yeso formation TVD: Approx. 3955'

Well #4	Waukee D 36 State Com 1H (API # pending) SHL – 735’ FSL & 745’ FWL, Section 31, T17S-R28E BHL – 110’ FSL & 50’ FWL, Section 36, T17S-R27E Completion Target: Yeso formation TVD: Approx. 3350’ TVD
Well #5	Waukee D 36 State Com 10H (API # pending) SHL – 775’ FSL & 745’ FWL, Section 31, T17S-R28E BHL – 810’ FSL & 50’ FWL, Section 36, T17S-R27E Completion Target: Yeso formation TVD: Approx. 3535’ TVD
Well #6	Waukee D 36 State Com 50H (API # pending) SHL – 755’ FSL & 745’ FWL, Section 31, T17S-R28E BHL – 435’ FSL & 50’ FWL, Section 36, T17S-R27E Completion Target: Yeso formation TVD: Approx. 3955’ TVD
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	Exhibit A-4
Production Supervision/Month \$	Exhibit A-4
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-6
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-7
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-4
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-3
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1

Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-3
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Michael Rodriguez
Signed Name (Attorney or Party Representative):	
Date:	8/3/2021

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

APPLICATION OF SPUR ENERGY
PARTNERS, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO

CASE NO. 22090

**SELF-AFFIRMED STATEMENT
OF MORGAN LANDRY**

1. I am a senior landman at Spur Energy Partners, LLC ("Spur") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division"), and my qualifications as an expert in petroleum land matters were accepted and made a matter of record.

2. I am familiar with the application in the above-referenced case and the land matters involved. Copies of this application and proposed hearing notice are attached hereto as **Exhibit A-1**.

3. None of the parties proposed to be pooled in this case indicated opposition to this matter proceeding by affidavit, therefore I do not expect any opposition at hearing.

4. In this case, Spur seeks an order pooling all uncommitted mineral interests in the Yeso formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 36, Township 17 South, Range 27 East, Eddy County, New Mexico ("Unit").

5. The Unit will be dedicated to the following wells:

- **Waukee C 36 State Com 2H, Waukee C 36 State Com 11H, and Waukee C 36 State Com 51H**, which will be horizontally drilled from a surface location

in the NW/4SW/4 (Unit L) of Section 31 to a bottom hole location in the NW/4SW/4 (Unit L) of Section 36; and

- **Waukee D 36 State Com 1H, Waukee D 36 State Com 10H, and Waukee D 36 State Com 50H**, which will be horizontally drilled from a surface location in the SW/4SW/4 (Unit M) of Section 31 to a bottom hole location in the SW/4SW/4 (Unit M) of Section 36 (collectively the “Wells”).

6. The completed interval of the **Waukee D 36 State Com 1H** is unorthodox. The completed intervals of the remaining Wells are orthodox.

7. The completed interval for the **Waukee C 36 State Com 2H** will be within 330’ of the line separating the N/2S/2 and S/2S/2 of Section 36 to allow inclusion of this acreage into a standard 320-acre horizontal spacing unit.

8. The Wells are located in the Red Lake, Glorieta-Yeso, Northeast pool (Pool Code 96836).

9. With respect to well setback requirements, this pool is subject to the statewide horizontal well rules set out in NMAC 19.15.16.15.

10. **Exhibit A-2** contains C-102s for the Wells.

11. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also contains any applicable lease numbers, unit recapitulation, and the interests Spur seeks to pool.

12. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Wells. The estimated costs reflected on the AFEs are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the Yeso formation in the area.

13. Spur has conducted a diligent search of all public records in Eddy County, including phone directories and computer databases.

14. Unlocatable interests are shown on Exhibit A-3.

15. In my opinion, Spur made a good-faith effort to reach voluntary joinder of uncommitted interests in the Wells as indicated by the chronology of contact in **Exhibit A-5**.

16. Spur requests overhead and administrative rates of \$8,000 per month while the Wells are being drilled and \$800 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Spur and by other operators in the vicinity.

17. Notice of Spur's application and the Division hearing was timely provided to the uncommitted interests by certified mail more than 20 days prior to the hearing date. A sample of the notice letters and associated green cards are attached as **Exhibit A-6**.

18. Notice of Spur's application and the Division hearing was published more than ten business days prior to the hearing date. The affidavit of publication is attached as **Exhibit A-7**.

19. The exhibits attached hereto were either prepared by me or under my supervision or were compiled from company business records.

20. In my opinion, the granting of Spur's application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

21. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 20 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.



Morgan Landry

7 | 28 | 2021

Date

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

APPLICATION OF SPUR ENERGY
PARTNERS, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO

Case No. 22090

APPLICATION

Pursuant to NMSA § 70-2-17, Spur Energy Partners, LLC (“Spur”) applies for an order pooling all uncommitted mineral interests in the Yeso formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 36, Township 17 South, Range 27 East, Eddy County, New Mexico (“Unit”). In support of its application, Spur states the following:

1. Spur (OGRID No. 328947) is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to following wells:
 - **Waukee C 36 State Com 2H, Waukee C 36 State Com 11H, and Waukee C 36 State Com 51H**, which will be horizontally drilled from a surface location in the NW/4SW/4 (Unit L) of Section 31 to a bottom hole location in the NW/4SW/4 (Unit L) of Section 36; and
 - **Waukee D 36 State Com 1H, Waukee D 36 State Com 10H, and Waukee D 36 State Com 50H**, which will be horizontally drilled from a surface location in the SW/4SW/4 (Unit M) of Section 31 to a bottom hole location in the SW/4SW/4 (Unit M) of Section 36 (collectively the “Wells”).
3. The completed interval of the **Waukee D 36 State Com 1H** is unorthodox. The completed intervals of the remaining Wells are orthodox.

<p>SPUR ENERGY PARTNERS, LLC Case No. 22090</p> <p>Exhibit A-1</p>
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4. The completed interval for the **Waukee C 36 State Com 2H** well will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 36 to allow inclusion of this acreage into a standard 320-acre horizontal spacing unit.

5. Spur has undertaken diligent, good-faith efforts to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all of the mineral interest owners.

6. The pooling of uncommitted mineral interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

7. In order to allow Spur to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the Unit should be pooled and Spur should be designated the operator of the Wells and Unit.

WHEREFORE, Spur requests this application be set for hearing on August 5, 2021 and that, after notice and hearing, the Division enter an order:

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the Wells in the Unit;
- C. Designating Spur as operator of the Unit and the Wells to be drilled thereon;
- D. Authorizing Spur to recover its costs of drilling, equipping and completing the Wells;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% penalty for the risk assumed by Spur in drilling and completing the Wells against any working interest owner who does not voluntarily participate in the drilling of the Wells.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy
Michael Rodriguez
P.O. Box 2068
Santa Fe, NM 87504-2068
Phone: (505) 982-4554
Facsimile: (505) 982-8623
dhardy@hinklelawfirm.com
mrodriguez@hinklelawfirm.com

Counsel for Spur Energy Partners, LLC

Application of Spur Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico. Applicant seeks an order pooling all uncommitted mineral interests in the Yeso formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 36, Township 17 South, Range 27 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to following wells:

- Waukee C 36 State Com 2H, Waukee C 36 State Com 11H, and Waukee C 36 State Com 51H, which will be horizontally drilled from a surface location in the NW/4SW/4 (Unit L) of Section 31 to a bottom hole location in the NW/4SW/4 (Unit L) of Section 36; and
- Waukee D 36 State Com 1H, Waukee D 36 State Com 10H, and Waukee D 36 State Com 50H, which will be horizontally drilled from a surface location in the SW/4SW/4 (Unit M) of Section 31 to a bottom hole location in the SW/4SW/4 (Unit M) of Section 36 (collectively the "Wells").

The completed interval of the Waukee D 36 State Com 1H is unorthodox. The completed intervals of the remaining Wells are orthodox. The completed interval for the Waukee C 36 State Com 2H will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 36 to allow inclusion of this acreage into a standard 320-acre horizontal spacing unit. Also to be considered will be the cost of drilling and completing the wells and the allocation of the cost, the designation of Spur Energy Partners, LLC as the operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells are located approximately four (4) miles southeast of Riverside, New Mexico.

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

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

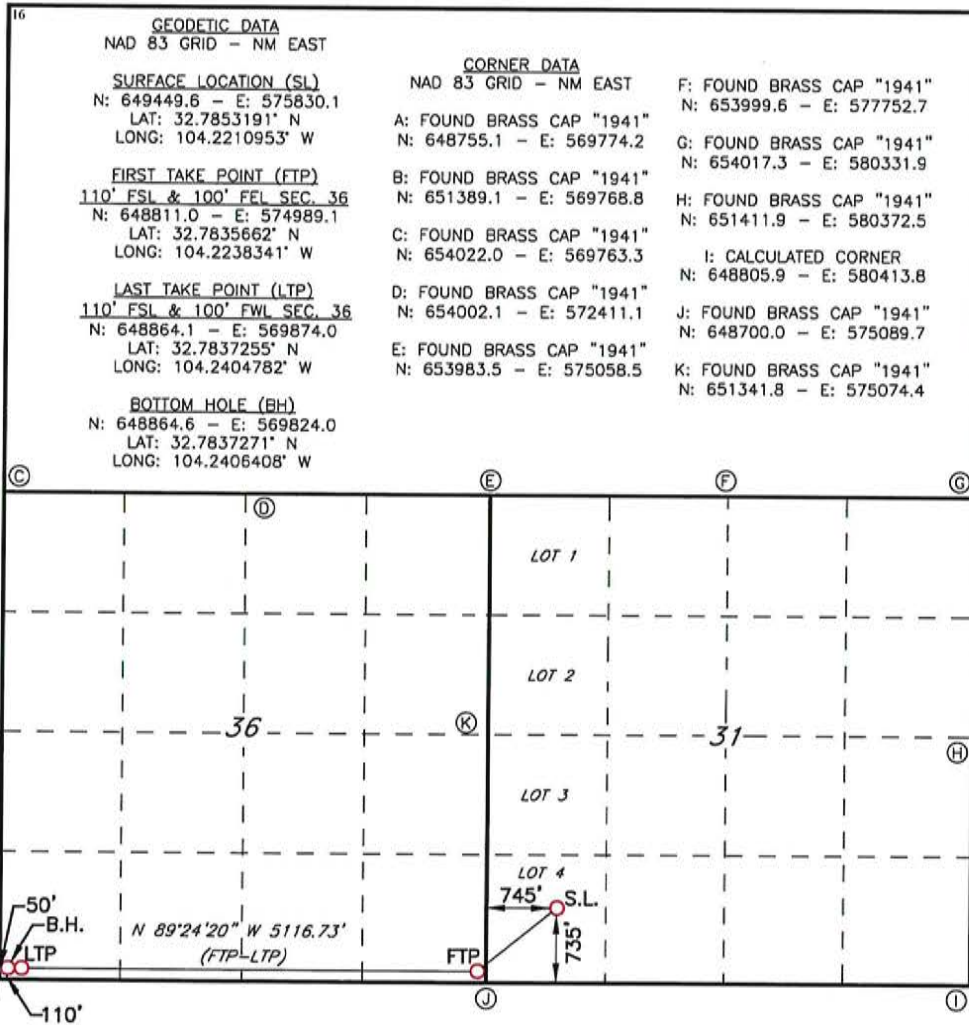
Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code		³ Pool Name					
⁴ Property Code		⁵ Property Name WAUKEE D 36 STATE COM						⁶ Well Number 1H	
⁷ GRID NO.		⁸ Operator Name SPUR ENERGY PARTNERS LLC.						⁹ Elevation 3663'	
¹⁰ Surface Location									
UL or lot no. 4	Section 31	Township 17S	Range 28E	Lot Idn	Feet from the 735	North/South line SOUTH	Feet From the 745	East/West line WEST	County EDDY
¹¹ Bottom Hole Location If Different From Surface									
UL or lot no. M	Section 36	Township 17S	Range 27E	Lot Idn	Feet from the 110	North/South line SOUTH	Feet from the 50	East/West line WEST	County EDDY
¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.						

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.



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

Signature _____ Date _____

Printed Name _____

E-mail Address _____

18 SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

07/16/2021
Date of Survey

Signature and Seal of Professional Surveyor _____

19680
Certificate Number



LS21050498

SPUR ENERGY PARTNERS, LLC
Case No. 22090
Exhibit A-2

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code		³ Pool Name	
⁴ Property Code		⁵ Property Name WAUKEE C 36 STATE COM			⁶ Well Number 2H
⁷ GRID NO.		⁸ Operator Name SPUR ENERGY PARTNERS LLC.			⁹ Elevation 3676'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
3	31	17S	28E		2200	SOUTH	735	WEST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	36	17S	27E		1560	SOUTH	50	WEST	EDDY

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.

¹⁶ **GEODETTIC DATA**
NAD 83 GRID - NM EAST

SURFACE LOCATION (SL)
N: 650914.0 - E: 575811.7
LAT: 32.7893443° N
LONG: 104.2211503° W

FIRST TAKE POINT (FTP)
1560' FSL & 100' FEL SEC. 36
N: 650260.6 - E: 574980.7
LAT: 32.7875507° N
LONG: 104.2238566° W

LAST TAKE POINT (LTP)
1560' FSL & 100' FWL SEC. 36
N: 650313.7 - E: 569871.0
LAT: 32.7877100° N
LONG: 104.2404837° W

BOTTOM HOLE (BH)
N: 650314.2 - E: 569821.0
LAT: 32.7877116° N
LONG: 104.2406463° W

CORNER DATA
NAD 83 GRID - NM EAST

A: FOUND BRASS CAP "1941"
N: 648755.1 - E: 569774.2

B: FOUND BRASS CAP "1941"
N: 651389.1 - E: 569768.8

C: FOUND BRASS CAP "1941"
N: 654022.0 - E: 569763.3

D: FOUND BRASS CAP "1941"
N: 654002.1 - E: 572411.1

E: FOUND BRASS CAP "1941"
N: 653983.5 - E: 575058.5

F: FOUND BRASS CAP "1941"
N: 653999.6 - E: 577752.7

G: FOUND BRASS CAP "1941"
N: 654017.3 - E: 580331.9

H: FOUND BRASS CAP "1941"
N: 651411.9 - E: 580372.5

I: CALCULATED CORNER
N: 648805.9 - E: 580413.8

J: FOUND BRASS CAP "1941"
N: 648700.0 - E: 575089.7

K: FOUND BRASS CAP "1941"
N: 651341.8 - E: 575074.4

¹⁷ OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____

Printed Name _____

E-mail Address _____

¹⁸ SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

06/10/2021
Date of Survey

Signature and Seal of Professional Surveyor _____

19680
Certificate Number

LS21050501

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
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Phone: (575) 748-1283 Fax: (575) 748-9720
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1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
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1220 S. St. Francis Dr., Santa Fe, NM 87505
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Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code		3 Pool Name					
4 Property Code		5 Property Name WAUKEE D 36 STATE COM						6 Well Number 10H	
7 GRID NO.		8 Operator Name SPUR ENERGY PARTNERS LLC.						9 Elevation 3664'	
10 Surface Location									
UL or lot no. 4	Section 31	Township 17S	Range 28E	Lot Idn	Feet from the 775	North/South line SOUTH	Feet From the 745	East/West line WEST	County EDDY
11 Bottom Hole Location If Different From Surface									
UL or lot no. M	Section 36	Township 17S	Range 27E	Lot Idn	Feet from the 810	North/South line SOUTH	Feet from the 50	East/West line WEST	County EDDY
12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code		15 Order No.					

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.

