

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

APPLICATIONS OF TAP ROCK RESOURCES,
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.
and 22279

Case Nos. 22278

NOTICE OF FILING REPLACEMENT EXHIBITS

Tap Rock Resources, LLC ("Tap Rock") gives notice of filing certain replacement exhibits, as follows:

1. Replacement Exhibit D (the Affidavit of Notice) in both cases, which includes the certified green card for Randall Cate, which was unavailable by the exhibit filing deadline.
2. Replacement Exhibit E (the Pooling Checklists) in each case, which is necessary due to the original checklists stating the incorrect acreage for the well units.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043
jamesbruc@aol.com

Attorney for Tap Rock Resources, LLC

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

**APPLICATIONS OF TAP ROCK RESOURCES, LLC
FOR COMPULSORY POOLING, ~~LEA~~ COUNTY,
NEW MEXICO.**

EDDY

Case Nos. 22278 and 22279

SELF-AFFIRMED STATEMENT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce deposes and states:

- 1. I am over the age of 18, and have personal knowledge of the matters stated herein.
- 2. I am an attorney for Tap Rock Resources, LLC.
- 3. Tap Rock Resources, LLC has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the applications filed herein.
- 4. Notice of the applications was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.
- 5. Applicant has complied with the notice provisions of Division Rules.
- 6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 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.

Date: 12/14/21

James Bruce

James Bruce

Replacement
EXHIBIT *D*

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

November 15, 2021

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibits A and B

Ladies and gentlemen:

Enclosed are copies of the following applications for compulsory pooling, filed with the New Mexico Oil Conservation Division by Tap Rock Resources, LLC:

1. Case No. 22278, regarding Bone Spring wells in the SW/4 of Section 25 and the W/2 of Section 36;
2. Case No. 22279, regarding Bone Spring wells in the SE/4 of Section 25 and the E/2 of Section 36;

all in Township 26 South, Range 30 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, December 16, 2021. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

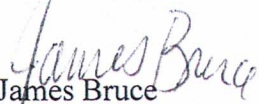
A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, December 9, 2021. This statement may be filed online with the Division at ocd.hearings@state.nm.us, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and

ATTACHMENT



identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Tap Rock Resources, LLC

EXHIBIT A (w/1/2)

SW/4 Section 25, Township 26 South, Range 30 East, Eddy County, NM – ORRI ONLY

Tap Rock Minerals, LP
523 Park Point Dr., Suite 200
Golden, CO 80401

NW/4 Section 36, Township 26 South, Range 30 East, Eddy County, NM – ORRI ONLY

Randall S. Cate
P.O. Box 8329
Horseshoe Bay, TX 78657

Patrick J. Tower
1904 Western Dr.
Midland, TX 79705

Lots 3 and 4 Section 36, Township 26 South, Range 30 East, Eddy County, NM – WI OWNER

Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706

EXHIBIT B (E1/2)

SE/4 Section 25, Township 26 South, Range 30 East, Eddy County, NM – ORRI Only

Tap Rock Minerals, LP
523 Park Point Dr., Suite 200
Golden, CO 80401

NE/4 and Lot 1 Section 36, Township 26 South, Range 30 East, Eddy County, NM – ORRI Only

Randall S. Cate
P.O. Box 8329
Horseshoe Bay, TX 78657

Patrick J. Tower
1904 Western Dr.
Midland, TX 79705

Lot 2 Section 36, Township 26 South, Range 30 East, Eddy County, NM – WI Owner

Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706

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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 Here \$ _____

Total Postage and Fees \$ _____

Sent To Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706
Street and Apt. No., or PO Box No.

City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION

1. 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:
Patrick J. Tower
1904 Western Dr.
Midland, TX 79705

2. Article Number (Transfer from reverse if L-1)
7020 2450 0002 1364 0626 (over \$500)

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery (every Restricted Delivery is Restricted Delivery)

4. Signature Type
 Agent
 Addressee

5. Received by (Printed Name)
DW SOCVIG

6. Date of Delivery
11-22-21

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

8. Article Addressed to:
Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706

9. Article Number (Transfer from reverse if L-1)
9590 9402 5019 9063 1641 49

10. Article Addressed to:
Patrick J. Tower
1904 Western Dr.
Midland, TX 79705

11. Article Number (Transfer from reverse if L-1)
7020 2450 0002 1364 0626 (over \$500)

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

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
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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)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage Here \$ _____

Total Postage and Fees \$ _____

Sent To Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706
Street and Apt. No., or PO Box No.

