



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

December 10, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22458 - Application of Manzano LLC for Approval of a Pressure Maintenance Project and Authorization to Inject, Lea County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **January 6, 2022** beginning at 8:15 a.m.

Manzano LLC ("Manzano" or "Applicant") seeks an order: (1) approving a pressure maintenance project for the injection of produced gas through the Vince BGH #1 well into the San Andres formation in a project area ("Project Area") comprised of the SE/4 and E/2NE/4 of Section 30, and the E/2SE/4 of Section 19, Township 9 South, Range 35 East, NMPM, Lea County, New Mexico; and (2) authorizing Manzano to convert the Vince BGH #1 well from a producing well to an injector. Applicant operates the following described wells within or near the Project Area:

- the Sodbuster 21 Fee #4H (API 30-025-43704) with a surface hole location at 200 FSL, 1650 FWL of Section 21 and a bottom hole location at 330 FNL, 1650 FWL of Section 21;
- the Rag Mama 30-19 Fee #1 (API 30-025-44067) with a surface hole location at 25 FSL, 528 FEL of Section 30 and a bottom hole location at 2303 FSL, 394 FEL of Section 19; and
- The Vince BGH No. 1H (API No. 30-025-37104) located at 1980 FSL, 1750 FEL (Unit J) of Section 30.

The wells are currently producing from the Jenkins San Andres Pool (Pool No. 33950). Applicant proposes to convert its Vince BGH No. 1H well from a producer into an injection well for pressure maintenance operations. Applicant plans to inject produced gas from the Sodbuster 21 Fee #4 and Rag Mama 30-19 Fee #1 into the San Andres formation through a closed system using the Vince BGH No. 1H. Applicant does not anticipate compatibility issues. The injection interval of the Vince BGH No. 1H is 4840 feet to 4850 feet. Injection will provide pressure maintenance support for the Rag Mama 30 19 Fee #1 well and will also reduce flaring. The expected average injection rate of produced gas into the Vince BGH No. 1H is 150 MCFGPD. The expected maximum injection rate is 1,000 MCFGPD to provide Manzano the option to inject more gas as the GOR increases or if Manzano drills additional wells in the Jenkins San Andres Pool. The expected average injection pressure of produced gas into the Vince BGH No. 1H is 500 psi and the proposed maximum injection pressure is 950 psi. Applicant's proposed pressure maintenance project can be conducted in a safe and responsible manner without causing waste, impairing correlative rights or

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(FAX) 575-623-9332

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(FAX) 505-982-8623

7601 JEFFERSON
ALBUQUERQUE
505-4
(FAX) 5

MANZANO LLC
Case No. 22458
Exhibit A-4

endangering fresh water, public health or the environment. The wells are located approximately 18.1 miles north of Tatum, New Mexico.

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: <https://www.emnrd.nm.gov/ocd/hearing-info/>. 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 submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) 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.

A copy of Manzano's Application to Inject (Form C-108) in this matter will be provided upon request. Please do not hesitate to contact me if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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<p>1. Article Addressed to:</p> <p>Dolores Davis, SSP P.O. Box 239 Monument, NM 88265</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"/> 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 6746 1074 2431 07</p> <p>7021 0950 0002 0364 8175</p>	

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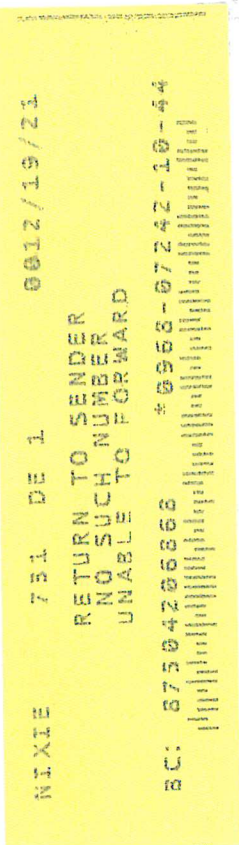
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<p>1. Article Addressed to:</p> <p>Scott Alan Frost, SSP 22428 Holsey Acres Road Indiahoma, OK 73552</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation 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>
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7448 4930 2000 0560 7202



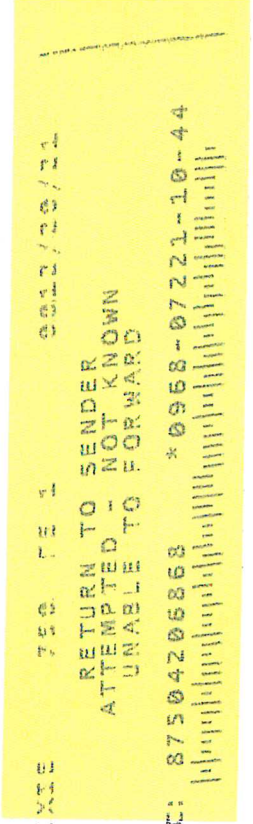
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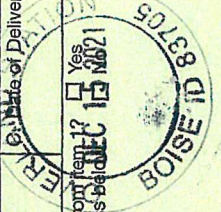
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<p>1. Article Addressed to:</p> <p>Clark A. Glenn, SSP P.O. Box 692 Tatum, NM 88267</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature 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"/> 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>
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2021
88201

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X Sherry Glenn
Agent Addressee

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<p>1. Article Addressed to:</p> <p>William E. Glenn, Jr., SSP 1001 West Alameda Roswell, NM 88201</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"/> 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 6746 1074 2433 12</p> <p>7021 0950 0002 0364 8359</p>	
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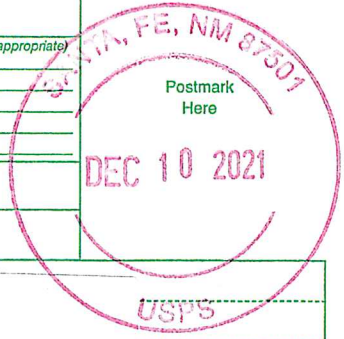
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Dimmitt, TX 79027

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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>X <i>Michael Goolsby</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael Goolsby</i> C. Date of Delivery <i>DEC 14 2021</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>Michael Goolsby, MSU 603 Pine Dimmitt, TX 79027</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation 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>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 8151</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0364 8168

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 Patsy Jean Howard Guinn & Doug Guinn
Street and Apt 2911 69th Street
City, State, Zip Lubbock, TX 79413

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

Postmark Here
DEC 10 2021
USPS
Lubbock, TX 79401

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>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>C-15 1356</i></p> <p>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>Patsy Jean Howard Guinn & Doug Guinn 2911 69th Street Lubbock, TX 79413</p> <p>9590 9402 6746 1074 2431 14</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"/> 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>7021 0950 0002 0364 8168</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0364 8311