16 GEODETIC DATA
NAD 83 GRID - NM EAST

SURFACE LOCATION (SL)
N: 649489.6 - E: 575829.9
LAT: 32.7854290° N
LONG: 104.2210961° W

FIRST TAKE POINT (FTP)
810' FSL & 100' FWL SEC. 36
N: 649510.8 - E: 574985.1
LAT: 32.7854898° N
LONG: 104.2238450° W

LAST TAKE POINT (LTP)
810' FSL & 100' FWL SEC. 36
N: 649563.9 - E: 569872.5
LAT: 32.7856491° N
LONG: 104.2404808° W

BOTTOM HOLE (BH)
N: 649564.4 - E: 569822.6
LAT: 32.7856506° N
LONG: 104.2406435° W

CORNER DATA
NAD 83 GRID - NM EAST

A: FOUND BRASS CAP "1941"
N: 648755.1 - E: 569774.2

B: FOUND BRASS CAP "1941"
N: 651389.1 - E: 569768.8

C: FOUND BRASS CAP "1941"
N: 654022.0 - E: 569763.3

D: FOUND BRASS CAP "1941"
N: 654002.1 - E: 572411.1

E: FOUND BRASS CAP "1941"
N: 653983.5 - E: 575058.5

F: FOUND BRASS CAP "1941"
N: 653999.6 - E: 577752.7

G: FOUND BRASS CAP "1941"
N: 654017.3 - E: 580331.9

H: FOUND BRASS CAP "1941"
N: 651411.9 - E: 580372.5

I: CALCULATED CORNER
N: 648805.9 - E: 580413.8

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K: FOUND BRASS CAP "1941"
N: 651341.8 - E: 575074.4

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

Signature _____ Date _____

Printed Name _____

E-mail Address _____

18 SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

07/16/2021
Date of Survey

Signature and Seal of Professional Surveyor _____

19680
Certificate Number

LS21050496

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

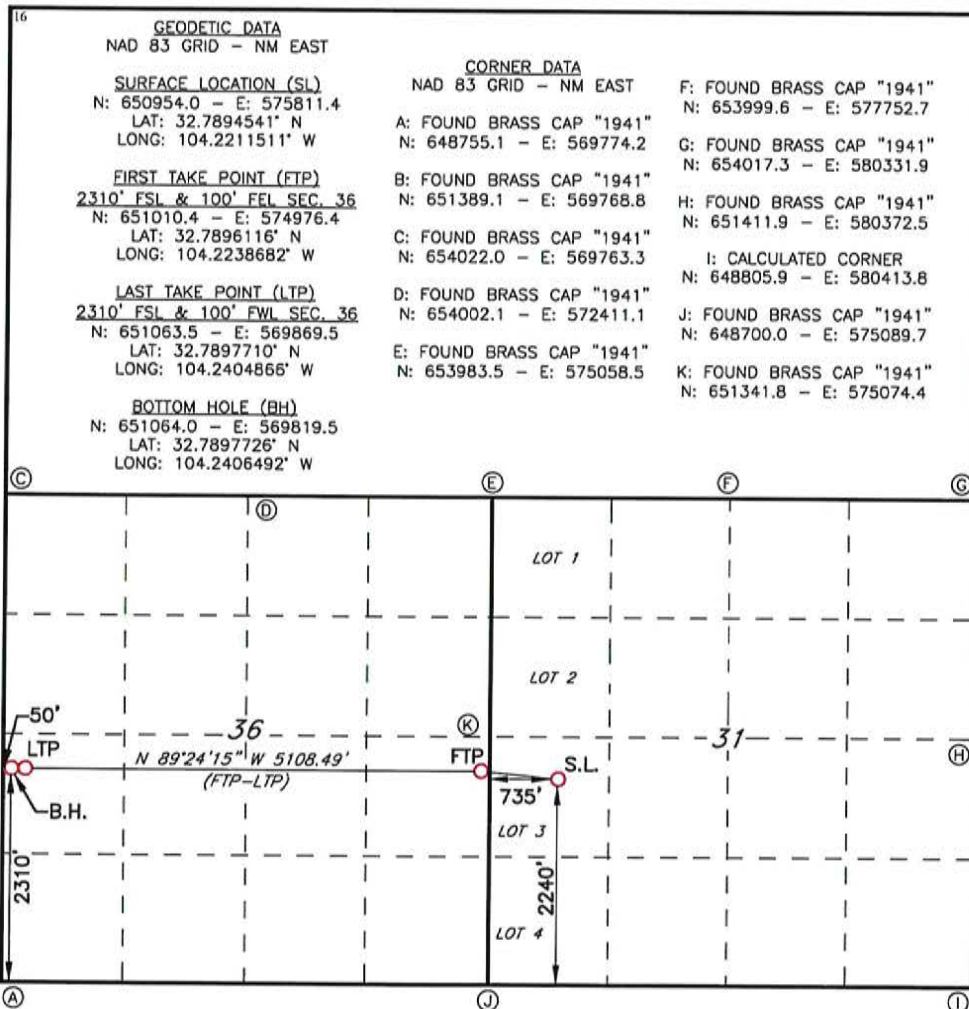
1 API Number		2 Pool Code		3 Pool Name			
4 Property Code		5 Property Name WAUKEE C 36 STATE COM				6 Well Number 11H	
7 OGRID NO.		8 Operator Name SPUR ENERGY PARTNERS LLC.				9 Elevation 3677'	

10 Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
3	31	17S	28E		2240	SOUTH	735	WEST	EDDY

11 Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	36	17S	27E		2310	SOUTH	50	WEST	EDDY

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
--------------------	--------------------	-----------------------	--------------

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.



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

Signature _____ Date _____
Printed Name _____
E-mail Address _____

18 SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

06/10/2021
Date of Survey

Signature and Seal of Professional Surveyor

19680
Certificate Number

ROBERT M. HOWETT
NEW MEXICO
19680
PROFESSIONAL SURVEYOR

LS21050499

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

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

Form C-102
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code		3 Pool Name	
4 Property Code		5 Property Name WAUKEE D 36 STATE COM			6 Well Number 50H
7 OGRID NO.		8 Operator Name SPUR ENERGY PARTNERS LLC.			9 Elevation 3663'

10 Surface Location

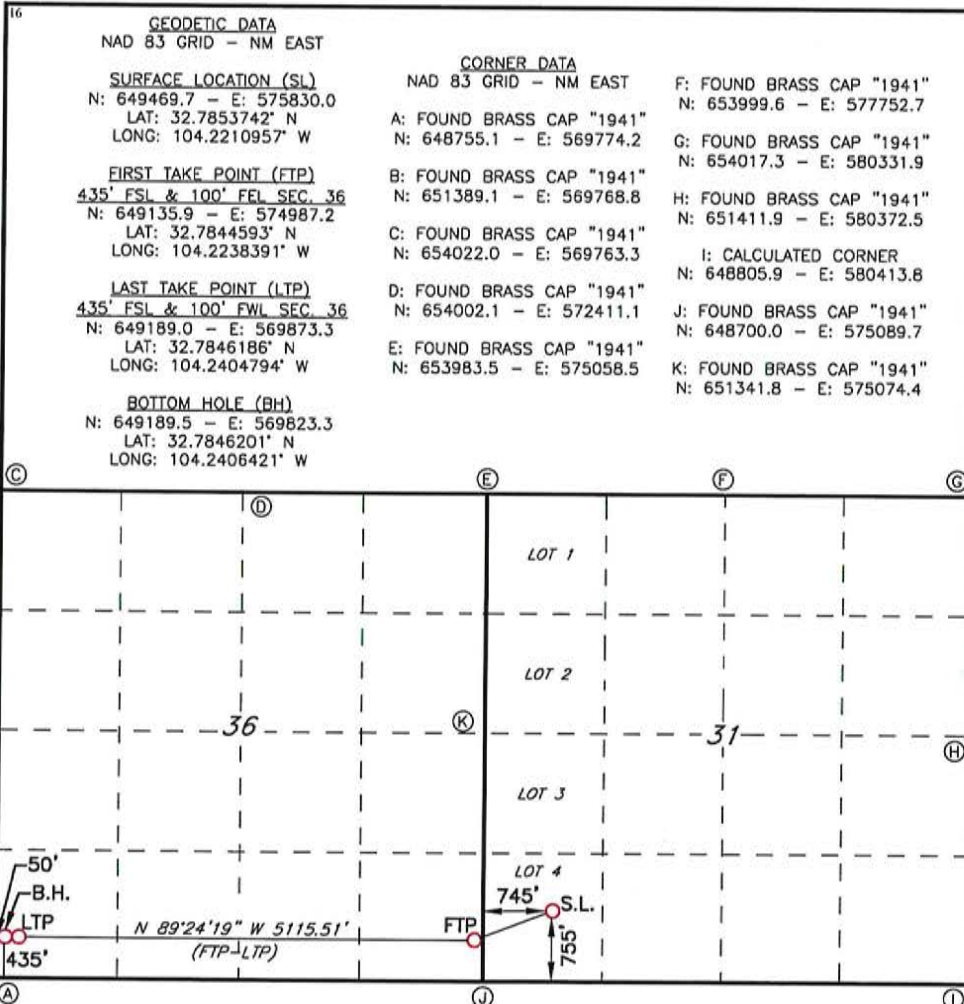
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
4	31	17S	28E		755	SOUTH	745	WEST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	36	17S	27E		435	SOUTH	50	WEST	EDDY

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.



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

Signature _____ Date _____
Printed Name _____
E-mail Address _____

18 SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

07/16/2021
Date of Survey
Signature and Seal of Professional Surveyor _____
19680
Certificate Number

ROBERT M. HOWETT
NEW MEXICO
19680
PROFESSIONAL SURVEYOR

LS21050497

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

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

Form C-102
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Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code		3 Pool Name					
4 Property Code		5 Property Name WAUKEE C 36 STATE COM					6 Well Number 51H		
7 GRID NO.		8 Operator Name SPUR ENERGY PARTNERS LLC.					9 Elevation 3676'		
10 Surface Location									
UL or lot no. 3	Section 31	Township 17S	Range 28E	Lot Idn	Feet from the 2220	North/South line SOUTH	Feet From the 735	East/West line WEST	County EDDY
11 Bottom Hole Location If Different From Surface									
UL or lot no. L	Section 36	Township 17S	Range 27E	Lot Idn	Feet from the 1935	North/South line SOUTH	Feet from the 50	East/West line WEST	County EDDY
12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code		15 Order No.					

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.

<p>16</p> <p>GEODETIC DATA NAD 83 GRID - NM EAST</p> <p>SURFACE LOCATION (SL) N: 650934.0 - E: 575811.5 LAT: 32.7893993° N LONG: 104.2211508° W</p> <p>FIRST TAKE POINT (FTP) 1935' FSL & 100' FWL SEC. 36 N: 650635.5 - E: 574978.6 LAT: 32.7885812° N LONG: 104.2238624° W</p> <p>LAST TAKE POINT (LTP) 1935' FSL & 100' FWL SEC. 36 N: 650688.6 - E: 569870.2 LAT: 32.7887405° N LONG: 104.2404851° W</p> <p>BOTTOM HOLE (BH) N: 650689.1 - E: 569820.2 LAT: 32.7887421° N LONG: 104.2406478° W</p>	<p>CORNER DATA NAD 83 GRID - NM EAST</p> <p>A: FOUND BRASS CAP "1941" N: 648755.1 - E: 569774.2</p> <p>B: FOUND BRASS CAP "1941" N: 651389.1 - E: 569768.8</p> <p>C: FOUND BRASS CAP "1941" N: 654022.0 - E: 569763.3</p> <p>D: FOUND BRASS CAP "1941" N: 654002.1 - E: 572411.1</p> <p>E: FOUND BRASS CAP "1941" N: 653983.5 - E: 575058.5</p> <p>F: FOUND BRASS CAP "1941" N: 653999.6 - E: 577752.7</p> <p>G: FOUND BRASS CAP "1941" N: 654017.3 - E: 580331.9</p> <p>H: FOUND BRASS CAP "1941" N: 651411.9 - E: 580372.5</p> <p>I: CALCULATED CORNER N: 648805.9 - E: 580413.8</p> <p>J: FOUND BRASS CAP "1941" N: 648700.0 - E: 575089.7</p> <p>K: FOUND BRASS CAP "1941" N: 651341.8 - E: 575074.4</p>	<p>17 OPERATOR CERTIFICATION <i>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.</i></p> <p>Signature _____ Date _____</p> <p>Printed Name _____</p> <p>E-mail Address _____</p> <p>18 SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>07/16/2021 Date of Survey</p> <p>Signature and Seal of Professional Surveyor _____</p> <p>19680 Certificate Number</p>
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LS21050500

Exhibit A-3

South Half of Section 36, Township 17 South, Range 27 East, Eddy County, New Mexico as to those depths from the Top of the Yeso Formation to 5000’.

SESE (P)	SWSW (M)	SESW (N)	SWSE (O)	SESE (P)	L 4
NENE (A)	NWNW (D)	NENW (C)	NWNE (B)	NENE (A)	L 1
SENE (H)	SWNW (E)	SENW (F)	SWNE (G)	SENE (H)	L 2
NESE (I)	Tract 1 NWSW (L)	NESW (K)	NWSE (J)	NESE (I)	L 3
SESE (P)	Tract 2 SWSW (M)	SESW (N)	Tract 4 SWSE (O)	Tract 3B SESE (P)	L 4
L 1	L 4	L 3	L 2	L 1	L 4

Tract 1: NW4SW4 of Section 36-17S-27E (State Lease No. B1-1538-0017)

- Occidental Permian Limited Partnership 100% Working Interest

Tract 2: SW4SW4 of Section 36-17S-27E (State Lease No. E0-079-0005)

- SEP Permian LLC 87.50% Working Interest
- Betty Joanne Hummell 4.167% Working Interest
- Barbara Louise Jonas 4.167% Working Interest
- Beverly Sue Stephenson 4.167% Working Interest

Tract 3A: E2SW4 and NW4SE4 of Section 36-17S-27E (State Lease No. B0-0752-0002)

- EOG Resources, Inc. 45.000% Working Interest
- SEP Permian LLC 7.5000% Working Interest
- Separate Est. of William P. Dooley, Dec. 17.500% Working Interest
- Annice L. Miller 19.326% Working Interest
- Carol Anne Flynn Trust 10.674% Working Interest

SPUR ENERGY PARTNERS, LLC
 Case No. 22090
 Exhibit A-3

Tract 3B: E2SE4 of Section 36-17S-27E (State Lease No. B0-0752-0004)

- Mewbourne Oil Company 50.000% Working Interest
- SEP Permian LLC 10.000% Working Interest
- Sharbro Energy, LLC 6.2500% Working Interest
- EOG Resources, Inc. 5.4167% Working Interest
- Shirley D. McGehearty 3.3333% Working Interest
- Walter E. Granbury, Jr. 12.500% Working Interest
- Holsum, Inc. 15.500% Working Interest

Tract 4: SW4SE4 of Section 36-17S-27E (State Lease No. E0-5313-0000)

- SEP Permian LLC 100% Working Interest

Recapitulation - South Half (320 Acs) - Case No. 21937		
Tract Number	Number of Acres Committed	Percentage of Interest in Unit
1	40	12.50%
2	40	12.50%
3A	120	37.50%
3B	80	25.00%
4	40	12.50%
Total	320	100.00%
Occidental Permian Limited Partnership	12.5% WI	
Barbara Louise Jonas	0.520833% WI	
Betty Joanne Hummell	0.520833% WI	
Beverly Sue Stephenson	0.520833% WI	
SEP Permian LLC	28.750% WI	
Annice L. Miller	7.24725% WI	
Carole Anne Flynn Trust	4.00275% WI	
Separate Est. of William P. Dooley, Dec.	6.5625% WI	
Holsum, Inc	3.125% WI	
Mewbourne Oil Company	12.5% WI	
Sharbro Energy, LLC	1.5625% WI	
Shirley D. McGehearty	0.83334% WI	
Walter E. Granbury, Jr.	3.125% WI	
EOG Resources, Inc.	18.229167% WI	
Total	100% WI	