City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION

1. 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:
Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706

2. Article Number (Transfer from reverse if L-1)
9590 9402 5019 9063 1641 56

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery (every Restricted Delivery is Restricted Delivery)

4. Signature Type
 Agent
 Addressee

5. Received by (Printed Name)
SEANIE TOMBARA

6. Date of Delivery
11/22/21

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

8. Article Addressed to:
Patrick J. Tower
1904 Western Dr.
Midland, TX 79705

9. Article Number (Transfer from reverse if L-1)
7020 2450 0002 1364 0626 (over \$500)

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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.

Tap Rock Minerals, LP
 523 Park Point Dr., Suite 200
 Golden, CO 80401

9590 9402 5019 9063 1641 70

7020 2450 0002 1364 0602

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) TAP Rock C. Date of Delivery 11-21-21
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Restricted Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

7020 2450 0002 1364 0602 (over \$500) TR MI Domestic Return Receipt

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 \$ _____

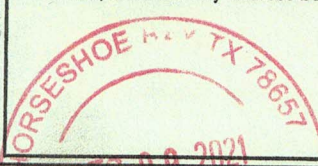
Total Postage and Fees \$ _____

Sent To Tap Rock Minerals, LP
 Street and Apt. No., or PO 523 Park Point Dr., Suite 200
 Golden, CO 80401
 City, State, ZIP+4® _____

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

USPS Tracking®

FAQs >

| 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"/> Age <input checked="" type="checkbox"/> Add</p> <p>B. Received by (Printed Name) <i>Randall Cate</i></p> <p>C. Date of Delivery <i>12/9/21</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> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Randall S. Cate P.O. Box 8329 Horseshoe Bay, TX 78657 </div> |  |
| <p>2. Article Identification Number: 7020 2450 0002 1364 0619</p> | |
| <p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery | <ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

Tracking Number: 7020245000213640619

Your item was picked up at the 78657.

Delivered, Individual

December 9, 2021 at 9:09 am
HORSESHOE BAY, TX 78657

Get Updates ▾

- [Text & Email Updates](#)
- [Tracking History](#)
- [Product Information](#)

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| | | |
|--|----|------------------|
| Certified Mail Fee | | Postmark Here |
| \$ | | |
| 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 | | |
| Randall S. Cate | | |
| Street and Apt. No., P.O. Box 8329 | | |
| Horseshoe Bay, TX 78657 | | |
| City, State, ZIP+4® | | |

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

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

Feedback

COMPULSORY POOLING APPLICATION CHECKLIST**ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

| | |
|---|---|
| Case: | 22278 |
| Date | December 16, 2021 |
| Applicant | Tap Rock Resources, LLC |
| Designated Operator & OGRID (affiliation if applicable) | Tap Rock Operating, LLC/OGRID No. 372043 The operator is the operating entity for applicant |
| Applicant's Counsel: | James Bruce |
| Case Title: | Application of Tap Rock Resources, LLC for Compulsory Pooling, Eddy County, New Mexico |
| Entries of Appearance/Intervenors: | |
| Well Family | Nailed It Wells |
| Formation/Pool | |
| Formation Name(s) or Vertical Extent: | Bone Spring formation |
| Primary Product (Oil or Gas): | Oil |
| Pooling this vertical extent: | Entire Bone Spring formation |
| Pool Name and Pool Code: | WC-015 G-06 S242630A; Bone Spring (Pool Code 98319) |
| Well Location Setback Rules: | Statewide rules and current horizontal well rules |
| Spacing Unit Size: | Quarter-quarter sections/40 acres |
| Spacing Unit | |
| Type (Horizontal/Vertical) | Horizontal |
| Size (Acres) | 320 acres |
| Building Blocks: | 40 acres |
| Orientation: | South-North |
| Description: TRS/County | SW/4§25 and W/2§36-26S-30E, NMPPM, Eddy County |
| Standard Horizontal Well Spacing Unit (Y/N), If No, describe | Yes |
| Other Situations | EXHIBIT <i>Replacement E</i> |
| Depth Severance: Y/N. If yes, description | No |
| Proximity Tracts: If yes, description | No |
| Proximity Defining Well: if yes, description | Nailed It Fed. Com. Well No. 155H |
| Applicant's Ownership in Each Tract | Exhibits B-2 and B-4 |
| Well(s) | |
| Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard) | Nailed It Fed. Com. Well No. 121H API No. 30-015-Pending SHL: 330 FSL & 489 FWL\$6 BHL: 2464 FSL & 660 FWL\$25 FTP: 100 FSL & 660 FWL\$6 LTP: 2464 FSL & 660 FWL\$25 Formation: Bone Spring/TVD 9522 feet/MD 14472 feet |

