


COMPULSORY POOLING APPLICATION CHECKLIST (AMENDED)	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 21460	Applicant's Response
Date: April 20, 2021	
Applicant	Catena Resources Operating, LLC
Designated Operator & OGRID (affiliation if applicable)	328449
Applicant's Counsel	Ernest L. Padilla
Case Title	Application of Catena Resources Operating, LLC for compulsory pooling in Lea County, New Mexico
Entries of Appearance/Intervenors	Ocean Munds-Dry/COG Operating LLC James Bruce/Matador Production Company
Well Family	Rambo 193517
Formation/Pool	
Formation Name(s) or Verticle Extent	Scharb; Wolfcamp
Primary Product (Oil or Gas)	Oil
Pooling this verticle extent	Wolfcamp formation
Pool Name and Pool Code	Scharb; Wolfcamp 55640
Well Location Setback Rules	Standard
Spacing Unit Size	640
Spacing Unit	
Type (Horizontal/Verticle)	Horizontal
Size (acres)	640
Building Blocks	half sections-E/2 of Sections 17 & 8, T19S, R35E
Orientation	north south
Description: TRS/County	E/2 of Sections 17 & 8, T19S, R35E
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Standard Horizontal Well Spacing Unit	Yes
Other Situations	
Depth Severance: No	No
Proximity Tracts: If yes, description	W/2W/2 of Sections 9 and 17, T19S, R35E
Proximity Defining Well: If yes, description	Cable 19 35 9 State Com No. 1H, API 30-25-41140
Applicant's Ownership in Each Tract	Exhibit B-2
Well(s)	
Name & API (if assigned), surface and bottom hole location	Cable 19 35 9 State Com No. 1H, API 30-25-41140
footages, completion target, orientation, completion status (standard or non-standard)	SHL - Unit M S4, 19S, 35E 193 FSL, 1054 FWL; BHL Unit M, S16, 19S, 35E, 100FSL, 990FWL Yes
	<b>Rambo 193517 1H</b> Well is to be horizontally drilled from a surface location in the NE/4 NE/4 (Unit A) of Section 20 to a bottom hole location in the NE/4 NE/4 (Unit A) of Section 8. The completed interval for the proposed well will remain within 330 feet of the W/2 E/2 of Section 8 and 17 to include this offsetting acreage in a standard horizontal well spacing unit.
Horizontal Well First and Last Take Points	
Completion Target (Formation, TVD and MD)	TVD-9,989' TMD-20,698'
	<b>Identify the Exhibit and Page for Information below this line</b>
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$8000/\$800
Production Supervision/Month \$	Exhibit B-6
Justification for Supervision Costs	Exhibit B-6
Request Risk Charge	200%
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit C
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit B-2
Tract List (including lease numbers and owners)	Exhibit B-2
Pooled Parties (including ownership type)	Exhibit B-2
Unlocatable Parties to be Pooled	None
Ownership Depth Severance (Including percentage above & below)	None
<b>Joinder</b>	
Sample Copy of Proposed Letter	Exhibit B-5
List of Interest Owners (ie Exhibit A of JOA)	Exhibit B-2
Chronology of Contact with Non-Joined Working Interests	Exhibit B-4
Overhead Rates in Proposal Letter	
Cost Estimates to Drill and Complete	Exhibit B-6
Cost Estimate to Equip Well	Exhibit B-6
Cost Estimate for Production Facilities	Exhibit B-6
<b>Geology</b>	
Summary (Including special considerations)	Exhibit A pages 1-3 & A-1
Spacing Unit Schematic	Exhibit A-2 & Exhibit A-3
Gunbarrel/Lateral Trajectory Schematic	
Well Orientation (with rationale)	Exhibit A-2
Target Formation	Exhibit A-2
HSU Cross Section	Exhibit A-4
Depth Severance Discussion	None

<b>Forms, Figures and Tables</b>	None
<b>C-102</b>	Exhibit B-1
<b>Tracts</b>	Exhibit B-1
<b>Summary of Interests, Unit Recapitulation (Tracts)</b>	Exhibit B-1
<b>General Location Map (Including basin)</b>	Exhibit A-2
<b>Well Orientation (with rationale)</b>	Exhibit A-2 & A-4
<b>Structure Contour Map - Subsea Depth</b>	Exhibit A-3
<b>Cross Section Location Map (Including wells)</b>	Exhibit A-4
<b>Cross Section (Including Landing Zone)</b>	Exhibit A-4
<b>Additional Information</b>	
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name: (Attorney or Party Representative):</b>	Ernest L. Padilla
<b>Signed Name: (Attorney or Party Representative):</b>	
<b>Date:</b>	10/7/2021