Leasehold Interest:

SEP Permian LLC
9655 Katy Freeway, Ste 500
Houston, Texas 77024

Annice L. Miller
231 South La Salle Street
Chicago, Illinois 60697

Carole Anne Flynn Trust
10780 Salisbury Road
Pleasant Plains, Illinois 62677

Barbara Louise Jonas
202 Blyth Road
Victoria, Texas 77904

Betty Joanne Hummel
808 15th Street
Eunice, New Mexico 88231

Beverly Sue Stephenson
136 Musketball Drive
Ruidoso, New Mexico 88345

Separate Estate of William P. Dooley, Dec.
1006 S. Second Street
Artesia, New Mexico 88210

Holsum, Inc.
723 N. Main Street
Roswell, New Mexico 88201

Mewbourne Oil Company
500 West Texas Avenue, Ste 1020
Midland, Texas 79701

Sharbro Energy, LLC
P.O. Box 840
Artesia, New Mexico 88211

Shirley D. McGehearty
3220 Avenue J
Bay City, Texas 79702

Walter E. Granbury, Jr.
4811 14th Street
Lubbock, Texas 79416

EOG Resources, Inc.
104 S. 4th Street
Artesia, New Mexico 88210

Occidental Permian Limited Partnership
5 Greenway Plaza, Suite 110
Houston, Texas 77046

*Yellow indicates interest being compulsory pooled

**Blue indicates interest is unlocatable

ORRI

ConocoPhillips Company
 John & Theresa Hillman Family Properties, LP
 Manix Royalty, Ltd.
 Abbe Kanner, as separate property
 Barbara Bentwood McCahan, as separate property
 Bentwood Revocable Living Trust UA dated
 September 9, 1996; Richard W. Bentwood and Jean
 T. Bentwood, Co-Trustees
 Claire Jeanne Carter Trust UA dated December 20,
 1983, Claire Jeanne Carter, Trustee
 Dr. John Bentwood, as separate property
 John W. Gates, LLC
 Leland Price, Inc
 Platform Energy III, LLC
 Wheatley Family Trust UA dated February 12,1990;
 Sarah E Wheatley, Trustee
 Separate Estate of William P. Dooley, Deceased
 Yates Brothers
 Colaro Corporation
 ELSR, LP
 Rock Energy Corporation

Address

600 W. Illinois Ave., Midland, TX 79701
 P.O. Box 50187, Midland, TX 79710
 P.O. Box 2818, Midland, TX 79702
 809 SW 8th Ter, Fort Lauderdale, FL 33315-3853
 P.O. Box 479, Plymouth, NH 03264-0479
 755 N Westridge Ave, Glendora, CA 91740
 303 West Main Street, Artesia, NM 88210-2133
 122 Highland St, Plymouth, NH 03264-1240
 706 West Grand Avenue, Artesia, NM 88210
 2415 Loma, Artesia, NM 88210
 1200 Summit Avenue, Ste 350, Fort Worth, TX 76102
 303 West Main Street, Artesia, NM 88210-2133
 1006 S. Second Street, Artesia, NM 88210
 P.O. Box 1394, Artesia, NM 88211
 5001 Spring Valley Rd, Ste 800E, Dallas, TX 75244-8212
 8080 N Central Expy, Ste 1420 Lb 12, Dallas, TX 75206-1844
 P.O. Box 885 Seguin, TX 78155



July 7, 2021

Sent via Email and Certified Mail

RE: **Revised Lateral Calls for the Waukee C 36 State Com 2H, Waukee C 36 State Com 11H, Waukee C 36 State Com 51H, Waukee D 36 State Com 1H, Waukee D 36 State Com 10H and Waukee D 36 State 50H**
S/2 of Section 36-T17S-R27E
Eddy County, New Mexico

Gentlemen/Ladies:

In that certain Well Proposal ("Original Proposal") dated March 11, 2021, SEP Permian LLC, an affiliate of Spur Energy Partners LLC ("Spur"), proposed to drill and complete the **Waukee C 36 State Com 2H, Waukee C 36 State Com 11H, Waukee C 36 State Com 51H, Waukee D 36 State Com 1H, Waukee D 36 State Com 10H and Waukee D 36 State 50H** wells as horizontal Yeso wells.

Please be advised, Spur is notifying you with the updated (Lateral) calls for the **Waukee C 36 State Com 2H, Waukee C 36 State Com 11H, Waukee C 36 State Com 51H, Waukee D 36 State Com 1H, Waukee D 36 State Com 10H and Waukee D 36 State 50H** (subject to change upon staking and survey).

Waukee C 36 State Com 2H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 2200' FSL & 735' FWL, Section 31, T17S-R28E
- Proposed Bottom Hole Location – 1560' FSL & 50' FWL, Section 36, T17S-R27E
- TVD: 3350'

Waukee C 36 State Com 11H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 2240' FSL & 735' FWL, Section 31, T17S-R28E
- Proposed Bottom Hole Location – 2310' FSL & 50' FWL, Section 36, T17S-R27E
- TVD: 3535'

Waukee C 36 State Com 51H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 2220' FSL & 735' FWL, Section 31, T17S-R28E
- Proposed Bottom Hole Location – 1935' FSL & 50' FWL, Section 36, T17S-R27E
- TVD: 3955'

Waukee D 36 State Com 1H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 760' FSL & 760' FWL, Section 31, T17S-R28E
- Proposed Bottom Hole Location – 110' FSL & 50' FWL, Section 36, T17S-R27E
- TVD: 3350'



Waukee D 36 State Com 10H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 800’ FSL & 760’ FWL, Section 31, T17S-R28E
- Proposed Bottom Hole Location – 810’ FSL & 50’ FWL, Section 36, T17S-R27E
- TVD: 3535’

Waukee D 36 State Com 50H – Horizontal Yeso Well, Eddy County, NM

- Proposed Surface Hole Location – 780’ FSL & 760’ FWL, Section 31, T17S-R28E
- Proposed Bottom Hole Location – 435’ FSL & 50’ FWL, Section 36, T17S-R27E
- TVD: 3955’

If you have any questions, please do not hesitate to contact the undersigned at (832)-930-8616 or mlandry@spurepllc.com.

Sincerely,

SEP Permian LLC

Morgan Landry, Senior Landman SEP

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.:	C21073	COMPANY	
AFE DESC:	WAUKEE D IH	DIVISION	
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS	13,000.00		0.00		13,000.00	
TOTAL:	13,000.00		0.00		13,000.00	
LOCATION/DAMAGES/ROW-LAND	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
TITLE WORK/LANDMAN SERVICES - L	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
SURVEY - LAND	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLING RENTALS: SURFACE	21,000.00		0.00		21,000.00	
TOTAL:	21,000.00		0.00		21,000.00	
DRILLING RENTALS: SUBSURFACE	25,000.00		0.00		25,000.00	
TOTAL:	25,000.00		0.00		25,000.00	
DRILL MUD & COMPL FLUID	15,000.00		0.00		15,000.00	
TOTAL:	15,000.00		0.00		15,000.00	
WELLSITE SUPERVISION	17,500.00		0.00		17,500.00	
TOTAL:	17,500.00		0.00		17,500.00	
GROUND TRANSPORT	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
CONTRACT DRILLING (DAY RATE/TUF	145,000.00		0.00		145,000.00	
TOTAL:	145,000.00		0.00		145,000.00	
DIRECTIONAL TOOLS AND SERVICES	65,000.00		0.00		65,000.00	
TOTAL:	65,000.00		0.00		65,000.00	
FLUID & CUTTINGS DISPOSAL	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
FRAC TANK RENTALS	250.00		0.00		250.00	
TOTAL:	250.00		0.00		250.00	
BITS	30,500.00		0.00		30,500.00	
TOTAL:	30,500.00		0.00		30,500.00	
COMPANY LABOR	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
FUEL, WATER & LUBE	22,500.00		0.00		22,500.00	
TOTAL:	22,500.00		0.00		22,500.00	
CEMENT	53,000.00		0.00		53,000.00	
TOTAL:	53,000.00		0.00		53,000.00	
CASING CREWS AND LAYDOWN SERV	8,500.00		0.00		8,500.00	
TOTAL:	8,500.00		0.00		8,500.00	
PROD CSG CEMENT AND SERVICE	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
MUD LOGGER	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
MOB/DEMOB RIG	12,500.00		0.00		12,500.00	
TOTAL:	12,500.00		0.00		12,500.00	
VACUUM TRUCKING	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLPIPE INSPECTION	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
CONTRACT LABOR/SERVICES	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
MISC IDC/CONTINGENCY	40,750.00		0.00		40,750.00	
TOTAL:	40,750.00		0.00		40,750.00	
SURFACE CASING	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
INTERMEDIATE CASING	24,000.00		0.00		24,000.00	
TOTAL:	24,000.00		0.00		24,000.00	
PRODUCTION/LINER CASING	200,000.00		0.00		200,000.00	
TOTAL:	200,000.00		0.00		200,000.00	
CONDUCTOR PIPE	20,000.00		0.00		20,000.00	

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.:	C21073	OPERATOR:	COMPANY
AFE DESC:	WAUKEE D 1H		DIVISION
DATE:	03/09/2021		
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN, LLC	
GROSS/NET:	GROSS		

	TOTAL:	20,000.00	0.00	20,000.00
WELLHEAD		17,500.00	0.00	17,500.00
	TOTAL:	17,500.00	0.00	17,500.00
LINER HANGER/CASING ACCESSORY		25,000.00	0.00	25,000.00
	TOTAL:	25,000.00	0.00	25,000.00
EQUIP RENT		25,000.00	0.00	25,000.00
	TOTAL:	25,000.00	0.00	25,000.00
RENTALS: SURFACE IRON		45,000.00	0.00	45,000.00
	TOTAL:	45,000.00	0.00	45,000.00
DRILL MUD & COMPL FLUID		270,000.00	0.00	270,000.00
	TOTAL:	270,000.00	0.00	270,000.00
WELLSITE SUPERVISION		35,000.00	0.00	35,000.00
	TOTAL:	35,000.00	0.00	35,000.00
COMPLETION CHEMICALS		110,000.00	0.00	110,000.00
	TOTAL:	110,000.00	0.00	110,000.00
GROUND TRANSPORT		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
PUMPDOWN		20,000.00	0.00	20,000.00
	TOTAL:	20,000.00	0.00	20,000.00
CASED HOLE WIRELINE		70,000.00	0.00	70,000.00
	TOTAL:	70,000.00	0.00	70,000.00
FRAC PLUGS		40,000.00	0.00	40,000.00
	TOTAL:	40,000.00	0.00	40,000.00
FRAC/FLUID SW DISPOSAL		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
FRAC TANK RENTALS		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
FLOWBACK		30,000.00	0.00	30,000.00
	TOTAL:	30,000.00	0.00	30,000.00
STIMULATION AND PUMPING SERVIC		270,000.00	0.00	270,000.00
	TOTAL:	270,000.00	0.00	270,000.00
PROPPANT		145,000.00	0.00	145,000.00
	TOTAL:	145,000.00	0.00	145,000.00
FUEL, WATER & LUBE		100,000.00	0.00	100,000.00
	TOTAL:	100,000.00	0.00	100,000.00
CASING CREWS AND LAYDOWN SER		2,500.00	0.00	2,500.00
	TOTAL:	2,500.00	0.00	2,500.00
COMPLETION/WORKOVER RIG		10,000.00	0.00	10,000.00
	TOTAL:	10,000.00	0.00	10,000.00
KILL TRUCK		2,500.00	0.00	2,500.00
	TOTAL:	2,500.00	0.00	2,500.00
CONTRACT LABOR - ARTIFICIAL LIFT		17,500.00	0.00	17,500.00
	TOTAL:	17,500.00	0.00	17,500.00
CONTRACT LABOR - ELECTRICAL/AU		20,000.00	0.00	20,000.00
	TOTAL:	20,000.00	0.00	20,000.00
CONTRACT LABOR - WELL LEVEL		15,000.00	0.00	15,000.00
	TOTAL:	15,000.00	0.00	15,000.00
FACILITY PAD CONSTRUCTION			15,000.00	15,000.00
MISC INTANGIBLE FACILITY COSTS			5,000.00	5,000.00
CONTRACT LABOR - AUTOMATION			6,500.00	6,500.00
EQUIPMENT RENTALS			5,000.00	5,000.00
FREIGHT & HANDLING			5,000.00	5,000.00
CONTRACT LABOR - ELECTRICAL			15,000.00	15,000.00
FACILITY CONSTRUCTION LABOR			55,000.00	55,000.00
OVERHEAD POWER		12,500.00	0.00	12,500.00
	TOTAL:	12,500.00	0.00	12,500.00
PARTS & SUPPLIES - ARTIFICIAL LIFT		50,000.00	0.00	50,000.00
	TOTAL:	50,000.00	0.00	50,000.00

SEP Permian LLC
AUTHORITY FOR EXPENDITURE

AFE NO.: C21073		COMPANY	
AFE DESC: WAUKEE D IH		DIVISION	
DATE: 03/09/2021		OPERATOR:	
AFE TYPE: DRILL COMPLETE AND EQUIP		102 - SEP PERMIAN,	
GROSS/NET: GROSS		LLC	
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00	5,000.00
TOTAL:	5,000.00	0.00	5,000.00
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00	20,000.00
TOTAL:	20,000.00	0.00	20,000.00
TUBING	45,000.00	0.00	45,000.00
TOTAL:	45,000.00	0.00	45,000.00
TUBING HEAD/XMAS TREE	10,000.00	0.00	10,000.00
TOTAL:	10,000.00	0.00	10,000.00
VESSELS		65,000.00	65,000.00
ELECTRICAL - OVERHEAD & TRANSF		15,000.00	15,000.00
LACT		20,000.00	20,000.00
AUTOMATION METERS, SENSORS, V/		25,000.00	25,000.00
MISC FITTINGS & SUPPLIES		22,500.00	22,500.00
PUMPS & PUMP SUPPLIES		6,000.00	6,000.00
MISC TANGIBLE FACILITY COSTS		5,000.00	5,000.00
TANKS (OIL & WATER)		40,000.00	40,000.00
CONTAINMENT		15,000.00	15,000.00
PIPING		15,000.00	15,000.00
ELECTRICAL - FACILITY		65,000.00	65,000.00
TOTAL THIS AFE:	991,000.00	1,400,000.00	400,000.00
			2,791,000.00

SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C21070	COMPANY	
AFE DESC.:	WAUKEE C 2H	DIVISION	
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS	13,000.00		0.00		13,000.00	
TOTAL:	13,000.00		0.00		13,000.00	
LOCATION/DAMAGES/ROW-LAND	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
TITLE WORK/LANDMAN SERVICES - L	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
SURVEY - LAND	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLING RENTALS: SURFACE	21,000.00		0.00		21,000.00	
TOTAL:	21,000.00		0.00		21,000.00	
DRILLING RENTALS: SUBSURFACE	25,000.00		0.00		25,000.00	
TOTAL:	25,000.00		0.00		25,000.00	
DRILL MUD & COMPL FLUID	15,000.00		0.00		15,000.00	
TOTAL:	15,000.00		0.00		15,000.00	
WELLSITE SUPERVISION	17,500.00		0.00		17,500.00	
TOTAL:	17,500.00		0.00		17,500.00	
GROUND TRANSPORT	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
CONTRACT DRILLING (DAY RATE/TUF	145,000.00		0.00		145,000.00	
TOTAL:	145,000.00		0.00		145,000.00	
DIRECTIONAL TOOLS AND SERVICES	65,000.00		0.00		65,000.00	
TOTAL:	65,000.00		0.00		65,000.00	
FLUID & CUTTINGS DISPOSAL	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
FRAC TANK RENTALS	250.00		0.00		250.00	
TOTAL:	250.00		0.00		250.00	
BITS	30,500.00		0.00		30,500.00	
TOTAL:	30,500.00		0.00		30,500.00	
COMPANY LABOR	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
FUEL, WATER & LUBE	22,500.00		0.00		22,500.00	
TOTAL:	22,500.00		0.00		22,500.00	
CEMENT	53,000.00		0.00		53,000.00	
TOTAL:	53,000.00		0.00		53,000.00	
CASING CREWS AND LAYDOWN SER	8,500.00		0.00		8,500.00	
TOTAL:	8,500.00		0.00		8,500.00	
PROD CSG CEMENT AND SERVICE	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
MUD LOGGER	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
MOB/DEMOB RIG	12,500.00		0.00		12,500.00	
TOTAL:	12,500.00		0.00		12,500.00	
VACUUM TRUCKING	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLPIPE INSPECTION	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
CONTRACT LABOR/SERVICES	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
MISC IDC/CONTINGENCY	40,750.00		0.00		40,750.00	
TOTAL:	40,750.00		0.00		40,750.00	
SURFACE CASING	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
INTERMEDIATE CASING	24,000.00		0.00		24,000.00	
TOTAL:	24,000.00		0.00		24,000.00	
PRODUCTION/LINER CASING	200,000.00		0.00		200,000.00	
TOTAL:	200,000.00		0.00		200,000.00	
CONDUCTOR PIPE	20,000.00		0.00		20,000.00	