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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 Apt. Laura Hand, MSU
P.O. Box 717
Spearman, TX 79081

City, State, ZIP _____

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

Postmark Here
DEC 10 2021
USPS

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"/> <u>Bill Hand</u> <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>Laura Hand, MSU P.O. Box 717 Spearman, TX 79081</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"/> 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 <input type="checkbox"/> Restricted Delivery</p> <p>_____ sured Mail _____ sured Mail Restricted Delivery _____ ver \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2433 50</p> <p>7021 0950 0002 0364 8311</p>	

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

Domestic Return Receipt

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

Brenda Sue Ehlert Hayden, SSP
100 10th Avenue, #6
San Francisco, CA 94121

Street and/A

City, State,

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

7221 0950 2000 0364 8229

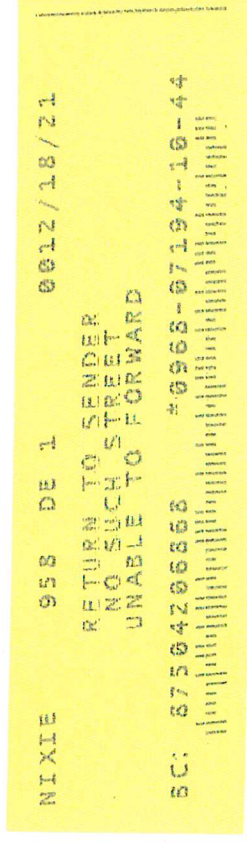
CERTIFIED MAIL®



7021 0950 0002 0364 8229

HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504

Brenda Sue Ehlert Hayden, SSP
100 10th Avenue, #6
San Francisco, CA 94121



87504206668

958 DE 1 0012/18/21

7021 0950 0002 0364 8366

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL RECEIPT

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 Patricia Horton, SSP
Street and Apt 1001 West Alameda
Roswell, NM 88201
City, State, Zip _____

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

Postmark Here
DEC 10 2021
USPS

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 A.P. CICIA <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) P. Horton</p> <p>C. Date of Delivery 12/13/21</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>Patricia Horton, SSP 1001 West Alameda Roswell, NM 88201</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2433 05</p> <p>7021 0950 0002 0364 8366</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"/> 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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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 \$

Total Postage and Fees \$

Sent To \$

Kay Lomax Jerin, Trustee

Street and/or PO Box Kay Lomax Jerin Exempt Trust

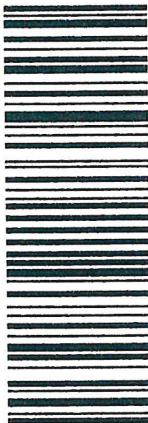
4310 E. Grant Road

City, State, ZIP+4 Tucson, AZ 85712-2607

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

7021 0950 0002 0364 8106

CERTIFIED MAIL®



7021 0950 0002 0364 8106

HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504

RD
A

Kay Lomax Jerin, Trustee
Kay Lomax Jerin Exempt Trust
4310 E. Grant Road
Tucson, AZ 85712-2607



NIXIE 850 FE 1 0012/18/21

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

SC: 87504206868 *0968-07238-10-44

85712-2607 ANK
87504206868

CERTIFIED MAIL® RECEIPT

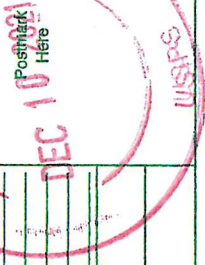
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$
 - Return Receipt (electronic) \$
 - Certified Mail Restricted Delivery \$
 - Adult Signature Required \$
 - Adult Signature Restricted Delivery \$



Postage

Total Postage and Fees

Sent To

Glenda King, MSU
 Street and Apt. 49 East Canyonview Drive
 Ransom Canyon, TX 79366
 City, State, Zip

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

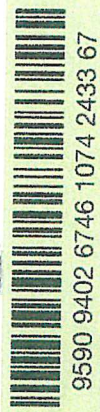
7021 0950 0002 0364 8304

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:

Glenda King, MSU
 49 East Canyonview Drive
 Ransom Canyon, TX 79366



2. Article Number (Transfer from service label)

7021 0950 0002 0364 8304

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Address
- B. Received by (Printed Name) Glenda King C. Date of Delivery 12-20-21
- 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 (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation®
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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 Tiffany Latner

Street and Apt. 6847 Mossman Pl. NE

City, State, ZIP Albuquerque, NM 87110

PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for Instructions

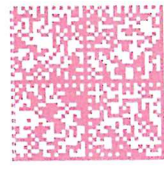
7021 0950 0002 0364 8380

CERTIFIED MAIL®



7021 0950 0002 0364 8380

HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



Tiffany Latner
6847 Mossman Pl. NE
Albuquerque, NM 87110

NIXIE 871 FE 1 0012/14/21

RETURN TO SENDER
UNABLE TO FORWARD

AN K 8750420688 *0968-07227-10-44

8750420688

12/15 UP

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

7021 0950 0002 0364 8397

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 # Amanda McCasland
 016 Lafayette Drive NE
 City, State, Albuquerque, NM 87107

Postmark Here: **DEC 10 2021**

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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 checked="" 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 <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Amanda McCasland 016 Lafayette Drive NE Albuquerque, NM 87107</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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</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>7021 0950 0002 0364 8397</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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 \$

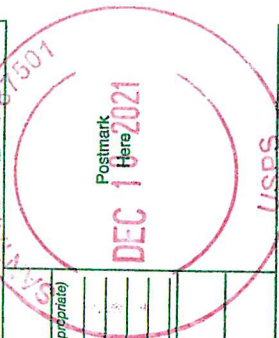
Postage \$

Total Postage and Fees \$

Sent To Gary McCray, MSU
Street and 9375 Swain Road
City, State, San Angelo, TX 76905

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

7021 0950 0002 0364 8335



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:

Gary McCray, MSU
9375 Swain Road
San Angelo, TX 76905

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) GARY McCRAY C. Date of Delivery 12-15-21

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

3. Service Type

Priority Mail Express®

Registered Mail™

Certified Mail®

Certified Mail Restricted Delivery

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

9590 9402 6746 1074 2433 36

2. Article Number (Transfer from service label)

7021 0950 0002 0364 8335

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

Domestic Return Receipt

7021 0950 0002 0364 8489

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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)

<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 and Ap Sherry McCray, Trustee
McCray Family Trust
9919 Edgecove
City, State, Zi Dallas, TX 75238

Postmark Here
DEC 10 2021
USPS

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 M C-19 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) McCray C. Date of Delivery 12/13/21</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>Sherry McCray, Trustee McCray Family Trust 9919 Edgecove Dallas, TX 75238</p>  <p>9590 9402 6746 1074 2431 83</p>	<p>3. Service Type</p> <table border="0"> <tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr> <tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr> <tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td><td></td></tr> </table>	<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 type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<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 type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0364 8489</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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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

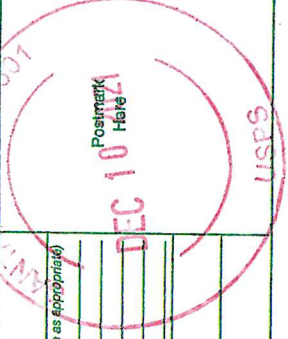
Total Postage and Fees

Sent To

Janelle McCray, MSU
1441 FM 651
Crosbyton, TX 79322

Street and Apt.