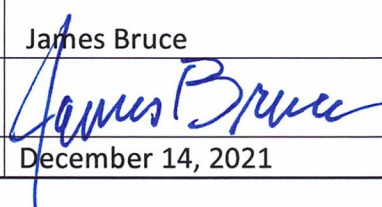
Nailed It Fed. Com. Well No. 122H
 API No. 30-015-Pending
 SHL: 205 FSL & 2050 FWL\$36
 BHL: 2465 FSL & 1980 FWL\$25
 FTP: 100 FSL & 1980 FWL\$36
 LTP: 2465 FSL & 1980 FWL\$25
 Formation: Bone Spring/TVD 9522 feet/MD 14472 feet

Nailed It Fed. Com. Well No. 151H
 API No. 30-015-Pending
 SHL: 305 FSL & 489 FWL\$6
 BHL: 2464 FSL & 331 FWL\$25
 FTP: 100 FSL & 331 FWL\$6
 LTP: 2464 FSL & 331 FWL\$25
 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet

Nailed It Fed. Com. Well No. 152H
 API No. 30-015-Pending
 SHL: 230 FSL & 2050 FWL\$36
 BHL: 2465 FSL & 2160 FWL\$25
 FTP: 100 FSL & 2160 FWL\$36
 LTP: 2465 FSL & 2160 FWL\$25
 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet

Nailed It Fed. Com. Well No. 155H
 API No. 30-015-Pending
 SHL: 305 FSL & 514 FWL\$6
 BHL: 2464 FSL & 1250 FWL\$25
 FTP: 100 FSL & 1250 FWL\$36
 LTP: 2464 FSL & 1250 FWL\$25
 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet

| | |
|---|------------------------------|
| Horizontal Well First and Last Take Points | See above |
| Completion Target (Formation, TVD and MD) | See Above |
| AFE Capex and Operating Costs | |
| Drilling Supervision/Month \$ | \$7000 |
| Production Supervision/Month \$ | \$700 |
| Justification for Supervision Costs | Exhibit B page 3 |
| Requested Risk Charge | Cost + 200%/Exhibit B page 3 |
| Notice of Hearing | |
| Proposed Notice of Hearing | Exhibit A |
| Proof of Mailed Notice of Hearing (20 days before hearing) | Exhibit D |
| Proof of Published Notice of Hearing (10 days before hearing) | Not necessary |
| Ownership Determination | |
| Land Ownership Schematic of the Spacing Unit | Exhibit B-2 |