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.:	C21070		COMPANY
AFE DESC:	WAUKEE C 2H		DIVISION
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	
TOTAL:		20,000.00	0.00
WELLHEAD	17,500.00	0.00	17,500.00
TOTAL:		17,500.00	0.00
LINER HANGER/CASING ACCESSORY	25,000.00	0.00	25,000.00
TOTAL:		25,000.00	0.00
EQUIP RENT	25,000.00	0.00	25,000.00
TOTAL:		25,000.00	0.00
RENTALS: SURFACE IRON	45,000.00	0.00	45,000.00
TOTAL:		45,000.00	0.00
DRILL MUD & COMPL FLUID	270,000.00	0.00	270,000.00
TOTAL:		270,000.00	0.00
WELLSITE SUPERVISION	35,000.00	0.00	35,000.00
TOTAL:		35,000.00	0.00
COMPLETION CHEMICALS	110,000.00	0.00	110,000.00
TOTAL:		110,000.00	0.00
GROUND TRANSPORT	10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00
PUMPDOWN	20,000.00	0.00	20,000.00
TOTAL:		20,000.00	0.00
CASED HOLE WIRELINE	70,000.00	0.00	70,000.00
TOTAL:		70,000.00	0.00
FRAC PLUGS	40,000.00	0.00	40,000.00
TOTAL:		40,000.00	0.00
FRAC/FLUID SW DISPOSAL	10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00
FRAC TANK RENTALS	10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00
FLOWBACK	30,000.00	0.00	30,000.00
TOTAL:		30,000.00	0.00
STIMULATION AND PUMPING SERVIC	270,000.00	0.00	270,000.00
TOTAL:		270,000.00	0.00
PROPPANT	145,000.00	0.00	145,000.00
TOTAL:		145,000.00	0.00
FUEL, WATER & LUBE	100,000.00	0.00	100,000.00
TOTAL:		100,000.00	0.00
CASING CREWS AND LAYDOWN SER	2,500.00	0.00	2,500.00
TOTAL:		2,500.00	0.00
COMPLETION/WORKOVER RIG	10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00
KILL TRUCK	2,500.00	0.00	2,500.00
TOTAL:		2,500.00	0.00
CONTRACT LABOR - ARTIFICIAL LIFT	17,500.00	0.00	17,500.00
TOTAL:		17,500.00	0.00
CONTRACT LABOR - ELECTRICAL/AU	20,000.00	0.00	20,000.00
TOTAL:		20,000.00	0.00
CONTRACT LABOR - WELL LEVEL	15,000.00	0.00	15,000.00
TOTAL:		15,000.00	0.00
FACILITY PAD CONSTRUCTION		15,000.00	15,000.00
MISC INTANGIBILE FACILITY COSTS		5,000.00	5,000.00
CONTRACT LABOR - AUTOMATION		6,500.00	6,500.00
EQUIPMENT RENTALS		5,000.00	5,000.00
FREIGHT & HANDLING		5,000.00	5,000.00
CONTRACT LABOR - ELECTRICAL		15,000.00	15,000.00
FACILITY CONSTRUCTION LABOR		55,000.00	55,000.00
OVERHEAD POWER	12,500.00	0.00	12,500.00
TOTAL:		12,500.00	0.00
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00	50,000.00
TOTAL:		50,000.00	0.00

SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.: C21070		COMPANY	
AFE DESC: WAUKEE C 2H		DIVISION	
DATE: 03/09/2021		OPERATOR:	
AFE TYPE: DRILL COMPLETE AND EQUIP		102 - SEP PERMIAN,	
GROSS/NET: GROSS		LLC	
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00	5,000.00
TOTAL:	5,000.00	0.00	5,000.00
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00	20,000.00
TOTAL:	20,000.00	0.00	20,000.00
TUBING	45,000.00	0.00	45,000.00
TOTAL:	45,000.00	0.00	45,000.00
TUBING HEAD/XMAS TREE	10,000.00	0.00	10,000.00
TOTAL:	10,000.00	0.00	10,000.00
VESSELS		65,000.00	65,000.00
ELECTRICAL - OVERHEAD & TRANSF		15,000.00	15,000.00
LACT		20,000.00	20,000.00
AUTOMATION METERS, SENSORS, V/		25,000.00	25,000.00
MISC FITTINGS & SUPPLIES		22,500.00	22,500.00
PUMPS & PUMP SUPPLIES		6,000.00	6,000.00
MISC TANGIBLE FACILITY COSTS		5,000.00	5,000.00
TANKS (OIL & WATER)		40,000.00	40,000.00
CONTAINMENT		15,000.00	15,000.00
PIPING		15,000.00	15,000.00
ELECTRICAL - FACILITY		65,000.00	65,000.00
TOTAL THIS AFE:	991,000.00	1,400,000.00	400,000.00
			2,791,000.00

SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C21074	COMPANY	
AFE DESC:	WAUKEE D 10H	DIVISION	
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS	13,000.00		0.00		13,000.00	
TOTAL:	13,000.00		0.00		13,000.00	
LOCATION/DAMAGES/ROW-LAND	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
TITLE WORK/LANDMAN SERVICES - L	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
SURVEY - LAND	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLING RENTALS: SURFACE	21,000.00		0.00		21,000.00	
TOTAL:	21,000.00		0.00		21,000.00	
DRILLING RENTALS: SUBSURFACE	25,000.00		0.00		25,000.00	
TOTAL:	25,000.00		0.00		25,000.00	
DRILL MUD & COMPL FLUID	15,000.00		0.00		15,000.00	
TOTAL:	15,000.00		0.00		15,000.00	
WELLSITE SUPERVISION	17,500.00		0.00		17,500.00	
TOTAL:	17,500.00		0.00		17,500.00	
GROUND TRANSPORT	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
CONTRACT DRILLING (DAY RATE/TUF	145,000.00		0.00		145,000.00	
TOTAL:	145,000.00		0.00		145,000.00	
DIRECTIONAL TOOLS AND SERVICES	65,000.00		0.00		65,000.00	
TOTAL:	65,000.00		0.00		65,000.00	
FLUID & CUTTINGS DISPOSAL	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
FRAC TANK RENTALS	250.00		0.00		250.00	
TOTAL:	250.00		0.00		250.00	
BITS	30,500.00		0.00		30,500.00	
TOTAL:	30,500.00		0.00		30,500.00	
COMPANY LABOR	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
FUEL, WATER & LUBE	22,500.00		0.00		22,500.00	
TOTAL:	22,500.00		0.00		22,500.00	
CEMENT	53,000.00		0.00		53,000.00	
TOTAL:	53,000.00		0.00		53,000.00	
CASING CREWS AND LAYDOWN SER ¹	8,500.00		0.00		8,500.00	
TOTAL:	8,500.00		0.00		8,500.00	
PROD CSG CEMENT AND SERVICE	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
MUD LOGGER	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
MOB/DEMOB RIG	12,500.00		0.00		12,500.00	
TOTAL:	12,500.00		0.00		12,500.00	
VACUUM TRUCKING	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLPIPE INSPECTION	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
CONTRACT LABOR/SERVICES	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
MISC IDC/CONTINGENCY	40,750.00		0.00		40,750.00	
TOTAL:	40,750.00		0.00		40,750.00	
SURFACE CASING	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
INTERMEDIATE CASING	24,000.00		0.00		24,000.00	
TOTAL:	24,000.00		0.00		24,000.00	
PRODUCTION/LINER CASING	200,000.00		0.00		200,000.00	
TOTAL:	200,000.00		0.00		200,000.00	
CONDUCTOR PIPE	20,000.00		0.00		20,000.00	

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.:	C21074		COMPANY
AFE DESC:	WAUKEE D 10H		DIVISION
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	
TOTAL:		20,000.00	0.00
WELLHEAD	17,500.00	0.00	17,500.00
TOTAL:		17,500.00	0.00
LINER HANGER/CASING ACCESSORY	25,000.00	0.00	25,000.00
TOTAL:		25,000.00	0.00
EQUIP RENT	25,000.00	0.00	25,000.00
TOTAL:		25,000.00	0.00
RENTALS: SURFACE IRON	45,000.00	0.00	45,000.00
TOTAL:		45,000.00	0.00
DRILL MUD & COMPL FLUID	270,000.00	0.00	270,000.00
TOTAL:		270,000.00	0.00
WELLSITE SUPERVISION	35,000.00	0.00	35,000.00
TOTAL:		35,000.00	0.00
COMPLETION CHEMICALS	110,000.00	0.00	110,000.00
TOTAL:		110,000.00	0.00
GROUND TRANSPORT	10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00
PUMPDOWN	20,000.00	0.00	20,000.00
TOTAL:		20,000.00	0.00
CASED HOLE WIRELINE	70,000.00	0.00	70,000.00
TOTAL:		70,000.00	0.00
FRAC PLUGS	40,000.00	0.00	40,000.00
TOTAL:		40,000.00	0.00
FRAC/FLUID SW DISPOSAL	10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00
FRAC TANK RENTALS	10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00
FLOWBACK	30,000.00	0.00	30,000.00
TOTAL:		30,000.00	0.00
STIMULATION AND PUMPING SERVIC	270,000.00	0.00	270,000.00
TOTAL:		270,000.00	0.00
PROPPANT	145,000.00	0.00	145,000.00
TOTAL:		145,000.00	0.00
FUEL, WATER & LUBE	100,000.00	0.00	100,000.00
TOTAL:		100,000.00	0.00
CASING CREWS AND LAYDOWN SER	2,500.00	0.00	2,500.00
TOTAL:		2,500.00	0.00
COMPLETION/WORKOVER RIG	10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00
KILL TRUCK	2,500.00	0.00	2,500.00
TOTAL:		2,500.00	0.00
CONTRACT LABOR - ARTIFICIAL LIFT	17,500.00	0.00	17,500.00
TOTAL:		17,500.00	0.00
CONTRACT LABOR - ELECTRICAL/AU	20,000.00	0.00	20,000.00
TOTAL:		20,000.00	0.00
CONTRACT LABOR - WELL LEVEL	15,000.00	0.00	15,000.00
TOTAL:		15,000.00	0.00
FACILITY PAD CONSTRUCTION		15,000.00	15,000.00
MISC INTANGIBLE FACILITY COSTS		5,000.00	5,000.00
CONTRACT LABOR - AUTOMATION		6,500.00	6,500.00
EQUIPMENT RENTALS		5,000.00	5,000.00
FREIGHT & HANDLING		5,000.00	5,000.00
CONTRACT LABOR - ELECTRICAL		15,000.00	15,000.00
FACILITY CONSTRUCTION LABOR		55,000.00	55,000.00
OVERHEAD POWER	12,500.00	0.00	12,500.00
TOTAL:		12,500.00	0.00
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00	50,000.00
TOTAL:		50,000.00	0.00

SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.: C21074		COMPANY	
AFE DESC: WAUKEE D 10H		DIVISION	
DATE: 03/09/2021		OPERATOR:	
AFE TYPE: DRILL COMPLETE AND EQUIP		102 - SEP PERMIAN,	
GROSS/NET: GROSS		LLC	
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00	5,000.00
TOTAL:	5,000.00	0.00	5,000.00
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00	20,000.00
TOTAL:	20,000.00	0.00	20,000.00
TUBING	45,000.00	0.00	45,000.00
TOTAL:	45,000.00	0.00	45,000.00
TUBING HEAD/XMAS TREE	10,000.00	0.00	10,000.00
TOTAL:	10,000.00	0.00	10,000.00
VESSELS		65,000.00	65,000.00
ELECTRICAL - OVERHEAD & TRANSF(15,000.00	15,000.00
LACT		20,000.00	20,000.00
AUTOMATION METERS, SENSORS, V/		25,000.00	25,000.00
MISC FITTINGS & SUPPLIES		22,500.00	22,500.00
PUMPS & PUMP SUPPLIES		6,000.00	6,000.00
MISC TANGIBLE FACILITY COSTS		5,000.00	5,000.00
TANKS (OIL & WATER)		40,000.00	40,000.00
CONTAINMENT		15,000.00	15,000.00
PIPING		15,000.00	15,000.00
ELECTRICAL - FACILITY		65,000.00	65,000.00
TOTAL THIS AFE:	991,000.00	1,400,000.00	400,000.00
			2,791,000.00

SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C21071	COMPANY	
AFE DESC:	WAUKEE C 11H	DIVISION	
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS	13,000.00		0.00		13,000.00	
TOTAL:	13,000.00		0.00		13,000.00	
LOCATION/DAMAGES/ROW-LAND	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
TITLE WORK/LANDMAN SERVICES - L	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
SURVEY - LAND	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLING RENTALS: SURFACE	21,000.00		0.00		21,000.00	
TOTAL:	21,000.00		0.00		21,000.00	
DRILLING RENTALS: SUBSURFACE	25,000.00		0.00		25,000.00	
TOTAL:	25,000.00		0.00		25,000.00	
DRILL MUD & COMPL FLUID	15,000.00		0.00		15,000.00	
TOTAL:	15,000.00		0.00		15,000.00	
WELLSITE SUPERVISION	17,500.00		0.00		17,500.00	
TOTAL:	17,500.00		0.00		17,500.00	
GROUND TRANSPORT	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
CONTRACT DRILLING (DAY RATE/TUF	145,000.00		0.00		145,000.00	
TOTAL:	145,000.00		0.00		145,000.00	
DIRECTIONAL TOOLS AND SERVICES	65,000.00		0.00		65,000.00	
TOTAL:	65,000.00		0.00		65,000.00	
FLUID & CUTTINGS DISPOSAL	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
FRAC TANK RENTALS	250.00		0.00		250.00	
TOTAL:	250.00		0.00		250.00	
BITS	30,500.00		0.00		30,500.00	
TOTAL:	30,500.00		0.00		30,500.00	
COMPANY LABOR	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
FUEL, WATER & LUBE	22,500.00		0.00		22,500.00	
TOTAL:	22,500.00		0.00		22,500.00	
CEMENT	53,000.00		0.00		53,000.00	
TOTAL:	53,000.00		0.00		53,000.00	
CASING CREWS AND LAYDOWN SER	8,500.00		0.00		8,500.00	
TOTAL:	8,500.00		0.00		8,500.00	
PROD CSG CEMENT AND SERVICE	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
MUD LOGGER	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
MOB/DEMOB RIG	12,500.00		0.00		12,500.00	
TOTAL:	12,500.00		0.00		12,500.00	
VACUUM TRUCKING	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLPIPE INSPECTION	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
CONTRACT LABOR/SERVICES	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
MISC IDC/CONTINGENCY	40,750.00		0.00		40,750.00	
TOTAL:	40,750.00		0.00		40,750.00	
SURFACE CASING	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
INTERMEDIATE CASING	24,000.00		0.00		24,000.00	
TOTAL:	24,000.00		0.00		24,000.00	
PRODUCTION/LINER CASING	200,000.00		0.00		200,000.00	
TOTAL:	200,000.00		0.00		200,000.00	
CONDUCTOR PIPE	20,000.00		0.00		20,000.00	