City, State, Zip



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

2021 0950 0000 0364 0344 4960 1960 2460

USPS TRACKING #



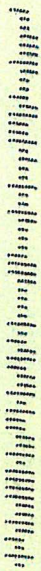
9590 9402 6746 1074 2433 29

**United States
Postal Service**

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box®

Manzano/Vince BGH/2nd
Sonya Mares
Hinkle Shanor LLP
218 Montezuma Avenue
Santa Fe, NM 87501



7021 0950 0002 0364 8007

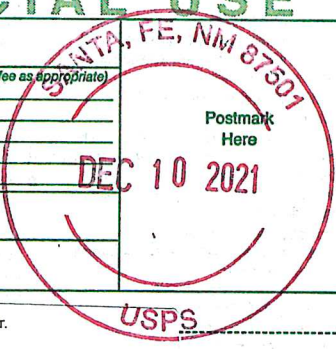
CERTIFIED MAIL® RECEIPT

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)	
<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 and Apt.	Leo Patrick Morgan, Jr. 1009 Clinton Street Carrolton, TX 75007
City, State, ZIP	
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:

Leo Patrick Morgan, Jr.
1009 Clinton Street
Carrolton, TX 75007



9590 9402 6746 1074 2501 43

2. Article Number (Transfer from service label)

7021 0950 0002 0364 8007

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

L Morgan


B. Received by (Printed Name) *L Morgan*

C. Date of Delivery *12/10/21*

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

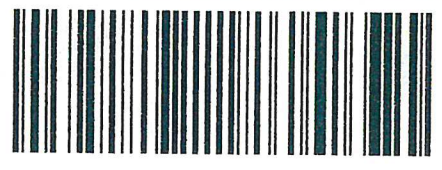
3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered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

Domestic Return Receipt

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>CL-19</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:	B. Received by (Printed Name) <i>0-65</i>	C. Date of Delivery <i>12-13-2021</i>
Keith Z. Neuner 170 Camino Rayo Del Sol Corrales, NM 87048-6805	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	<i>Mail box</i>	
 9590 9402 6746 1074 2500 75	3. Service Type	
2. Article Number (Transfer from service label) 7021 0950 0002 0364 8076	<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 type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

CERTIFIED MAIL®

INKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
ANTA FE, NEW MEXICO 87504



7021 0950 0002 0364 8076



1st NOTICE
2nd NOTICE
RETURNED TO SENDER

Keith Z. Neuner
170 Camino Rayo Del Sol
Corrales, NM 87048-6805

REFUSED

NOT AT THIS ADDRESS

NTXTP R71 DE 1 0017/15/21
 RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD
 VAC
 BC: 87584286868 *1755-80429-15-1
4/12/11

7021 0950 0002 0364 8076

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 \$ _____

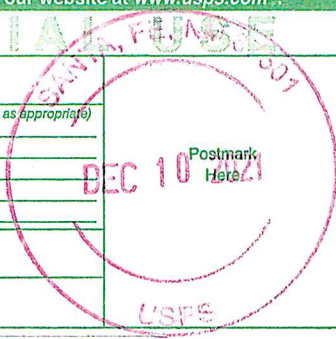
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Keith Z. Neuner
Street and Apt. 1 170 Camino Rayo Del Sol
Corrales, NM 87048-6805
City, State, ZIP+4 _____

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:

Keith Z. Neuner
170 Camino Rayo Del Sol
Corrales, NM 87048-6805

2. Article Number (Transfer from service label)

9590 9402 6746 1074 2500 75

7021 0950 0002 0364 8076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X CL-19 Agent
 Addressee

B. Received by (Printed Name)
O-65

C. Date of Delivery
12-13-2021

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

Mail box

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)

7021 0950 0002 0364 8618

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 New Mexico Bureau of Land Management
Street and 301 Dinosaur Trail
Santa Fe, NM 87508
City, State, _____

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

Postmark Here **DEC 10 2021**

USPS

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) <u>Robert</u></p> <p>C. Date of Delivery <u>12/13/21</u></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>New Mexico Bureau of Land Management 301 Dinosaur Trail Santa Fe, NM 87508</p>  <p>9590 9402 5760 0003 2743 45</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 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>7021 0950 0002 0364 8618</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0364 8625

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 Apt. _____

City, State, ZIP _____

Postmark: **DEC 10 2021**

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) _____ 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. New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501</p>	
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0364 8625</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 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"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>9590 9402 5760 0003 2743 52</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

6908 49E0 2000 0560 T202

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 \$

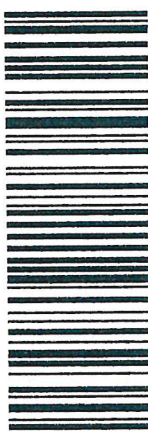
Sent To Waltra Neuner Ocker

Street and 2803 FM 763

City, State, Corpus Christi, TX 78415

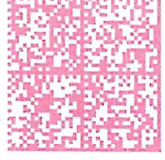
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



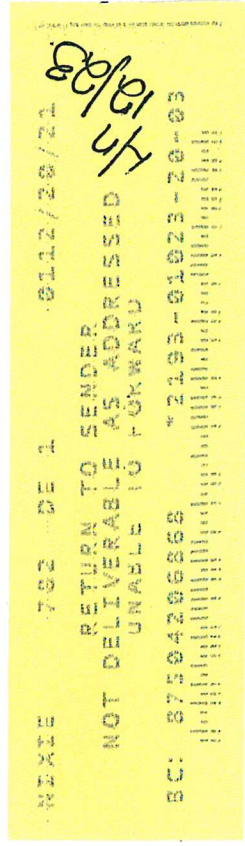
7021 0950 0002 0364 8069

CERTIFIED MAIL®



UTTF

Waltra Neuner Ocker
2803 FM 763
Corpus Christi, TX 78415



CERTIFIED MAIL® RECEIPT
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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 \$

