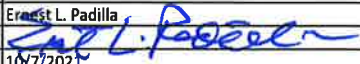


COMPULSORY POOLING APPLICATION CHECKLIST (AMENDED)	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 21483	Applicant's Response
Date: April 20, 2021	
Applicant	Catena Resources Operating, LLC
Designated Operator & OGRID (affiliation if applicable)	328449
Applicant's Counsel	Ernest L. Padilla
Case Title:	Application of Catena Resources Operating, LLC for compulsory pooling in Lea County, New Mexico
Entries of Appearance/Intervenors	James Bruce/MRC Permian Company Ocean Munds-Dry/COG
Well Family	Rambo 193517
Formation/Pool	
Formation Name(s) or Verticle Extent	Scharb; Bone Spring
Primary Product (Oil or Gas)	Oil
Pooling this verticle extent	Scharb Bone Spring Pool
Pool Name and Pool Code	Scharb Bone Spring Pool-Pool Code 55610
Well Location Setback Rules	Standard
Spacing Unit Size	320
Spacing Unit	
Type (Horizontal/Verticle)	Horizontal
Size (acres)	320
Building Blocks	quarter/quarter
Orientation	North/South
Description: TRS/County	E/2 E/2 of Sections 8 and 17, T19S, R35E, Lea County, NM
Description: TRS/County	E/2 E/2 of Sections 8 and 17, T19S, R35E, Lea County, NM
Standard Horizontal Well Spacing Unit	Yes
Other Situations	
Depth Severance: No	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: If yes, description	No
Applicant's Ownership in Each Tract	
Well(s)	
Name & API (If assigned), surface and bottom hole location footages, completion target, orientation, completion status (standard or non-standard)	Rambo 2H SHL: Unit B of Section 20, Township 19 South, Range 35 East; 190' FNL, 1390' FEL, NMPM; BHL: Unit A of Section 8, Township 19 South, Range 35 East; 100' FNL, 1200' FEL, NMPM;
Horizontal Well First and Last Take Points	
Completion Target (Formation, TVD and MD)	TVD-9,740' TMD-20,444'
	Identify the Exhibit and Page for Information below this line
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$8000/\$800
Production Supervision/Month \$	Exhibit B-6
Justification for Supervision Costs	Exhibit B-6
Request Risk Charge	200%
Notice of Hearing	
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)	None
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit B-1
Tract List (including lease numbers and owners)	Exhibit B-1
Pooled Parties (including ownership type)	Exhibit B-1
Unlocatable Parties to be Pooled	None
Ownership Depth Severance (including percentage above & below)	None
Joinder	
Sample Copy of Proposed Letter	Exhibit B-5
List of Interest Owners (ie Exhibit A of JOA)	Exhibit B-2
Chronology of Contact wth 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
Geology	
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
Forms, Figures and Tables	None
C-102	Exhibit B-1

Tracts	Exhibit B-1
Summary of Interests, Unit Recaptulation (Tracts)	Exhibit B-1
General Location Map (including basin)	Exhibit A-2
Well Orientation (with rationale)	Exhibit A-2 & Exhibit A-4
Structure Contour Map - Subsea Depth	Exhibit A-3
Cross Section Location Map (including wells)	Exhibit A-4
Cross Section (including Landing Zone)	Exhibit A-4
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name: (Attorney or Party Representative):	Ernest L. Padilla
Signed Name: (Attorney or Party Representative):	
Date:	10/7/2021

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 55610		³ Pool Name Scharb; Bone Springs	
⁴ Property Code		⁵ Property Name Rambo 193517			⁶ Well Number 2H
⁷ OGRID No.		⁸ Operator Name Catena Resources Operating, LLC			⁹ Elevation

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
P	5	19-S	35-E		229	South	1013	East	LEA

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
P	17	19-S	35-E		100	South	330	East	LEA

¹² Dedicated Acres 320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

		SL 229' FSL 1013' FEL			<p>¹⁷ OPERATOR CERTIFICATION</p> <p><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>
	Section 8	T19S R35E			
	Section 17	T19S R35E			<p>¹⁸ SURVEYOR CERTIFICATION</p> <p><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>Date of Survey _____</p> <p>Signature and Seal of Professional Surveyor: _____</p> <p>_____</p> <p>_____</p> <p>Certificate Number _____</p>
		BHL 100' FSL 330' FEL			

EXHIBIT
Revised B-1