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.:	C21071		COMPANY
AFE DESC:	WAUKEE C 11H		DIVISION
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	
TOTAL:	20,000.00	0.00	20,000.00
WELLHEAD	17,500.00	0.00	17,500.00
TOTAL:	17,500.00	0.00	17,500.00
LINER HANGER/CASING ACCESSORY	25,000.00	0.00	25,000.00
TOTAL:	25,000.00	0.00	25,000.00
EQUIP RENT	25,000.00	0.00	25,000.00
TOTAL:	25,000.00	0.00	25,000.00
RENTALS: SURFACE IRON	45,000.00	0.00	45,000.00
TOTAL:	45,000.00	0.00	45,000.00
DRILL MUD & COMPL FLUID	270,000.00	0.00	270,000.00
TOTAL:	270,000.00	0.00	270,000.00
WELLSITE SUPERVISION	35,000.00	0.00	35,000.00
TOTAL:	35,000.00	0.00	35,000.00
COMPLETION CHEMICALS	110,000.00	0.00	110,000.00
TOTAL:	110,000.00	0.00	110,000.00
GROUND TRANSPORT	10,000.00	0.00	10,000.00
TOTAL:	10,000.00	0.00	10,000.00
PUMPDOWN	20,000.00	0.00	20,000.00
TOTAL:	20,000.00	0.00	20,000.00
CASED HOLE WIRELINE	70,000.00	0.00	70,000.00
TOTAL:	70,000.00	0.00	70,000.00
FRAC PLUGS	40,000.00	0.00	40,000.00
TOTAL:	40,000.00	0.00	40,000.00
FRAC/FLUID SW DISPOSAL	10,000.00	0.00	10,000.00
TOTAL:	10,000.00	0.00	10,000.00
FRAC TANK RENTALS	10,000.00	0.00	10,000.00
TOTAL:	10,000.00	0.00	10,000.00
FLOWBACK	30,000.00	0.00	30,000.00
TOTAL:	30,000.00	0.00	30,000.00
STIMULATION AND PUMPING SERVIC	270,000.00	0.00	270,000.00
TOTAL:	270,000.00	0.00	270,000.00
PROPPANT	145,000.00	0.00	145,000.00
TOTAL:	145,000.00	0.00	145,000.00
FUEL, WATER & LUBE	100,000.00	0.00	100,000.00
TOTAL:	100,000.00	0.00	100,000.00
CASING CREWS AND LAYDOWN SER	2,500.00	0.00	2,500.00
TOTAL:	2,500.00	0.00	2,500.00
COMPLETION/WORKOVER RIG	10,000.00	0.00	10,000.00
TOTAL:	10,000.00	0.00	10,000.00
KILL TRUCK	2,500.00	0.00	2,500.00
TOTAL:	2,500.00	0.00	2,500.00
CONTRACT LABOR - ARTIFICIAL LIFT	17,500.00	0.00	17,500.00
TOTAL:	17,500.00	0.00	17,500.00
CONTRACT LABOR - ELECTRICAL/AU	20,000.00	0.00	20,000.00
TOTAL:	20,000.00	0.00	20,000.00
CONTRACT LABOR - WELL LEVEL	15,000.00	0.00	15,000.00
TOTAL:	15,000.00	0.00	15,000.00
FACILITY PAD CONSTRUCTION		15,000.00	15,000.00
MISC INTANGIBLE FACILITY COSTS		5,000.00	5,000.00
CONTRACT LABOR - AUTOMATION		6,500.00	6,500.00
EQUIPMENT RENTALS		5,000.00	5,000.00
FREIGHT & HANDLING		5,000.00	5,000.00
CONTRACT LABOR - ELECTRICAL		15,000.00	15,000.00
FACILITY CONSTRUCTION LABOR		55,000.00	55,000.00
OVERHEAD POWER	12,500.00	0.00	12,500.00
TOTAL:	12,500.00	0.00	12,500.00
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00	50,000.00
TOTAL:	50,000.00	0.00	50,000.00

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.: C21071		COMPANY	
AFE DESC: WAUKEE C 11H		DIVISION	
DATE: 03/09/2021		OPERATOR:	
AFE TYPE: DRILL COMPLETE AND EQUIP		102 - SEP PERMIAN,	
GROSS/NET: GROSS		LLC	
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00	5,000.00
TOTAL:	5,000.00	0.00	5,000.00
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00	20,000.00
TOTAL:	20,000.00	0.00	20,000.00
TUBING	45,000.00	0.00	45,000.00
TOTAL:	45,000.00	0.00	45,000.00
TUBING HEAD/XMAS TREE	10,000.00	0.00	10,000.00
TOTAL:	10,000.00	0.00	10,000.00
VESSELS		65,000.00	65,000.00
ELECTRICAL - OVERHEAD & TRANSF(15,000.00	15,000.00
LACT		20,000.00	20,000.00
AUTOMATION METERS, SENSORS, V/		25,000.00	25,000.00
MISC FITTINGS & SUPPLIES		22,500.00	22,500.00
PUMPS & PUMP SUPPLIES		6,000.00	6,000.00
MISC TANGIBLE FACILITY COSTS		5,000.00	5,000.00
TANKS (OIL & WATER)		40,000.00	40,000.00
CONTAINMENT		15,000.00	15,000.00
PIPING		15,000.00	15,000.00
ELECTRICAL - FACILITY		65,000.00	65,000.00
TOTAL THIS AFE:	991,000.00	1,400,000.00	400,000.00
			2,791,000.00

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.: C21075		COMPANY
AFE DESC: WAUKEE D 50H		DIVISION
DATE: 03/09/2021	OPERATOR:	
AFE TYPE: DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET: GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS	13,000.00		0.00		13,000.00	
TOTAL:	13,000.00		0.00		13,000.00	
LOCATION/DAMAGES/ROW-LAND	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
TITLE WORK/LANDMAN SERVICES - L	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
SURVEY - LAND	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLING RENTALS: SURFACE	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
DRILLING RENTALS: SUBSURFACE	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
DRILL MUD & COMPL FLUID	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
WELLSITE SUPERVISION	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
GROUND TRANSPORT	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
CONTRACT DRILLING (DAY RATE/TUF	190,000.00		0.00		190,000.00	
TOTAL:	190,000.00		0.00		190,000.00	
DIRECTIONAL TOOLS AND SERVICES	130,000.00		0.00		130,000.00	
TOTAL:	130,000.00		0.00		130,000.00	
FLUID & CUTTINGS DISPOSAL	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
FRAC TANK RENTALS	250.00		0.00		250.00	
TOTAL:	250.00		0.00		250.00	
BITS	30,500.00		0.00		30,500.00	
TOTAL:	30,500.00		0.00		30,500.00	
COMPANY LABOR	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
FUEL, WATER & LUBE	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
CEMENT	53,000.00		0.00		53,000.00	
TOTAL:	53,000.00		0.00		53,000.00	
CASING CREWS AND LAYDOWN SERV	8,500.00		0.00		8,500.00	
TOTAL:	8,500.00		0.00		8,500.00	
PROD CSG CEMENT AND SERVICE	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
MUD LOGGER	12,000.00		0.00		12,000.00	
TOTAL:	12,000.00		0.00		12,000.00	
MOB/DEMOB RIG	12,500.00		0.00		12,500.00	
TOTAL:	12,500.00		0.00		12,500.00	
VACUUM TRUCKING	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLPIPE INSPECTION	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
CONTRACT LABOR/SERVICES	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
MISC IDC/CONTINGENCY	84,750.00		0.00		84,750.00	
TOTAL:	84,750.00		0.00		84,750.00	
SURFACE CASING	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
INTERMEDIATE CASING	24,000.00		0.00		24,000.00	
TOTAL:	24,000.00		0.00		24,000.00	
PRODUCTION/LINER CASING	200,000.00		0.00		200,000.00	
TOTAL:	200,000.00		0.00		200,000.00	
CONDUCTOR PIPE	20,000.00		0.00		20,000.00	

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.:	C21075		COMPANY
AFE DESC:	WAUKEE D 50H		DIVISION
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	
TOTAL:			
	20,000.00	0.00	20,000.00
WELLHEAD	17,500.00	0.00	17,500.00
TOTAL:			
	17,500.00	0.00	17,500.00
LINER HANGER/CASING ACCESSORY	25,000.00	0.00	25,000.00
TOTAL:			
	25,000.00	0.00	25,000.00
EQUIP RENT	25,000.00	0.00	25,000.00
TOTAL:			
	25,000.00	0.00	25,000.00
RENTALS: SURFACE IRON	45,000.00	0.00	45,000.00
TOTAL:			
	45,000.00	0.00	45,000.00
DRILL MUD & COMPL FLUID	270,000.00	0.00	270,000.00
TOTAL:			
	270,000.00	0.00	270,000.00
WELLSITE SUPERVISION	35,000.00	0.00	35,000.00
TOTAL:			
	35,000.00	0.00	35,000.00
COMPLETION CHEMICALS	110,000.00	0.00	110,000.00
TOTAL:			
	110,000.00	0.00	110,000.00
GROUND TRANSPORT	10,000.00	0.00	10,000.00
TOTAL:			
	10,000.00	0.00	10,000.00
PUMPDOWN	20,000.00	0.00	20,000.00
TOTAL:			
	20,000.00	0.00	20,000.00
CASED HOLE WIRELINE	70,000.00	0.00	70,000.00
TOTAL:			
	70,000.00	0.00	70,000.00
FRAC PLUGS	40,000.00	0.00	40,000.00
TOTAL:			
	40,000.00	0.00	40,000.00
FRAC/FLUID SW DISPOSAL	10,000.00	0.00	10,000.00
TOTAL:			
	10,000.00	0.00	10,000.00
FRAC TANK RENTALS	10,000.00	0.00	10,000.00
TOTAL:			
	10,000.00	0.00	10,000.00
FLOWBACK	30,000.00	0.00	30,000.00
TOTAL:			
	30,000.00	0.00	30,000.00
STIMULATION AND PUMPING SERVIC	270,000.00	0.00	270,000.00
TOTAL:			
	270,000.00	0.00	270,000.00
PROPPANT	145,000.00	0.00	145,000.00
TOTAL:			
	145,000.00	0.00	145,000.00
FUEL, WATER & LUBE	100,000.00	0.00	100,000.00
TOTAL:			
	100,000.00	0.00	100,000.00
CASING CREWS AND LAYDOWN SER\	2,500.00	0.00	2,500.00
TOTAL:			
	2,500.00	0.00	2,500.00
COMPLETION/WORKOVER RIG	10,000.00	0.00	10,000.00
TOTAL:			
	10,000.00	0.00	10,000.00
KILL TRUCK	2,500.00	0.00	2,500.00
TOTAL:			
	2,500.00	0.00	2,500.00
CONTRACT LABOR - ARTIFICIAL LIFT	17,500.00	0.00	17,500.00
TOTAL:			
	17,500.00	0.00	17,500.00
CONTRACT LABOR - ELECTRICAL/AU'	20,000.00	0.00	20,000.00
TOTAL:			
	20,000.00	0.00	20,000.00
CONTRACT LABOR - WELL LEVEL	15,000.00	0.00	15,000.00
TOTAL:			
	15,000.00	0.00	15,000.00
FACILITY PAD CONSTRUCTION	15,000.00	0.00	15,000.00
MISC INTANGIBLE FACILITY COSTS	5,000.00	0.00	5,000.00
CONTRACT LABOR - AUTOMATION	6,500.00	0.00	6,500.00
EQUIPMENT RENTALS	5,000.00	0.00	5,000.00
FREIGHT & HANDLING	5,000.00	0.00	5,000.00
CONTRACT LABOR - ELECTRICAL	15,000.00	0.00	15,000.00
FACILITY CONSTRUCTION LABOR	55,000.00	0.00	55,000.00
OVERHEAD POWER	12,500.00	0.00	12,500.00
TOTAL:			
	12,500.00	0.00	12,500.00
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00	50,000.00
TOTAL:			
	50,000.00	0.00	50,000.00

SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.: C21075		COMPANY	
AFE DESC: WAUKEE D 50H		DIVISION	
DATE: 03/09/2021		OPERATOR:	
AFE TYPE: DRILL COMPLETE AND EQUIP		102 - SEP PERMIAN,	
GROSS/NET: GROSS		LLC	
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00	5,000.00
TOTAL:	5,000.00	0.00	5,000.00
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00	20,000.00
TOTAL:	20,000.00	0.00	20,000.00
TUBING	45,000.00	0.00	45,000.00
TOTAL:	45,000.00	0.00	45,000.00
TUBING HEAD/XMAS TREE	10,000.00	0.00	10,000.00
TOTAL:	10,000.00	0.00	10,000.00
VESSELS		65,000.00	65,000.00
ELECTRICAL - OVERHEAD & TRANSF		15,000.00	15,000.00
LACT		20,000.00	20,000.00
AUTOMATION METERS, SENSORS, V/		25,000.00	25,000.00
MISC FITTINGS & SUPPLIES		22,500.00	22,500.00
PUMPS & PUMP SUPPLIES		6,000.00	6,000.00
MISC TANGIBLE FACILITY COSTS		5,000.00	5,000.00
TANKS (OIL & WATER)		40,000.00	40,000.00
CONTAINMENT		15,000.00	15,000.00
PIPING		15,000.00	15,000.00
ELECTRICAL - FACILITY		65,000.00	65,000.00
TOTAL THIS AFE:	1,241,000.00	1,400,000.00	400,000.00
			3,041,000.00

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.:	C21072	COMPANY	
AFE DESC:	WAUKEE C 51H	DIVISION	
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS	13,000.00		0.00		13,000.00	
TOTAL:	13,000.00		0.00		13,000.00	
LOCATION/DAMAGES/ROW-LAND	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
TITLE WORK/LANDMAN SERVICES - L	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
SURVEY - LAND	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLING RENTALS: SURFACE	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
DRILLING RENTALS: SUBSURFACE	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
DRILL MUD & COMPL FLUID	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
WELLSITE SUPERVISION	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
GROUND TRANSPORT	10,000.00		0.00		10,000.00	
TOTAL:	10,000.00		0.00		10,000.00	
CONTRACT DRILLING (DAY RATE/TUF	190,000.00		0.00		190,000.00	
TOTAL:	190,000.00		0.00		190,000.00	
DIRECTIONAL TOOLS AND SERVICES	130,000.00		0.00		130,000.00	
TOTAL:	130,000.00		0.00		130,000.00	
FLUID & CUTTINGS DISPOSAL	60,000.00		0.00		60,000.00	
TOTAL:	60,000.00		0.00		60,000.00	
FRAC TANK RENTALS	250.00		0.00		250.00	
TOTAL:	250.00		0.00		250.00	
BITS	30,500.00		0.00		30,500.00	
TOTAL:	30,500.00		0.00		30,500.00	
COMPANY LABOR	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
FUEL, WATER & LUBE	45,000.00		0.00		45,000.00	
TOTAL:	45,000.00		0.00		45,000.00	
CEMENT	53,000.00		0.00		53,000.00	
TOTAL:	53,000.00		0.00		53,000.00	
CASING CREWS AND LAYDOWN SER\	8,500.00		0.00		8,500.00	
TOTAL:	8,500.00		0.00		8,500.00	
PROD CSG CEMENT AND SERVICE	35,000.00		0.00		35,000.00	
TOTAL:	35,000.00		0.00		35,000.00	
MUD LOGGER	12,000.00		0.00		12,000.00	
TOTAL:	12,000.00		0.00		12,000.00	
MOB/DEMOB RIG	12,500.00		0.00		12,500.00	
TOTAL:	12,500.00		0.00		12,500.00	
VACUUM TRUCKING	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
DRILLPIPE INSPECTION	5,000.00		0.00		5,000.00	
TOTAL:	5,000.00		0.00		5,000.00	
CONTRACT LABOR/SERVICES	30,000.00		0.00		30,000.00	
TOTAL:	30,000.00		0.00		30,000.00	
MISC IDC/CONTINGENCY	84,750.00		0.00		84,750.00	
TOTAL:	84,750.00		0.00		84,750.00	
SURFACE CASING	20,000.00		0.00		20,000.00	
TOTAL:	20,000.00		0.00		20,000.00	
INTERMEDIATE CASING	24,000.00		0.00		24,000.00	
TOTAL:	24,000.00		0.00		24,000.00	
PRODUCTION/LINER CASING	200,000.00		0.00		200,000.00	
TOTAL:	200,000.00		0.00		200,000.00	
CONDUCTOR PIPE	20,000.00		0.00		20,000.00	