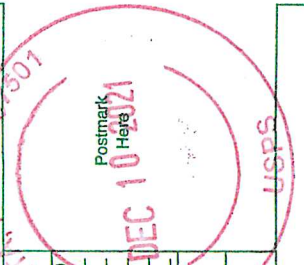
Sent To \$

Street and Apt. No. Alvin and Christine Simpson
4807 87th Street
Lubbock, TX 79424

City, State, ZIP+4

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

7021 0950 0002 0364 8434



CERTIFIED MAIL®

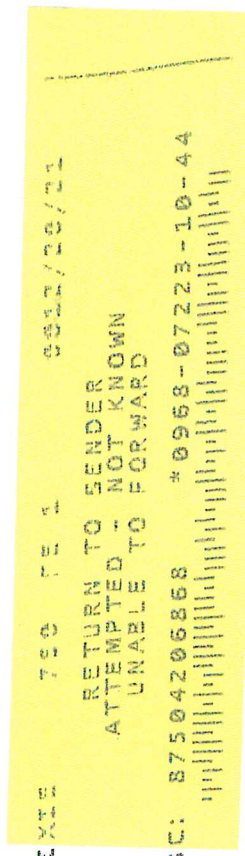
HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



7021 0950 0002 0364 8434

Alvin and Christine Simpson
4807 87th Street
Lubbock, TX 79424

THANK



7021 0950 0002 0364 8205

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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 \$ _____

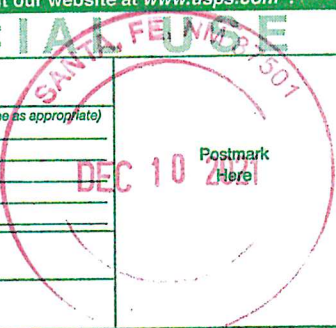
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Carolyn Taylor, SSP
 Street and Apt 7411 Valdez
 City, State, Zip Hobbs, NM 88242

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:

Carolyn Taylor, SSP
 7411 Valdez
 Hobbs, NM 88242

9590 9402 6746 1074 2430 77

Article Number (Transfer from service label)
 7021 0950 0002 0364 8205

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X NC BT 78

B. Received by (Printed Name) C. Date of Delivery
 C19 12/13/21

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

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

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

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 Lawrence A. Wangler, Trustee
Wangler Trust
Street and 7687 East May Sharton Drive
City, State, Scottsdale, AZ 85262

USPS

Postmark Here
DEC 10 2021

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

2248 4960 2000 0560 1202

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:
Lawrence A. Wangler, Trustee
Wangler Trust
7687 East May Sharton Drive
Scottsdale, AZ 85262

2. Article Number (Transfer from service label)
9590 9402 5760 0003 2657 01
120 2450 0002 1364 8455

PS Form 3811, July 2015 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

DEC 16 2021

Service Type
 Audit 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

7021 0950 0002 0364 8465

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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 Apt. Kenneth E. Bennett & Frieda J. Bennett
Successor Trustees-Bennett Family Living Trust
City, State, Zi 1508 Shaver Way
Placentia, CA 92760

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

7021 0950 0002 0364 8045

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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 Apt. Darwin D. Crockett
2377 Ogea
Lake Charles, LA 70615-4307
City, State, Zi

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

7021 0950 0002 0364 8113

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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 Apt. Oliver Falls, SSP
380 East 14th
Broomfield, CO 80020
City, State, Zi

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

7021 0950 0002 0364 8052

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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 Apt. Dorothy Fitzgerald
14115 Lake Trail Drive
Sugar Land, TX 77498
City, State, ZIP+4

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

7021 0950 0002 0364 8083

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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 Apt. Rebecca Ann Gallun, Trustee
Rebecca Ann Gallun Exempt Trust
5500 Van Winkle Lane
Austin, TX 78739-1691
City, State, Zi

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

7021 0950 0002 0364 8182

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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 Apt. Don Glenn, SSP
170 Kensington Drive
Fort Collins, CO 80525
City, State, Zi

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

7021 0950 0002 0364 8274

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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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
 Street and Apt. No. Jennifer Glenn
 351 South Monte Vista, #11
 La Habra, CA 90631
 City, State, ZIP+4®

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

7021 0950 0002 0364 8236

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)	
<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 and Apt. Marilyn K. Glenn, SSP
 6865 Bennell Drive
 Reynoldsburg, OH 43068
 City, State, ZIP

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

7021 0950 0002 0364 8137

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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)	
<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 and Melissa Glenn, SSP
 1620 South Ong, Apt. C
 Amarillo, TX 79102
 City, State

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

7021 0950 0002 0364 8403

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)	
<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 and Amelia Jackson
 1901 Indian Plaza Drive, NE, Apt. 8
 Albuquerque, NM 87106
 City, State

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

7021 0950 0002 0364 8373

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)	
<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 and Apt. Lance Jackson
 P.O. Box 200097
 Austin, TX 78720
 City, State, ZIP

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

7021 0950 0002 0364 8090

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)	
<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 and Apt. No. Everett Bruce Lomax, Trustee
 Everett Bruce Lomax Exempt Trust
 203 Beaver Cir.
 Horseshoe Bay, TX 78657-7293
 City, State, ZIP+4

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

7021 0950 0002 0364 8243

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 \$

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 6600 Lakota Court
 Loveland, CO 80534
 City, State, ZIP+4

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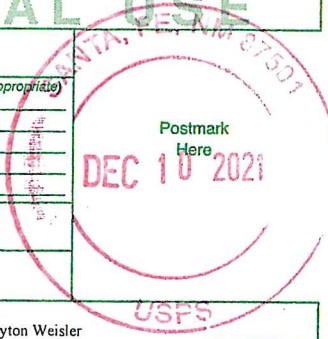
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 Sharon Y. and Crayton Weisler
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 Albuquerque, NM 87109

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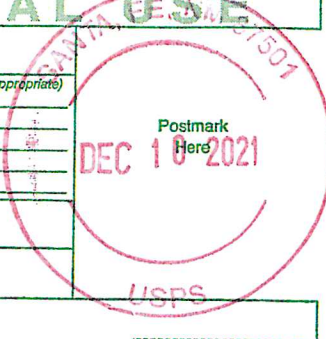
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 William and Stephanie Zahn
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Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA


I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
December 15, 2021
and ending with the issue dated
December 15, 2021.