| | | |
|--|---|--|
| Tract List (including lease numbers and owners) | Exhibits B-2 and B-3 | |
| Pooled Parties (including ownership type) | Exhibits B-3 and B-4 | |
| Unlocatable Parties to be Pooled | None | |
| Ownership Depth Severance (including percentage above & below) | None | |
| Joinder | | |
| Sample Copy of Proposal Letter | Exhibit B-5 | |
| List of Interest Owners (i.e. Exhibit A of JOA) | Exhibit B-3 | |
| Chronology of Contact with Non-Joined Working Interests | Exhibit B-6 | |
| Overhead Rates In Proposal Letter | | |
| Cost Estimate to Drill and Complete | Exhibit B-5 | |
| Cost Estimate to Equip Well | Exhibit B-5 | |
| Cost Estimate for Production Facilities | Exhibit B-5 | |
| Geology | | |
| Summary (including special considerations) | Exhibit C | |
| Spacing Unit Schematic | Exhibit C-7 | |
| Gunbarrel/Lateral Trajectory Schematic | Exhibit C-8 | |
| Well Orientation (with rationale) | Standup/Exhibit C | |
| Target Formation | Bone Spring | |
| HSU Cross Section | Exhibit C-10 | |
| Depth Severance Discussion | Not Applicable | |
| Forms, Figures and Tables | | |
| C-102 | Exhibit B-1 | |
| Tracts | Exhibit B-2 | |
| Summary of Interests, Unit Recapitulation (Tracts) | Exhibits B-2 and B-3 | |
| General Location Map (including basin) | Exhibit C-7 | |
| Well Bore Location Map | Exhibits C-7, 8, and 9 | |
| Structure Contour Map - Subsea Depth | Exhibit C-9 | |
| Cross Section Location Map (including wells) | Exhibit C-9 | |
| Cross Section (including Landing Zone) | Exhibit C-10 | |
| Additional Information | | |
| CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate. | | |
| Printed Name (Attorney or Party Representative): | James Bruce | |
| Signed Name (Attorney or Party Representative): |  | |
| Date: | December 14, 2021 | |

COMPULSORY POOLING APPLICATION CHECKLIST**ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

| | |
|--|---|
| Case: | 22279 |
| Date | December 16, 2021 |
| Applicant | Tap Rock Resources, LLC |
| Designated Operator & OGRID (affiliation if applicable) | Tap Rock Operating, LLC/OGRID No. 372043 The operator is the operating entity for applicant |
| Applicant's Counsel: | James Bruce |
| Case Title: | Application of Tap Rock Resources, LLC for Compulsory Pooling, Eddy County, New Mexico |
| Entries of Appearance/Intervenors: | |
| Well Family | Nailed It Wells |
| Formation/Pool | |
| Formation Name(s) or Vertical Extent: | Bone Spring formation |
| Primary Product (Oil or Gas): | Oil |
| Pooling this vertical extent: | Entire Bone Spring formation |
| Pool Name and Pool Code: | WC-015 G-06 S242630A; Bone Spring (Pool Code 98319) |
| Well Location Setback Rules: | Statewide rules and current horizontal well rules |
| Spacing Unit Size: | Quarter-quarter sections/40 acres |
| Spacing Unit | |
| Type (Horizontal/Vertical) | Horizontal |
| Size (Acres) | 320 acres |
| Building Blocks: | 40 acres |
| Orientation: | South-North |
| Description: TRS/County | SE/4§25 and E/2§36-26S-30E, NMPM, Eddy County |
| Standard Horizontal Well Spacing Unit (Y/N), If No, describe | Yes |
| Other Situations | EXHIBIT <i>Replacement</i> |
| Depth Severance: Y/N. If yes, description | No |
| Proximity Tracts: If yes, description | No |
| Proximity Defining Well: if yes, description | Nailed It Fed. Com. Well No. 156H |
| Applicant's Ownership in Each Tract | Exhibits B-2 and B-4 |
| Well(s) | |
| Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non- standard) | Nailed It Fed. Com. Well No. 123H API No. 30-015-Pending SHL: 736 FSL & 2050 FEL§6 BHL: 2465 FSL & 1980 FEL§25 FTP: 100 FSL & 1980 FEL§6 LTP: 2465 FSL & 1980 FEL§25 Formation: Bone Spring/TVD 9544 feet/MD 14494 feet |

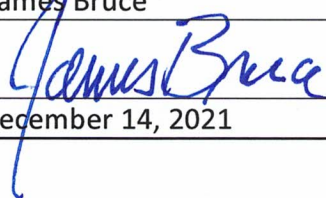
Nailed It Fed. Com. Well No. 124H
 API No. 30-015-Pending
 SHL: 711 FSL & 2050 FEL §36
 BHL: 2466 FSL & 660 FEL §25
 FTP: 100 FSL & 660 FEL §36
 LTP: 2466 FSL & 660 FEL §25
 Formation: Bone Spring/TVD 9544 feet/MD 14494 feet