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.:	C21072		COMPANY
AFE DESC:	WAUKEE C 5IH		DIVISION
DATE:	03/09/2021	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	
TOTAL:		20,000.00	0.00
			20,000.00
WELLHEAD	17,500.00	0.00	17,500.00
TOTAL:		17,500.00	0.00
			17,500.00
LINER HANGER/CASING ACCESSORY	25,000.00	0.00	25,000.00
TOTAL:		25,000.00	0.00
			25,000.00
EQUIP RENT		25,000.00	0.00
TOTAL:		25,000.00	0.00
			25,000.00
RENTALS: SURFACE IRON		45,000.00	0.00
TOTAL:		45,000.00	0.00
			45,000.00
DRILL MUD & COMPL FLUID		270,000.00	0.00
TOTAL:		270,000.00	0.00
			270,000.00
WELLSITE SUPERVISION		35,000.00	0.00
TOTAL:		35,000.00	0.00
			35,000.00
COMPLETION CHEMICALS		110,000.00	0.00
TOTAL:		110,000.00	0.00
			110,000.00
GROUND TRANSPORT		10,000.00	0.00
TOTAL:		10,000.00	0.00
			10,000.00
PUMPDOWN		20,000.00	0.00
TOTAL:		20,000.00	0.00
			20,000.00
CASED HOLE WIRELINE		70,000.00	0.00
TOTAL:		70,000.00	0.00
			70,000.00
FRAC PLUGS		40,000.00	0.00
TOTAL:		40,000.00	0.00
			40,000.00
FRAC/FLUID SW DISPOSAL		10,000.00	0.00
TOTAL:		10,000.00	0.00
			10,000.00
FRAC TANK RENTALS		10,000.00	0.00
TOTAL:		10,000.00	0.00
			10,000.00
FLOWBACK		30,000.00	0.00
TOTAL:		30,000.00	0.00
			30,000.00
STIMULATION AND PUMPING SERVIC		270,000.00	0.00
TOTAL:		270,000.00	0.00
			270,000.00
PROPPANT		145,000.00	0.00
TOTAL:		145,000.00	0.00
			145,000.00
FUEL, WATER & LUBE		100,000.00	0.00
TOTAL:		100,000.00	0.00
			100,000.00
CASING CREWS AND LAYDOWN SER		2,500.00	0.00
TOTAL:		2,500.00	0.00
			2,500.00
COMPLETION/WORKOVER RIG		10,000.00	0.00
TOTAL:		10,000.00	0.00
			10,000.00
KILL TRUCK		2,500.00	0.00
TOTAL:		2,500.00	0.00
			2,500.00
CONTRACT LABOR - ARTIFICIAL LIFT		17,500.00	0.00
TOTAL:		17,500.00	0.00
			17,500.00
CONTRACT LABOR - ELECTRICAL/AU		20,000.00	0.00
TOTAL:		20,000.00	0.00
			20,000.00
CONTRACT LABOR - WELL LEVEL		15,000.00	0.00
TOTAL:		15,000.00	0.00
			15,000.00
FACILITY PAD CONSTRUCTION			15,000.00
			15,000.00
MISC INTANGIBLE FACILITY COSTS			5,000.00
			5,000.00
CONTRACT LABOR - AUTOMATION			6,500.00
			6,500.00
EQUIPMENT RENTALS			5,000.00
			5,000.00
FREIGHT & HANDLING			5,000.00
			5,000.00
CONTRACT LABOR - ELECTRICAL			15,000.00
			15,000.00
FACILITY CONSTRUCTION LABOR			55,000.00
			55,000.00
OVERHEAD POWER		12,500.00	0.00
TOTAL:		12,500.00	0.00
			12,500.00
PARTS & SUPPLIES - ARTIFICIAL LIFT		50,000.00	0.00
TOTAL:		50,000.00	0.00
			50,000.00
TOTAL:		50,000.00	0.00
			50,000.00

SEP Permian LLC

AUTHORITY FOR EXPENDITURE

AFE NO.:	C21072		COMPANY	
AFE DESC:	WAUKEE C 51H		DIVISION	
DATE:	03/09/2021	OPERATOR:		
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,		
GROSS/NET:	GROSS	LLC		
PARTS & SUPPLIES - ELECTRICAL/AU		5,000.00	0.00	5,000.00
TOTAL:		5,000.00	0.00	5,000.00
PARTS & SUPPLIES - WELL LEVEL		20,000.00	0.00	20,000.00
TOTAL:		20,000.00	0.00	20,000.00
TUBING		45,000.00	0.00	45,000.00
TOTAL:		45,000.00	0.00	45,000.00
TUBING HEAD/XMAS TREE		10,000.00	0.00	10,000.00
TOTAL:		10,000.00	0.00	10,000.00
VESSELS			65,000.00	65,000.00
ELECTRICAL - OVERHEAD & TRANSF			15,000.00	15,000.00
LACT			20,000.00	20,000.00
AUTOMATION METERS, SENSORS, V/			25,000.00	25,000.00
MISC FITTINGS & SUPPLIES			22,500.00	22,500.00
PUMPS & PUMP SUPPLIES			6,000.00	6,000.00
MISC TANGIBLE FACILITY COSTS			5,000.00	5,000.00
TANKS (OIL & WATER)			40,000.00	40,000.00
CONTAINMENT			15,000.00	15,000.00
PIPING			15,000.00	15,000.00
ELECTRICAL - FACILITY			65,000.00	65,000.00
TOTAL THIS AFE:		1,241,000.00	1,400,000.00	400,000.00
				3,041,000.00

Entity	Address	Ownership	Land Comments
Annice L. Miller	231 South La Salle Street, Chicago, Illinois 60697	0.0725	(Unlocatable) Returned to Sender; attempted multiple addresses
Carole Anne Flynn Trust EOG Resources, Inc.	10780 Salisbury Road, Pleasant Plains, Illinois 62677 104 S. 4th Street, Artesia, NM 88210	0.0400 0.1823	(Unlocatable) Returned to Sender; attempted multiple addresses BD working with EOG.
Mewbourne Oil Company	500 West Texas Avenue, Ste 1020, Midland, TX 79701-4279	0.1250	Mewbourne agreed to TA interest.
Occidental Permian Limited Partnership	5 Greenway Plaza, Ste 110, Houston, TX 77046	0.1250	Rec'd proposals and has not made election or requested any further information.
Sharbro Energy, LLC	P.O. Box 840, Artesia, NM 88211-0840	0.0156	Reviewing our proposals and answered few questions they had. No response since March.
Shirley Nell McGehearty Walter Granberry, Jr. SEP	3220 Avenue J, Bay City, TX 79702 4811 14th Street, Lubbock, TX 79416	0.0083 0.0313 0.2875	Reviewing our proposal. Provided NJOA and Assignments for their review. Signed NJOA N/A
Beverly Sue Stephenson Betty Joanne Hummel Barbara Louise Jonas	136 Musketball Drive, Ruidoso, NM 88345 808 15th Street, Eunice, NM 88231 202 Blyth Road, Victoria, TX 77904	0.0052 0.0052 0.0052	Reviewing Proposals Reviewing Proposals Reviewing Proposals
Estate of William P. Dooley, Dec.	1006 S. Second Street, Artesia, NM 88210	0.0656	No response to proposals as of 7/28/2021
Holsum, Inc.	723 N. Main Street, Roswell, NM 88201	0.0313	Elected to participate but has not signed NJOA as of 7/28. Sent follow up email but did not get a response.
		1.0000	

SPUR ENERGY PARTNERS, LLC
Case No. 22090

Exhibit A-5

Pooling

Unlocatable



HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

July 9, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Spur Energy/New Mexico Oil Conservation Division Application,
NMOCD Case No. 22090

To whom it may concern:

This letter is to advise you that Spur Energy Partners, LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **August 5, 2021** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <http://www.emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or electronically submitted to ocd.hearings@state.nm.us and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Please do not hesitate to contact me if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

**SPUR ENERGY
PARTNERS, LLC
Case No. 22090**

Exhibit A-6

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

7601 JEFFERSON ST NE • SUITE 180
ALBUQUERQUE, NEW MEXICO 87109
505-858-8320
(FAX) 505-858-8321

7019 2970 0000 7593 7370

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Estate of William P. Dooley

Street 1006 S. Second Street

City, St Artesia, NM 88210

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>William P. Dooley</i> <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>Estate of William P. Dooley 1006 S. Second Street Artesia, NM-88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4288 26</p> <p>7019 2970 0000 7593 7370</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 0640 0000 0143 3284

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

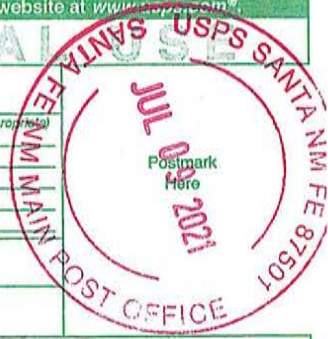
Total Postage and Fees \$ _____

Sent To _____

Street address _____ EOG Resources, Inc.
 104 S. 4th Street

City, State _____ Artesia, NM 88210

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>7/2/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>EOG Resources, Inc. 104 S. 4th Street Artesia, NM 88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 3284</p>	<p>Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0143 3291

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OFFICIAL RECEIPT

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: Carole Anne Flynn Trust
10780 Salisbury Road
Pleasant Plains, IL 62677

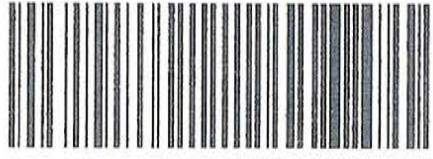
Street and: _____
City, State: _____

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



CERTIFIED MAIL®

LE SHANOR LLP
ORNEYS AT LAW
OFFICE BOX 2068
E, NEW MEXICO 87504



7020 0640 0000 0143 3291



ANK

Carole Anne Flynn Trust
10780 Salisbury Road
Pleasant Plains, IL 62677

NIXIE 631 FE 1 0007/18/21

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504206866 #1216-04424-16-96

ANK
87504206866

7019 2970 0000 7593 7417

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Walter Granberry
Street: 4811 14th Street
Lubbock, TX 79416
City, St: _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>W Granberry</i> <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>Walter Granberry 4811 14th Street Lubbock, TX 79416</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4287 89</p>	<p>Restricted Delivery</p>
<p>7019 2970 0000 7593 7417</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

Domestic Return Receipt

7019 2970 0000 7593 7363

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Holsum, Inc.
Street: 723 N. Main Street
City, St: Roswell, NM 88201

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



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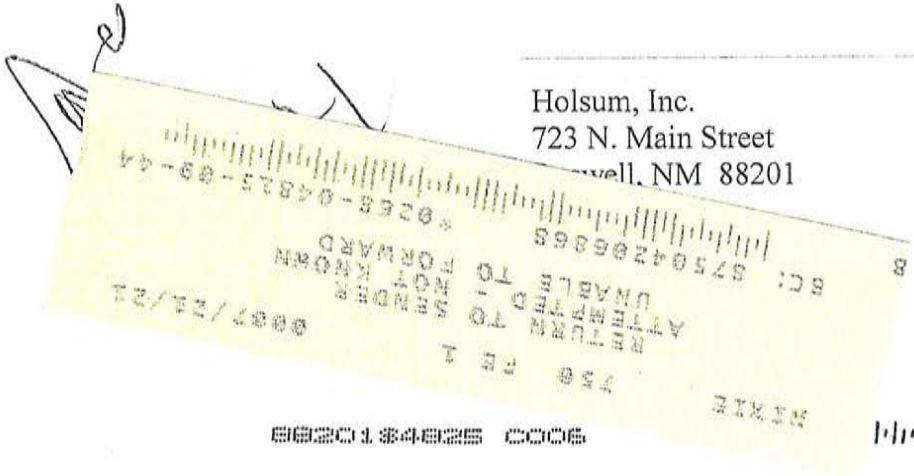
JE SHANOR LLP
ORNEYS AT LAW
OFFICE BOX 2068
NEW MEXICO 87504



7019 2970 0000 7593 7363



Holsum, Inc.
723 N. Main Street
Roswell, NM 88201



BARCODE CODE



7019 2970 0000 7593 7394

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Betty Joanne Hummel
808 15th Street
Eunice, NM 88231

City, State: _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Betty Joanne Hummel <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Hummel</p> <p>C. Date of Delivery 7-22-21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Betty Joanne Hummel 808 15th Street Eunice, NM 88231</p>	<p>JUL 22 2021</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 7394</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7593 7387

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____
Barbara Louise Jonas
202 Blyth Road
Victoria, TX 77904

City, State _____

Postmark Here

USPS, SANTA ANNE, TX
JUL 09 2021
SANTA ANNE, TX MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>James Jonas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JAMES JONAS</i></p> <p>C. Date of Delivery <i>7-14-21</i></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>Barbara Louise Jonas 202 Blyth Road Victoria, TX 77904</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7593 7387</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7593 7424

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and City, State Shirley Nell McGehearty
3220 Avenue J
Bay City, TX 79702

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

Postmark Here
JUL 09 2021
USPS SANTA NM FE 87501
SANTA NM FE 87501 POST OFFICE

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>Shirley Nell McGehearty</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Shirley N. McGehearty</i> 7-13-21</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>Shirley Nell McGehearty 3220 Avenue J Bay City, TX 79702</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4287 72</p> <p>7019 2970 0000 7593 7424</p>	<p>Restricted Delivery</p>

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 0640 0000 0143 3307

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Annice L. Miller
Street 231 South La Salle Street
City, State Chicago, IL 60697

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u>Juan C. Prado</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>7/15/21</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Annice L. Miller 231 South La Salle Street Chicago, IL 60697</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4288 71</p> <p>7020 0640 0000 0143 3307</p>	<p>stricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7593 7448

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Occidental Permian Ltd. Partnership
Street and 5 Greenway Plaza, Ste. 110
City, State Houston, TX 77046

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u>CV 19</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>CV Carron</u> C. Date of Delivery <u>7-14-21</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Occidental Permian Ltd. Partnership 5 Greenway Plaza, Ste. 110 Houston, TX 77046</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4287 58</p> <p>7019 2970 0000 7593 7448</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

7019 2970 0000 7593 7431

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Street and A Sharbro Energy, LLC
P.O. Box 840
Artesia, NM 88211-0840
City, State, ZIP+4® _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature/ <input checked="" type="checkbox"/> Agent <i>A. Nava</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>A. Nava</i> Date of Delivery <i>7-12-21</i></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>Sharbro Energy, LLC P.O. Box 840 Artesia, NM 88211-0840</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4287 65</p>	<p>Restricted Delivery</p>