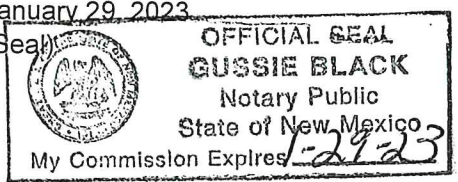


Publisher

Sworn and subscribed to before me this
15th day of December 2021.



Business Manager

My commission expires
January 29, 2023
Seal: 
My Commission Expires 1-29-23

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL NOTICE December 15, 2021

This is to notify all interested parties, including Donivan D. Crockett; Hayden G. Crockett; William Harrel Delafield, Jr.; Mary Ann Delafield Frazier; Gleason Wildcats, LLC; Donald Joseph Marczeski; Dorothy Ann Middaugh; Margaret Ann Morgan Lilly, Edward R. Lilly; Patricia Ann Morgan McNally; Leo Patrick Morgan, Jr.; Mary Carol Morgan; Sharon Y. Weisler; Crayton Weisler; William Marvin Zahn, Jr.; Stephanie Zahn; Darwin D. Crockett; Dorothy Fitzgerald; Walta Neuner Ocker; Keith Z. Neuner; Robert Franklin White, Sr.; Rebecca Ann Gallun, Trustee of the Rebecca Ann Gallun Exempt Trust; Everett Bruce Lomax, Trustee of the Everett Bruce Lomax Exempt Trust; Kay Lomax Jerin, Trustee of the Kay Lomax Jerin Exempt Trust; Kathryn Ann Barwick Fox; Maxine E. Barber; Tom Barber; Rozella M. Jones; Arville O. Glenn, Jr.; Arlis E. Schleiger; Worth Fullingim; Rena F. Kerr; Rodean Gleason; Beal Gleason; Cleo Dickinson; James Don Dickinson; Barbara S. Dickinson; Grace G. Glenn; Prosperity State Bank, Successor to American State Bank, Trustee of the Willa Ruth Simmons Trust; Kenneth Edward Bennett and Frieda Johanna Bennett, Successors Trustees of the Bennett Family Living Trust; Lawrence A. Wangler, Trustee of the Wangler Trust; Sherry McCray, Trustee, McCray Family Trust; Oliver Falls; Melissa Glenn; Gerald Glenn; Bonnie Downing; Michael Goolsby; Cindy Corkins; Phillip Corkins; Melanie Caywood; Patsy Jean Howard Guinn; Doug Guinn; Dolores Davis; Don Glenn; Clark A. Glenn; Carolyn Taylor; Rex Glenn; Brenda Sue Ehler Hayden; Marilyn K. Glenn; Toni Martin; Laura Oglesby; Claudia Moyers; Jennifer Glenn; Cliff Glenn; Scott Alan Frost; Glenda King; Laura Hand; Alice Reed; Gary McCray; Janelle McCray; William E. Glenn, Jr.; Patricia Horton; Lance Jackson; Tiffany Latner; Amanda McCasland; Amelia Jackson; Kathryn Ann Barwick Fox; Alvin Simpson; Christine Simpson; Worth Fullingim; Lawrence A. Wangler, Trustee of the Wangler Trust; Cindy Corkins; Phillip Corkins; Melanie Caywood, the Bureau of Land Management; the New Mexico State Land Office; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Manzano LLC (Case No. 22458). 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 January 6, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for that date: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Applicant seeks an order: (1) approving a pressure maintenance project for the injection of produced gas through the Vince BGH #1 well into the San Andres formation in a project area ("Project Area") comprised of the SE/4 and E/2NE/4 of Section 30, and the E/2SE/4 of Section 19, Township 9 South, Range 35 East, NMPM, Lea County, New Mexico; and (2) authorizing Manzano to convert the Vince BGH #1 well from a producing well to an injector. Applicant operates the following described wells within or near the Project Area:

- the Sodbuster 21 Fee #4H (API 30-025-43704) with a surface hole location at 200 FSL, 1650 FWL of Section 21 and a bottom hole location at 330 FNL, 1650 FWL of Section 21;
- the Rag Mama 30-19 Fee #1 (API 30-025-44067) with a surface hole location at 25 FSL, 528 FEL of Section 30 and a bottom hole location at 2303 FSL, 394 FEL of Section 19; and
- The Vince BGH No. 1H (API No. 30-025-37104) located at 1980 FSL, 1750 FEL (Unit J) of Section 30.

The wells are currently producing from the Jenkins San Andres Pool (Pool No. 33950). Applicant proposes to convert its Vince BGH No. 1H well from a producer into an injection well for pressure maintenance operations. Applicant plans to inject produced gas from the Sodbuster 21 Fee #4 and Rag Mama 30-19 Fee #1 into the San Andres formation through a closed system using the Vince BGH No. 1H. Applicant does not anticipate compatibility issues. The injection interval of the Vince BGH No. 1H is 4840 feet to 4850 feet. Injection will provide pressure maintenance support for the Rag Mama 30 19 Fee #1 well and will also reduce flaring. The expected average injection rate of produced gas into the Vince BGH No. 1H is 150 MCFGPD. The expected maximum injection rate is 1,000 MCFGPD to provide Manzano the option to inject more gas as the GOR increases or if Manzano drills additional wells in the Jenkins San Andres Pool. The expected average injection pressure of produced gas into the Vince BGH No. 1H is 500 psi and the proposed maximum injection pressure is 950 psi. Applicant's proposed pressure maintenance project can be conducted in a safe and responsible manner without causing waste, impairing correlative rights or endangering fresh water, public health or the environment. The wells are located approximately 18.1 miles north of Tatum, New Mexico. #37134

02107475

00261709

GILBERT
HINKLE, SHANOR LLP
PO BOX 2068
SANTA FE, NM 87504

MANZANO LLC
Case No. 22458
Exhibit A-5

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

**APPLICATION OF MANZANO LLC
FOR APPROVAL OF A PRESSURE
MAINTENANCE PROJECT AND
AUTHORIZATION TO INJECT,
LEA COUNTY, NEW MEXICO.**

CASE NO. 22458

**SELF-AFFIRMED STATEMENT
OF JOHN WORRALL**

1. I am employed by Manzano LLC (“Manzano”) as a geologist. I am over 18 years of age and competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein. I am familiar with the Application in this case and with the geology matters pertaining to this Application. 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. Manzano’s Application seeks an order: (1) approving a pressure maintenance project for the injection of produced gas through the Vince BGH #1 well into the Jenkins San Andres pool (Pool Code 33950) within the San Andres formation in a project area (“Project Area”) comprised of the SE/4 and E/2NE/4 of Section 30, and the E/2SE/4 of Section 19, Township 9 South, Range 35 East, NMPM, Lea County, New Mexico; and (2) authorizing Manzano to convert the Vince BGH #1 well from a producing well to an injector.