Nailed It Fed. Com. Well No. 153H
 API No. 30-015-Pending
 SHL: 711 FSL & 1970 FWL §36
 BHL: 2465 FSL & 2160 FWL §25
 FTP: 100 FSL & 2160 FWL §36
 LTP: 2465 FSL & 2160 FWL §25
 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet

Nailed It Fed. Com. Well No. 154H
 API No. 30-015-Pending
 SHL: 736 FSL & 1945 FEL §36
 BHL: 2466 FSL & 331 FEL §25
 FTP: 100 FSL & 331 FEL §36
 LTP: 2466 FSL & 331 FEL §25
 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet

Nailed It Fed. Com. Well No. 156H
 API No. 30-015-Pending
 SHL: 711 FSL & 1945 FEL §36
 BHL: 2465 FSL & 1250 FEL §25
 FTP: 100 FSL & 1250 FEL §36
 LTP: 2465 FSL & 1250 FEL §25
 Formation: Bone Spring/TVD 10092 feet/MD 15042 feet

| | |
|---|------------------------------|
| Horizontal Well First and Last Take Points | See above |
| Completion Target (Formation, TVD and MD) | See Above |
| AFE Capex and Operating Costs | |
| Drilling Supervision/Month \$ | \$7000 |
| Production Supervision/Month \$ | \$700 |
| Justification for Supervision Costs | Exhibit B page 3 |
| Requested Risk Charge | Cost + 200%/Exhibit B page 3 |
| Notice of Hearing | |
| Proposed Notice of Hearing | Exhibit A |
| Proof of Mailed Notice of Hearing (20 days before hearing) | Exhibit D |
| Proof of Published Notice of Hearing (10 days before hearing) | Not necessary |
| Ownership Determination | |
| Land Ownership Schematic of the Spacing Unit | Exhibit B-2 |

| | |
|--|---|
| Tract List (including lease numbers and owners) | Exhibits B-2 and B-3 |
| Pooled Parties (including ownership type) | Exhibits B-3 and B-4 |
| Unlocatable Parties to be Pooled | None |
| Ownership Depth Severance (including percentage above & below) | None |
| Joinder | |
| Sample Copy of Proposal Letter | Exhibit B-5 |
| List of Interest Owners (i.e. Exhibit A of JOA) | Exhibit B-3 |
| Chronology of Contact with Non-Joined Working Interests | Exhibit B-6 |
| Overhead Rates In Proposal Letter | |
| Cost Estimate to Drill and Complete | Exhibit B-5 |
| Cost Estimate to Equip Well | Exhibit B-5 |
| Cost Estimate for Production Facilities | Exhibit B-5 |
| Geology | |
| Summary (including special considerations) | Exhibit C |
| Spacing Unit Schematic | Exhibit C-7 |
| Gunbarrel/Lateral Trajectory Schematic | Exhibit C-8 |
| Well Orientation (with rationale) | Standup/Exhibit C |
| Target Formation | Bone Spring |
| HSU Cross Section | Exhibit C-10 |
| Depth Severance Discussion | Not Applicable |
| Forms, Figures and Tables | |
| C-102 | Exhibit B-1 |
| Tracts | Exhibit B-2 |
| Summary of Interests, Unit Recapitulation (Tracts) | Exhibits B-2 and B-3 |
| General Location Map (including basin) | Exhibit C-7 |
| Well Bore Location Map | Exhibits C-7, 8, and 9 |
| Structure Contour Map - Subsea Depth | Exhibit C-9 |
| Cross Section Location Map (including wells) | Exhibit C-9 |
| Cross Section (including Landing Zone) | Exhibit C-10 |
| Additional Information | |
| CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate. | |
| Printed Name (Attorney or Party Representative): | James Bruce |
| Signed Name (Attorney or Party Representative): |  |
| Date: | December 14, 2021 |