7019 2970 0000 7593 7400

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OFFICE

Certified Mail Fee \$

Extra Services & Fees (check box, no fee as appropriate)

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

Postage \$

Total Postage and Fees \$

Sent To

Street and Beverly Sue Stephenson
136 Musketball Drive

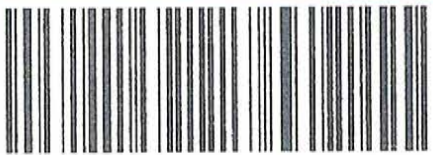
City, State Ruidoso, NM 88345

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



CERTIFIED MAIL®

SHANOR LLP
ATTORNEYS AT LAW
OFFICE BOX 2068
AMARILLO, NEW MEXICO 87504



7019 2970 0000 7593 7400



L/N 6/12

Beverly Sue Stephenson
136 Musketball Drive
Ruidoso, NM 88345

HN 7/28

NIXIE 799 DE 1 0007/22/21

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

REF BC: 87504206868 *0693-03463-22-22

87504206868



HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

July 9, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL OVERRIDING ROYALTY INTEREST OWNERS
SUBJECT TO POOLING PROCEEDINGS

Re: Spur Energy/New Mexico Oil Conservation Division Application,
NMOCD Case No. 22090

To whom it may concern:

This letter is to advise you that Spur Energy Partners, LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **August 5, 2021** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <http://www.emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or electronically submitted to ocd.hearings@state.nm.us and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Please do not hesitate to contact me if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
(FAX) 505-982-8623

7601 JEFFERSON ST NE • SUITE 180
ALBUQUERQUE, NEW MEXICO 87109
505-858-8320
(FAX) 505-858-8321

7020 2450 0002 1363 4496

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Bentwood Revocable Living Trust
Richard and Jean Bentwood, Trustees

City, State, 755 N. Westridge Ave.
Glendora, CA 91740

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

Postmark: SANTA FE NM FE 87501 JUL 09 2021

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</p> <p>X <i>RJBentwood</i> <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>Bentwood Revocable Living Trust Richard and Jean Bentwood, Trustees 755 N. Westridge Ave. Glendora, CA 91740</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 4496</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 2450 0002 1363 4519

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____
Dr. John Bentwood
122 Highland St.
Plymouth, NH 03264-1240

City, State _____

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to: _____

Dr. John Bentwood
122 Highland St.
Plymouth, NH 03264-1240



9590 9402 5751 0003 3973 12

2. Article Number (Transfer from service label)
7020 2450 0002 1363 4519

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 7/12

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: C-19 R-2

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

Domestic Return Receipt

7020 2450 0002 1363 4502

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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and A Claire Jeanne Carter Trust
Claire Jeanne Carter, Trustee
303 West Main Street

City, State, ZIP+4® Artesia, NM 88210-2133

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Claire Jeanne Carter</p> <p>C. Date of Delivery 7-10-21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Claire Jeanne Carter Trust Claire Jeanne Carter, Trustee 303 West Main Street Artesia, NM 88210-2133</p> <p>Barcode: 9590 9402 5751 0003 3973 29</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 4502</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 2450 0002 1363 4588

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____
Colaro Corporation
5001 Spring Valley Rd., Ste. 800E
Dallas, TX 75244-8212

City, State, _____

Postmark Here
AUG 9 2021
POST OFFICE FE 817501

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Colaro Corporation
5001 Spring Valley Rd., Ste. 800E
Dallas, TX 75244-8212



9590 9402 6698 1060 4288 64

2. Article Number (Transfer from service label)

20 2450 0002 1363 4588

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *D Shuff* Agent
 Addressee

B. Received by (Printed Name) *D Shuff*

C. Date of Delivery *7/13/21*

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

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

Domestic Return Receipt

7020 2450 0002 1363 4649

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	ConocoPhillips Company
Street and	600 W. Illinois Avenue
City, State	Midland, TX 79701
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Patricia...</i></p> <p>C. Date of Delivery <i>7/14/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>ConocoPhillips Company 600 W. Illinois Avenue Midland, TX 79701</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 4649</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7020 2450 0002 1363 4564

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____


Postage \$ _____

Total Postage and Fees \$ _____

Sent To Separate Estate of William P. Dooley
Street and Apt. 1006 S. Second Street
Artesia, NM 88210
City, State, ZIP _____

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

USPS SANTA FE NM FE 87501
JUL 09 2021
POST OFFICE

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><i>William P. Dooley</i></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>Separate Estate of William P. Dooley 1006 S. Second Street Artesia, NM 88210</p>  <p>9590 9402 5751 0003 3972 68</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 4564</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7020 2450 0002 1363 4595

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$


Sent To

Street and Ap: ELSR, LP
8080 N. Central Expy
Ste. 1420 Lb 12

City, State, Zi: Dallas, TX 75206-1844

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <u>ELSR LP</u> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>DO</u></p> <p>C. Date of Delivery <u>7-13-21</u></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>ELSR, LP 8080 N. Central Expy Ste. 1420 Lb 12 Dallas, TX 75206-1844</p> <p></p> <p>9590 9402 6698 1060 4288 57</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 4595</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 2450 0002 1363 4632

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USPS

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and, John & Theresa Hillman Family Properties, _____


LP _____

P.O. Box 50187 _____

City, State, Midland, TX 79710 _____

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature _____</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Candyn Copeland</u> C. Date of Delivery <u>7-13-21</u></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>John & Theresa Hillman Family Properties, LP P.O. Box 50187 Midland, TX 79710</p> <p> 9590 9402 5751 0003 3974 04</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 4632</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

7020 2450 0002 1363 4533

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL MAIL

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Restricted Delivery \$ _____

Adult Signature Required

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street or PO Box Leland Price, Inc.
2415 Loma

City, State, and ZIP+4® Artesia, NM 88210

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Leland Price, Inc.
2415 Loma
Artesia, NM 88210



9590 9402 5751 0003 3972 99

2. Article Number (Transfer from service label)

7020 2450 0002 1363 4533

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 7-12-21

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

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

Domestic Return Receipt

7020 2450 0002 1363 4489

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

USPS SANTA FE NM FE 87501

JUL 09 2021

Postmark Here

Certified Mail Fee \$

Extra Services & Fees (check box, add amounts appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Barbara Bentwood McCahan

Street and Apt P.O. Box 479

City, State, Zip Plymouth, NH 03264-0479

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Ted McCahan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X TED McCAHAN</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 7/13/2021</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>Barbara Bentwood McCahan P.O. Box 479 Plymouth, NH 03264-0479</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5751 0003 3973 43</p> <p>7020 2450 0002 1363 4489</p>	

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

Domestic Return Receipt

7020 2450 0002 1363 4540

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____


Sent To _____

Street and Apt. No. Platform Energy III, LLC
1200 Summit Avenue, Ste. 350

City, State, ZIP+4 Ft. Worth, TX 76102

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Leslie Wilson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Leslie Wilson</i> C. Date of Delivery <i>7/12/21</i></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>Platform Energy III, LLC 1200 Summit Avenue, Ste. 350 Ft. Worth, TX 76102</p> <p> 9590 9402 5751 0003 3972 82</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 4540</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 2450 0002 1363 4557

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

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

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street or PO Box Wheatley Family Trust
Sarah E. Wheatley, Trustee
303 West Main Street

City, State, ZIP+4® Artesia, NM 88210-2133

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wheatley Family Trust
Sarah E. Wheatley, Trustee
303 West Main Street
Artesia, NM 88210-2133



2. Article Number (Transfer from service label)
7020 2450 0002 1363 4557

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Morse B. Munoz Agent
 Addressee

B. Received by (Printed Name) *Morse B. Munoz*

C. Date of Delivery *7-12-21*

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

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

Domestic Return Receipt

7020 2450 0002 1363 4571

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Yates Brothers
P.O. Box 1394
Artesia, NM 88211

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

Postmark Here
JUL 09 2021
SANTA FE NM FE 87501
SANTA FE NM MAIL POST OFFICE

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 <i>Darlene Chavarria</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Darlene Chavarria</i></p> <p>C. Date of Delivery <i>7-12-21</i></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>Yates Brothers P.O. Box 1394 Artesia, NM 88211</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 4571</p>	<p>9590 9402 5941 0062 9244 99</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

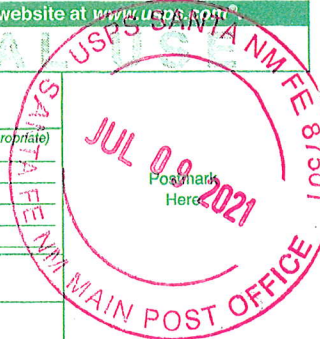
Postage
\$

Total Postage and Fees
\$

Sent To

Street 500 West Texas Ave., Ste. 1020
City, State, Zip Midland, TX 79701-4279

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



U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To

Street and Zip Abbe Kanner
809 SW 8th Terrace
City, State, Zip Ft. Lauderdale, FL 33315-3853

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



U.S. Postal Service™

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OFFICIAL USE

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To

Street and Zip Rock Energy Corporation
P.O. Box 885
City, State, Zip Seguin, TX 78155

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



CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

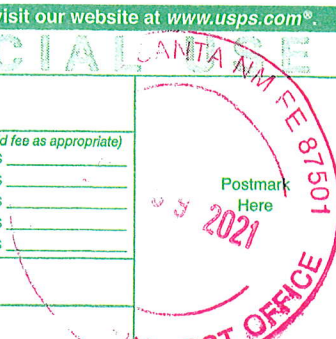
Postage
\$

Total Postage and Fees
\$

Sent To

Street and Zip John W. Gates, LLC
706 West Grand Avenue
City, State, Zip Artesia, NM 88210

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



U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

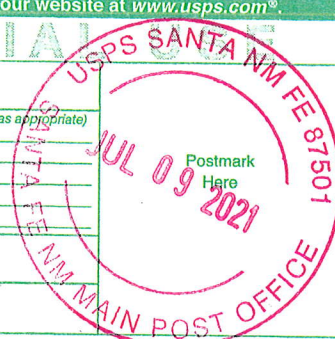
Postage
\$

Total Postage and Fees
\$

Sent To

Street and Zip Manix Royalty, Ltd.
P.O. Box 2818
City, State, Zip Midland, TX 79702

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



9254 4924 2000 0542 0202 7020 2450 0000 1363 4625

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0004823525

This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

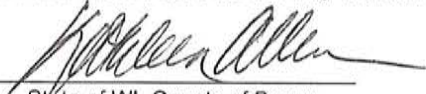
SANTA FE, NM 87501

I, a legal clerk 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:

07/16/2021


Legal Clerk

Subscribed and sworn before me this July 16, 2021:


State of WI, County of Brown
NOTARY PUBLIC
1-7-25
My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0004823525

PO #:

of Affidavits 1

This is not an invoice

SPUR ENERGY
PARTNERS, LLC
Case No. 22090

Exhibit A-7

This is to notify all interested parties, including ConocoPhillips Company, John & Theresa Hillman Family Properties, LP, Manix Royalty, Ltd., Abbe Kanner, Rock Energy Corporation, ELSR, LP, Colaro Corporation, Yates Brothers, Separate Estate of William P. Dooley, Wheatley Family Trust, Platform Energy III, LLC, Leland Price, Inc., John W. Gates, LLC, Dr. John Bentwood, Claire Jeanne Carter Trust, Bentwood Revocable Living Trust, Barbara Bentwood McCahan, Richard W. Bentwood, Jean T. Bentwood, Sarah E. Wheatley, Annice L. Miller, Carole Ann Flynn Trust, EOG Resources, Inc., Mewbourne Oil Company, Occidental Permian Ltd. Partnership, Sharbro Energy, LLC, Shirley Nell McGehearty, Walter Granberry, Beverly Sue Stephenson, Betty Joanne Hummel, Barbara Louise Jonas, Estate of William P. Dooley and Holsum, Inc. and their successors and assigns that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Spur Energy Partners, LLC (Case No. 22090). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on August 5, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant seeks an order pooling all uncommitted mineral interests in the Yeso formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 36, Township 17 South, Range 27 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to following wells:

- Waukee C 36 State Com 2H, Waukee C 36 State Com 11H, and Waukee C 36 State Com 51H, which will be horizontally drilled from a surface location in the NW/4SW/4 (Unit L) of Section 31 to a bottom hole location in the NW/4SW/4 (Unit L) of Section 36; and
 - Waukee D 36 State Com 1H, Waukee D 36 State Com 10H, and Waukee D 36 State Com 50H, which will be horizontally drilled from a surface location in the SW/4SW/4 (Unit M) of Section 31 to a bottom hole location in the SW/4SW/4 (Unit M) of Section 36 (collectively the "Wells").
- The completed interval of the Waukee D 36 State Com 1H is unorthodox. The completed intervals of the remaining Wells are orthodox. The completed interval for the Waukee C 36 State Com 2H will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 36 to

allow inclusion of this acreage into a standard 320-acre horizontal spacing unit. Also to be considered will be the cost of drilling and completing the wells and the allocation of the cost, the designation of Spur Energy Partners, LLC as the operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells are located approximately four (4) miles southeast of Riverside, New Mexico.
#4823525 Current Argus,
July 16, 2021

STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION

APPLICATION OF SPUR ENERGY
PARTNERS, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO

CASE NO. 22090

SELF-AFFIRMED STATEMENT
OF C.J. LIPINSKI

1. I am a geologist at Spur Energy Partners, LLC ("Spur") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division"), and my credentials as an expert in petroleum geology matters were accepted and made a matter of record.

2. I am familiar with the geological matters that pertain to the above-referenced case.

3. **Exhibit B-1** is a location map of the proposed horizontal spacing unit ("Unit") in the above-referenced case and shows the following proposed wells with black lines: **Waukee C 36 State Com 2H, 11H, 51H wells and Waukee D 36 State Com 1H, 10H, and 50H wells** ("Wells"). Offset Glorieta/Yeso producers are shown as purple squares. This exhibit also identifies five wells penetrating the targeted intervals that I used to construct a structural cross-section from A to A'. I utilized these well logs because they penetrate the targeted intervals, are of good quality, and are representative of the geology in the area.

4. **Exhibit B-2** is a structure map for the top of the Glorieta formation which also reflects the surrounding area in Eddy County in relation to the Unit. The contour interval is 25'. The Wells are depicted with black lines and I have identified the bottom hole locations. The map

demonstrates the formation is dipping to the southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

5. **Exhibit B-3** is a structural cross-section using the representative wells identified on **Exhibit B-1**. It contains gamma ray, resistivity and porosity logs. The landing zones for the Wells are labeled on the exhibit. The cross-section demonstrates the target intervals within the Yeso formation are continuous across the Unit.

6. **Exhibit B-4** is a Gun Barrel view from B to B' of Spur's intended development of the Yeso formation.

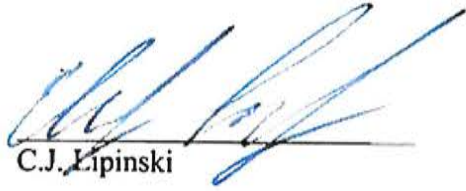
7. In my opinion, a laydown orientation for the Wells is appropriate for the proper exploitation of subject acreage because of consistent rock properties throughout the Unit and the lack of preferred fracture orientation in this portion of the trend.

8. Based on my geologic study of the area, the targeted intervals within the Yeso formation underlying the subject areas and Unit are suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Wells.