3. Manzano operates the following described wells within or near the Project Area currently producing from the Jenkins San Andres Pool:

- a. **Sodbuster 21 Fee #4H** (API 30-025-43704) horizontally drilled from a surface hole location at 200 FSL, 1650 FWL in Section 21 to a bottom hole location at 330 FNL, 1650 FWL in Section 21;
- b. **Rag Mama 30-19 Fee #1** (API 30-025-44067) horizontally drilled from a surface hole location at 25 FSL, 528 FEL in Section 30 to a bottom hole location at 2303 FSL, 394 FEL in Section 19; and
- c. **Vince BGH No. 1H** (API No. 30-025-37104) (“Vince”) vertically drilled at 1980 FSL, 1750 FEL (Unit J) of Section 30.

4. The perforated interval of the Rag Mama 30-19 Fee #1 is from 5,250’ to 12,123’; the perforated interval of the Sodbuster 21 Fee #4H is from 5150 to 9,330; and the perforated interval of the Vince BGH No. 1H is 4840’ to 4850’.

5. The Vince well currently produces 2 BOPD and 31 BWPD and is deemed uneconomic. Therefore, Manzano proposes to convert the well from a producer into an injection well to provide pressure maintenance support for the Rag Mama 30 19 Fee #1 well. Conversion of the well will also allow Manzano to attempt to eliminate flaring.

6. Manzano plans to inject produced gas from the Sodbuster 21 Fee #4 and Rag Mama 30-19 Fee #1 into the San Andres formation through a closed system using the Vince BGH No. 1H at depths of 4840’ to 4850’ within the San Andres formation.

7. Accordingly, Manzano proposes the unitized interval be defined as the Jenkins San Andres pool (Pool Code 33950) within the San Andres formation at depths of 4840’ to 4850’ as defined on the Manzano Vince BGH #1 well log provided on page 24 of Form C-108.

8. The injection interval of the Vince BGH No. 1H well (“Vince”) is 4840’ to 4850’.

9. The productive zone immediately overlying the proposed injection interval is the San Andres formation with its top being at an approximate depth of 4000' TVD.

10. Page 22 of Form C-108 contains a structure map of the Project Area. The map shows the structural contours near the top of the P-1 dolomite within the San Andres formation. The map demonstrates the reservoir is relatively flat with a 40 feet of east dip per mile (a half degree slope).

11. Page 23 of Form C-108 contains an isopach map of the P-1 Dolomite interval within the San Andres formation. The San Andres formation is present from 4000 to 5460' within the Vince well. The interval from 4810 to 4900' is known as the P-1 dolomite which is a fine crystalline dolomite with 4% to 12% porosity and 20 to 100 ohm-m of resistivity. The interval has up to 100' of porosity greater than 6%. Oil and gas is stratigraphically trapped where this reservoir pinches out northward into anhydrite. The zone is also overlain by anhydrite and underlain by a tight limestone.

12. Page 21 of Form C-108 contains a cross-section of the target injection interval. The cross-sections demonstrate the injection interval is consistent and continuous across the formation underlying the Project Area. The cross-section also shows all lands within the proposed unit contain porous reservoir rock, and therefore, all lands within the proposed unit appear capable of contributing additional secondary recovery reserves.

13. From geologic studies performed over this area, the Project Area is well suited for pressure maintenance operations and the entire Project Area should continue to contribute enhanced recovery reserves.

14. There are no faults or other geologic impediments that would impede the efficiency of the Project.

15. Manzano's pressure maintenance project can be conducted in a safe and responsible manner without causing waste, impairing correlative rights or endangering fresh water, public health or the environment.

16. There are no water wells within one (1) mile of the proposed injection well. Page 26 of Form C-108 shows the nearest water wells are located 2.5 to 3.0 miles from the Vince well.

17. The water aquifer in the Project Area is the Ogallala Red Beds. Page 25 of Form C-108 contains a map from Atkins Engineering of Roswell indicating the top of water is present at 4025' above sea level below the Vince well. This well has a drill floor elevation of 4183' where water is found at 158'. The map indicates there is approximately 25' of water in this area.

18. With respect to compatibility, the source of the gas to be injected will be produced gas from the **Sodbuster 21 Fee #4H** and **Rag Mama 30-19 Fee #1** wells drilled within or near the Project area. Gas analyses for the Sodbuster 21 Fee #4 and Rag Mama 30-19 Fee #1 are provided on pages 19 and 20 of Form C-108 and show the two source wells produce a typical San Andres formation gas – the BTU content is 1059 to 1138 with nitrogen (4.4 to 8.1 Mole %), CO2 (13.1 to 15.3 mole%) and H2S (2.1 to 2.4 mole %).

19. I do not expect any compatibility issues to arise from the proposed injection operations.

20. I have examined the available geological and engineering data and have found no evidence of open faults or hydrological connection between the proposed injection interval and any underground sources of drinking water.

21. **Exhibit B-1** is an Injection Model for the proposed injection of gas into the Vince BGH #1 Well over 5-year, 10-year, and 20-year periods. At an average rate of 150 MCFGPD, the model shows we will displace an area of 12.1, 24.2 and 48.4 acres over 5, 10 and 20 years,

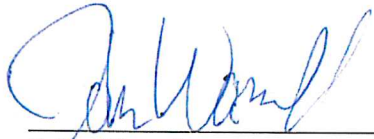
respectively. As shown on the Plat of Injection, the radius of injection for the 20-year period is 580 feet.

22. Based on my professional training and experience, it is my opinion that the proposed injection operations will not impair any hydrocarbon-bearing zones. It is also my opinion that injection fluids will be confined to the injection interval as a result of the stratigraphic confining layers above and below the injection zone.

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

24. The exhibits referenced above were either prepared by me or under my supervision or were compiled from company business records.

25. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 24 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.



John Worrall

1-4-22

Date

Reservoir Parameters:

Thickness: 100 feet of P-1 Dolomite
 Average Porosity = 6%
 Initial Reservoir Pressure = 1700 psi
 Initial Reservoir Temperature = 99 Fahrenheit
 Gas Compressibility .9955

INJECTION MODEL

Our proposal is to inject an average of 150,000 cubic feet today at the surface conditions. What volume is that at reservoir conditions? And how much area would it cover?

Part A. You can convert the volume of gas at the surface to the volume of gas at initial reservoir conditions as follows:

$$CFG@FmPressure = CFG@ Surface / ((FmPressure/14.7) \times (520/460+Temp Fm) \times (1 / Z))$$

$$CFG@FmPressure = 150,000 / ((1700/14.7) \times (520/460+99) \times (1/.9955)) = 1388.117712 \text{ cubic feet/day}$$

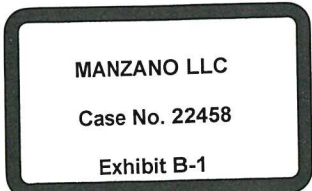
Part B. You can determine the Acreage of Injection by the Formula:

$$Acres = CFG@FmPressure / (43560 \times Porosity \times (1 - Swirr) \times Thickness)$$

$$Daily Acres = 1388.117712 \text{ CFG} / (43560 \times .06 \times 100 \times .8) = .006638916 \text{ acres/day}$$

TABLE OF INJECTION Assuming a continuous 150 MCFGPD average rate

Term, Years	Total CFG, Surface	CFG, In Situ	Total Acres, Area	Radius of Injection
5	273750000	2533315	12.11602208	183 feet
10	547500000	5066629	24.23204416	410 Feet
20	1095000000	10133529	48.46408833	580 Feet



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

APPLICATION OF MANZANO LLC
FOR APPROVAL OF A PRESSURE
MAINTENANCE PROJECT AND
AUTHORIZATION TO INJECT,
LEA COUNTY, NEW MEXICO.

CASE NO. 22458

SELF-AFFIRMED STATEMENT
OF MIKE HANAGAN

1. I am the Operations Manager for Manzano LLC ("Manzano"). I am over 18 years of age and competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein. I am familiar with the Application in this case and with the engineering matters pertaining to this Application. I have previously testified before the New Mexico Oil Conservation Division ("Division"), and my credentials as an expert in petroleum engineering were accepted and made a matter of record.

2. Manzano's Application seeks an order: (1) approving a pressure maintenance project for the injection of produced gas through the Vince BGH #1 well into the Jenkins San Andres pool (Pool Code 33950) within the San Andres formation in a project area ("Project Area") comprised of the SE/4 and E/2NE/4 of Section 30, and the E/2SE/4 of Section 19, Township 9 South, Range 35 East, NMPM, Lea County, New Mexico; and (2) authorizing Manzano to convert the Vince BGH #1 well from a producing well to an injector.

3. Manzano operates the following described wells within or near the Project Area currently producing from the Jenkins San Andres Pool:

- a. **Sodbuster 21 Fee #4H** (API 30-025-43704) horizontally drilled from a surface hole location at 200 FSL, 1650 FWL in Section 21 to a bottom hole location at 330 FNL, 1650 FWL in Section 21;

- b. **Rag Mama 30-19 Fee #1** (API 30-025-44067) horizontally drilled from a surface hole location at 25 FSL, 528 FEL in Section 30 to a bottom hole location at 2303 FSL, 394 FEL in Section 19; and
 - c. **Vince BGH No. 1H** (API No. 30-025-37104) vertically drilled at 1980 FSL, 1750 FEL (Unit J) of Section 30.
4. The injection interval of the Vince BGH No. 1H well (“Vince”) is 4840’ to 4850’.
 5. Manzano proposes to convert its Vince well from a producer into an injection well for pressure maintenance operations for the purpose of mitigating the flaring of off-spec methane from the Rag Mama and Sod Buster wells and increasing the ultimate recovery of oil within the interval underlying the Project area.
 6. Manzano proposes to inject produced gas from the Sodbuster 21 Fee #4 and Rag Mama 30-19 Fee #1 into the San Andres formation through a closed system using the Vince well at depths of 4840’ to 4850’ within the San Andres formation.
 7. Specifications and a wellbore schematic for the Vince well is provided at pages 8-11 of Form C-108. The Vince well will be adequately equipped for injection and the construction of the Well will protect fresh water and other hydrocarbon-bearing zones.
 8. The expected average injection rate of produced gas into the Vince well is 150 MCFGPD. The expected maximum injection rate is 1,000 MCFGPD to provide Manzano the option to inject more gas as the GOR increases or if Manzano drills additional wells in the Jenkins San Andres pool.
 9. The expected average injection pressure of produced gas into the Vince well is 500 psi and the proposed maximum injection pressure is 950 psi.
 10. No additional stimulation is planned. The zone has already been acidized with 41,000 gallons of 15% NEFE acid.

11. When Manzano drilled and completed the Rag Mama 30 19 #1H well, which at its nearest point is over 1,200' east of the Vince, with a frac that included 5,155,137 lbs. of sand, Manzano did not see any effect on the production in the adjacent Vince well. Therefore, the proposed Project Area is appropriate because the reservoir has low permeability and we do not believe the injected gas will affect reservoir pressure in a larger area. It will take time for the injected gas to affect the Rag Mama well, but it should help to arrest decline of the production of the well.

12. **Exhibit C-1** is a decline curve of the Rag Mama 30 19 #1H. Based on my professional training and experience, it is my opinion that production will further decline in the absence of pressure maintenance support.

13. Without approval of this application, Manzano will likely have to plug and abandon the Rag Mama 30 19 #1H, Vince BGH #1, and Sodbuster 21 #1H wells because there are no alternatives to comply with the NMOCD Flare Rule in this area. This will result in a permanent waste of the oil and gas in these wells. Injection of the gas will allow for the gas that is currently flared to be safely stored in the reservoir while potentially providing the added benefit of pressure support.

14. It is my opinion that injection operations within the Project Area are economically and technically feasible and that it is prudent to utilize pressure maintenance operations to maximize oil recovery. It is also my opinion that the proposed conversion of Manzano's Vince BGH No. 1H producer to injector for pressure maintenance operations is not premature.

15. Injection of produced gas into the Vince BGH No. 1H well will attempt to eliminate flaring.

16. Manzano has run an MIT test prior to commencing injection and will monitor pressure during injection.

17. A copy of Manzano's H2S contingency plan is attached as **Exhibit C-2**.

18. The exhibits referenced above were either prepared by me or under my supervision or were compiled from company business records.

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

20. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 19 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.