9. In my opinion, the granting of Spur's application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

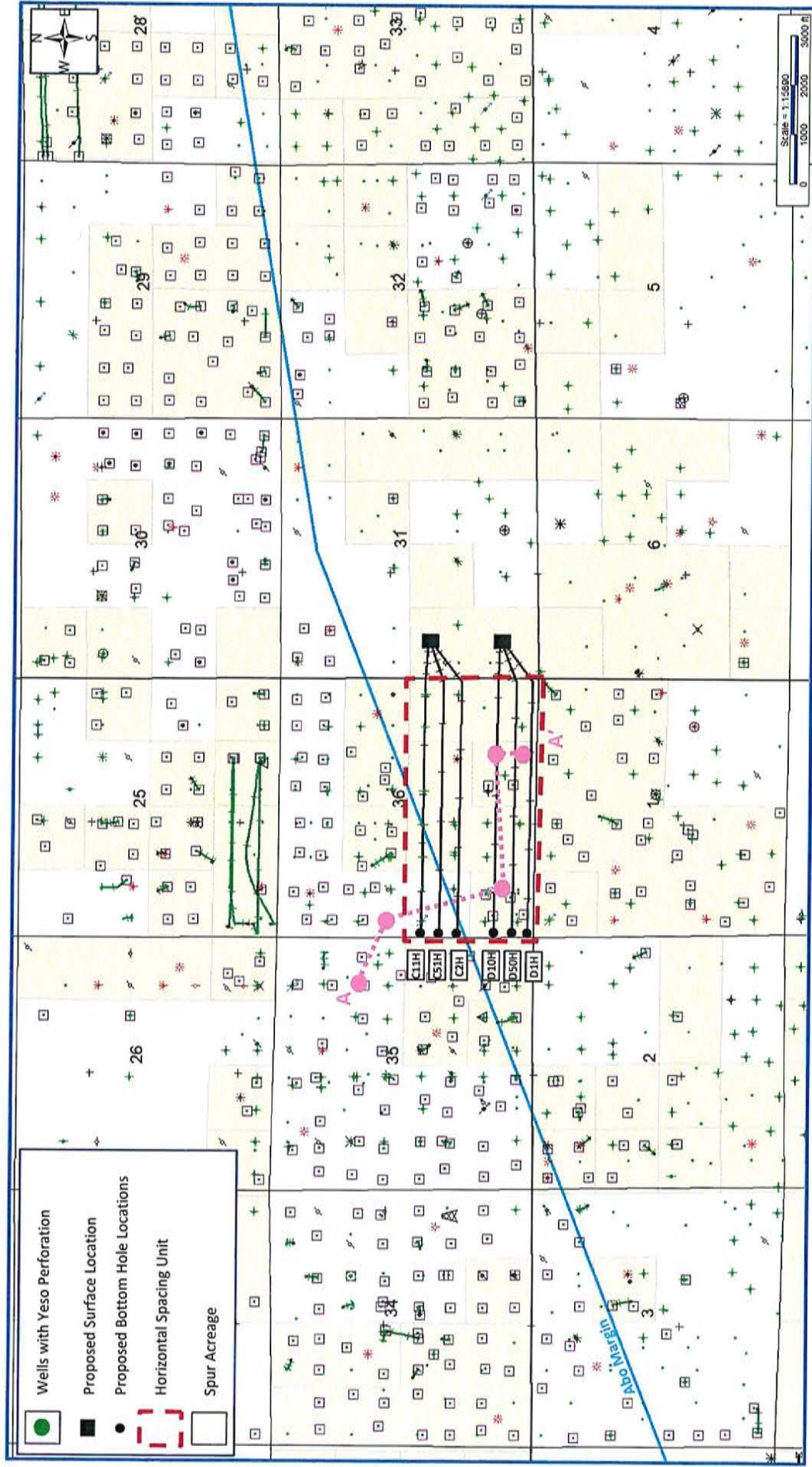
10. **SPUR Exhibits B1 through B4** attached hereto were either prepared by me or under my supervision or were compiled from company business records.

11. I understand this Self-Affirmed Statement will be used as written testimony in these cases. I affirm my testimony in paragraphs 1 through 10 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.


C.J. Lipinski

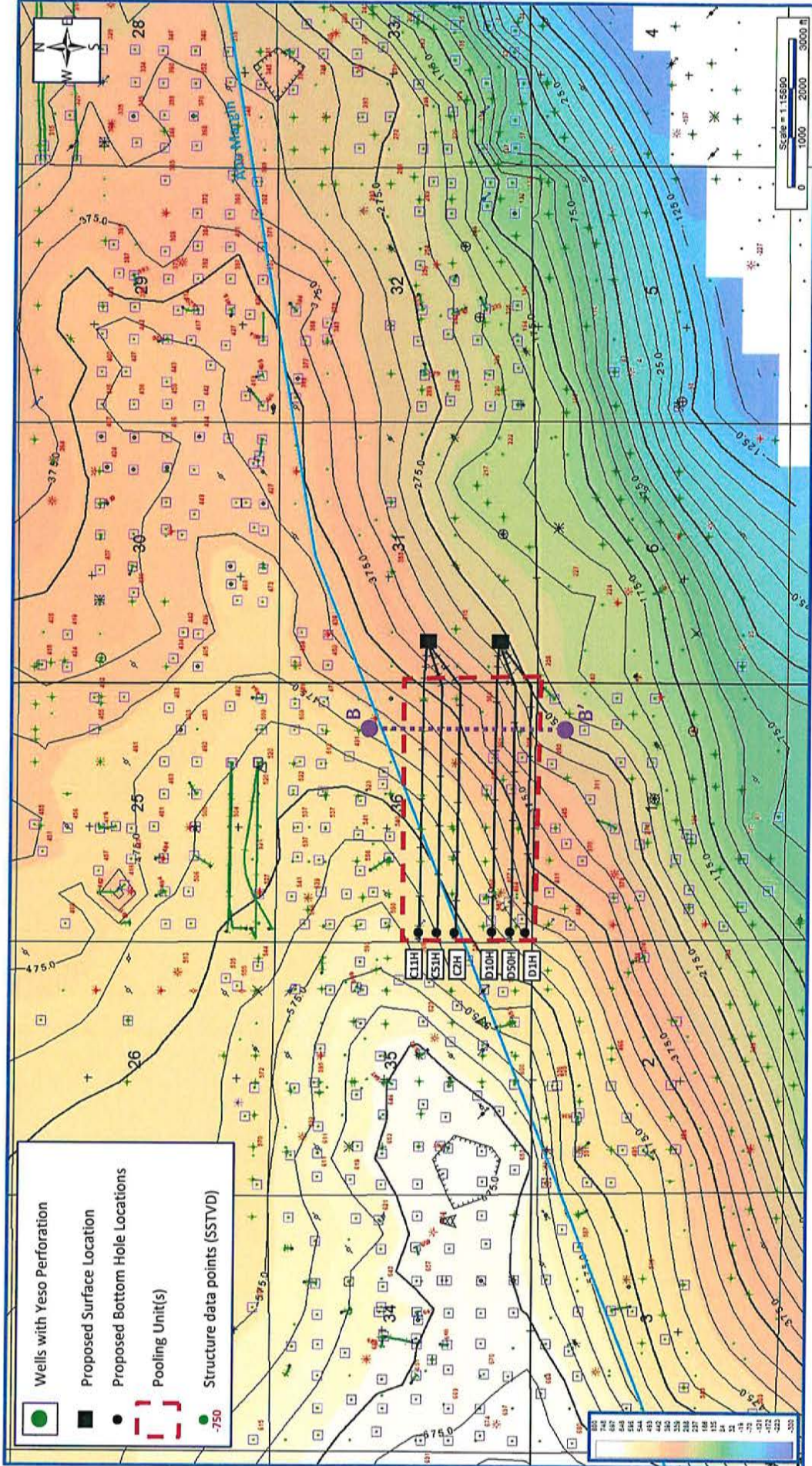
7/29/21
Date

Exhibit B-1: Waukee S/2 HSU Basemap Case No. 22090



SPUR ENERGY PARTNERS, LLC
Case No. 22090
Exhibit B-1

Exhibit B-2: Structure Map (SSTVD): Top Glorieta Case No. 22090

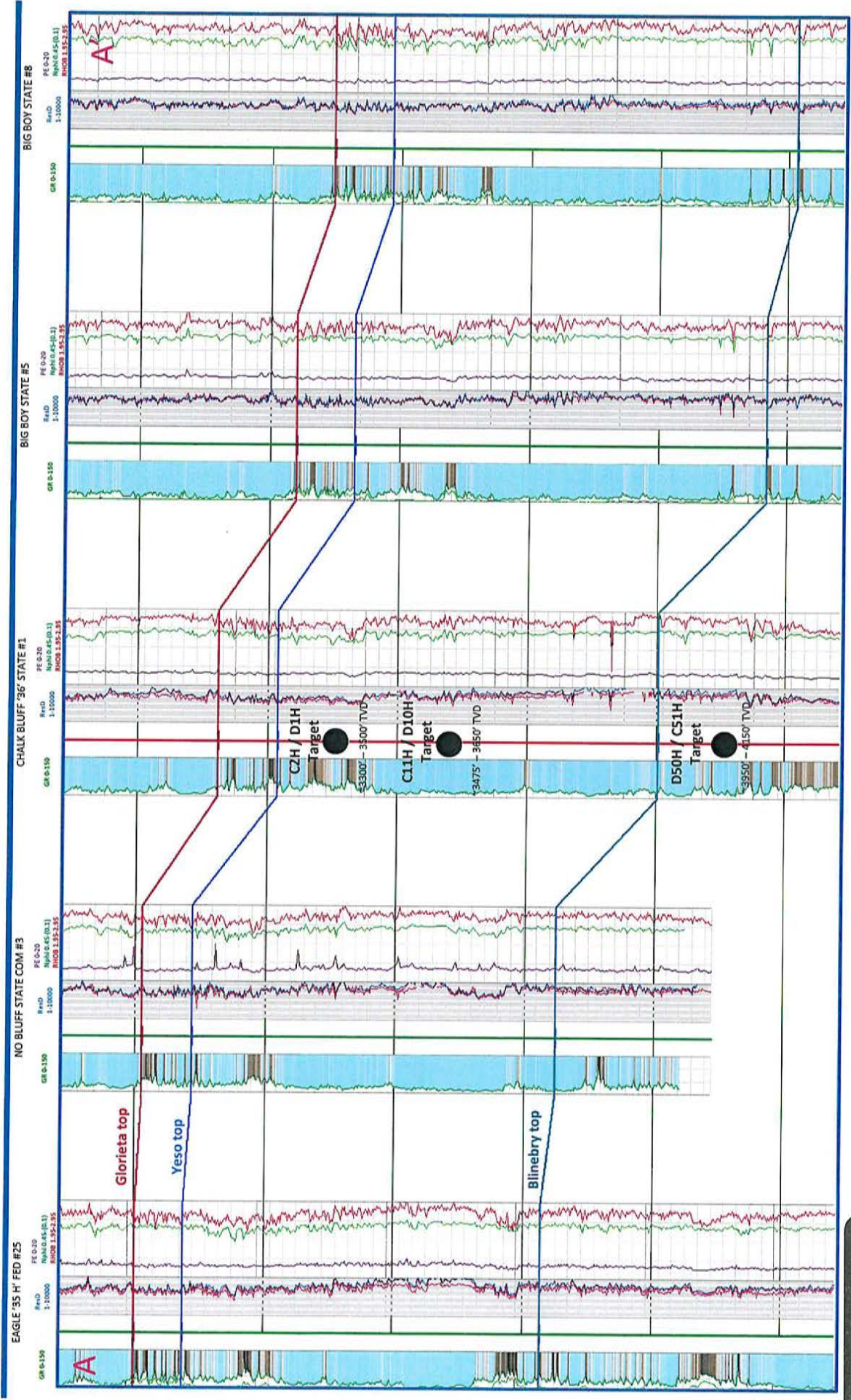


SPUR ENERGY PARTNERS, LLC
Case No. 22090
Exhibit B-2



Exhibit B-3: Structural Cross Section A – A' (TVD)

Case No. 22090

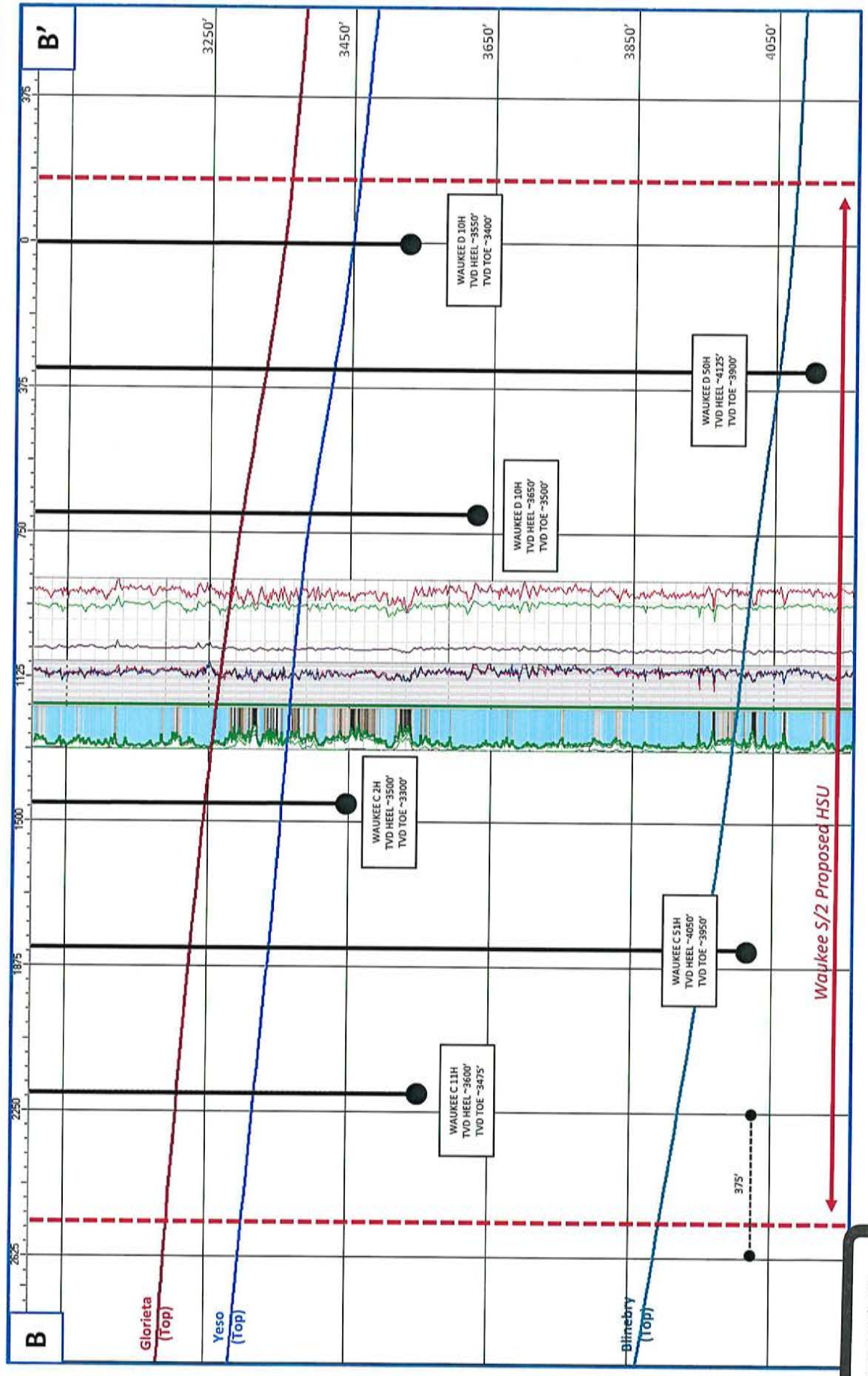


SPUR ENERGY PARTNERS, LLC
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Exhibit B-4: Waukee Gun Barrel B – B' (TVD)

Case No. 22090



SPUR ENERGY PARTNERS, LLC
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