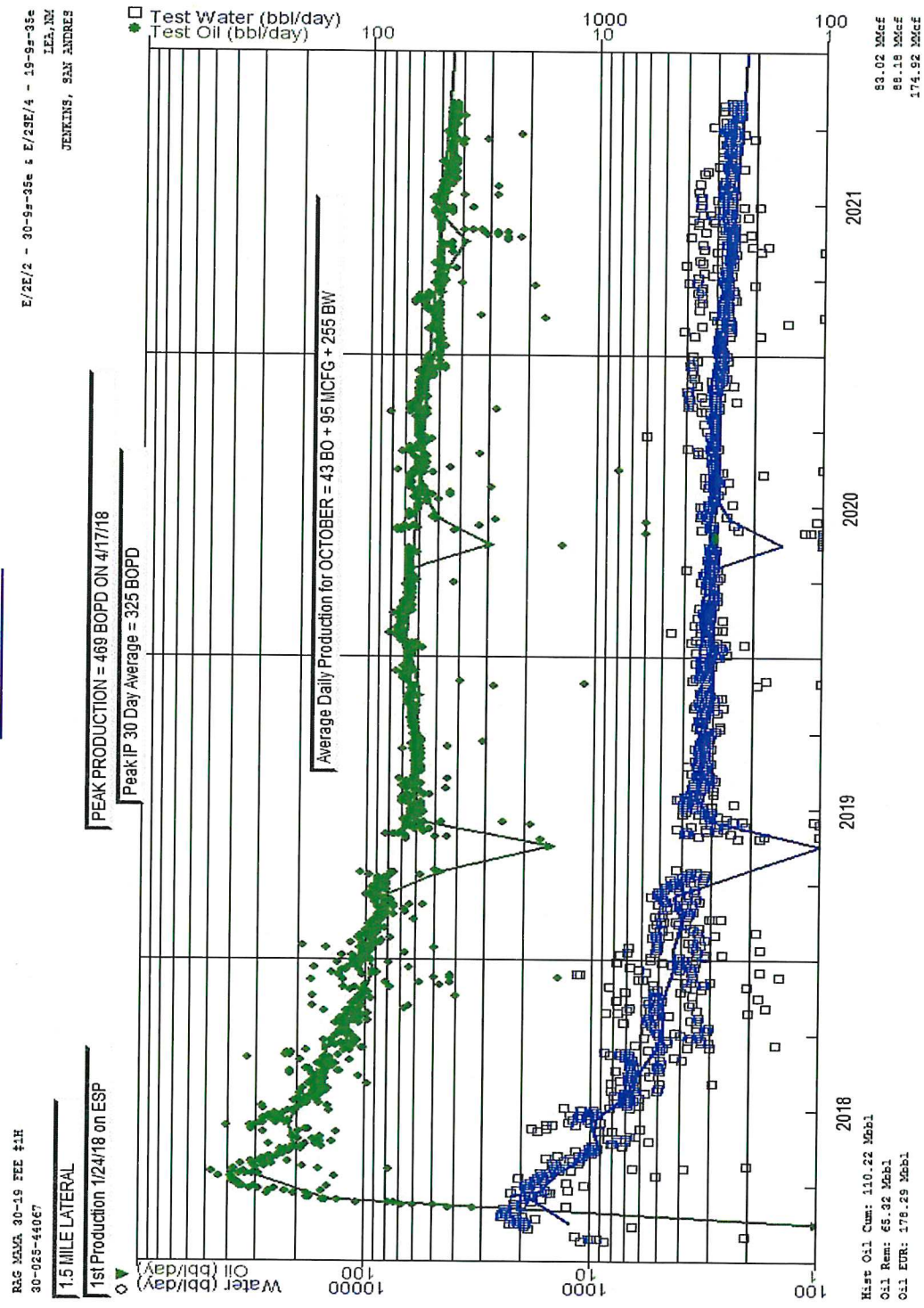


Mike Hanagan

1/3/22

Date

RAG MAMA



MANZANO LLC
 Case No. 22458
 Exhibit C-1

H₂S Contingency Plan For Manzano, LLC Vince BGH #1 Injection Well

MANZANO LLC
Case No. 22458
Exhibit C-2

I. EMERGENCY ASSISTANCE TELEPHONE LIST

PUBLIC SAFETY: 911 or

Sheriff's Department:

Lea County Sherriff's Office 575-396-3611

New Mexico State Police: 575-392-5588

Hospitals:

Nor-Lea Hospital 575-396-6661

NMOCD:

Main Line 575-476-3441

NM Department of Transportation 505-795-1401

OSHA 24 Hr. Reporting (800) 321-6742
(8 hrs. after death or 24 hrs. after in-patient, amputation, loss of an eye)

OPERATOR CONTACTS

Manzano, LLC:

Mike Hanagan 575-623-1996 extension 310

575-420-8821 (cell)

John Thompson 575-623-1996 extension 304

575-840-5797 (cell)

II. H₂S CONTINGENCY PLAN SECTION

Scope:

This contingency plan provides an organized plan of action for alerting and protecting the public within an area of exposure prior to an intentional release or following the accidental release of a potentially hazardous volume of hydrogen sulfide. The plan establishes guidelines for personnel whose work activity may involve exposure to Hydrogen Sulfide Gas (H₂S).

Objective:

- Prevent the uncontrolled release of H₂S into the atmosphere.
- Provide proper evacuation procedures to cope with emergencies.
- Provide immediate and adequate medical attention should an injury occur.

Purpose, Distribution and Updating of Contingency Plan:

The Purpose of this contingency plan is to protect the general public from the harmful effects of H₂S accidentally escaping from the subject injection well. This plan is designed to accomplish its purpose by assuring the preparedness necessary to:

1. Minimize the possibility of releasing H₂S into the atmosphere during related operations.
2. Provide for the logical, efficient, and safe emergency actions required to protect the general public in the event of an accidental release of a potentially hazardous quantity of H₂S.

Supplemental information is included with this plan and is intended as reference material for anyone needing a more detailed understanding of the many factors pertinent to H₂S drilling operations safety. **Due to the ability to turn off the source of the H₂S, the release of a potentially hazardous quantity of H₂S from this low pressure, low volume injection well is highly unlikely.** If such a release should occur however, obviously the exact time, rate, duration, and other pertinent facts will not be known in advance thus, this contingency plan must necessarily be somewhat general. The plan does review in detail, as is reasonably possible, the type of accidental release that could possibly endanger the general public, the probable extent of such danger, and the emergency actions generally appropriate. In the event of such an accidental release, the specific actions to be taken will have to be determined at the time of release by the responsible personnel at the drilling location. Complete familiarity with this plan will help such personnel make the proper decisions rapidly. Familiarity with this plan is required of all production personnel, Operators employees and contractor personnel who could possibly be at the location at the time of an H₂S emergency.

As this contingency plan was prepared considerably in advance of the anticipated H₂S operation, the plan must be kept current if it is to effectively serve its purpose. The operators will be responsible for seeing that all copies are updated. Updating the plan is required when any changes to the personnel Call List (Section I) including telephone numbers occur or when any pertinent data or plans for the well are altered. The plan must also be updated when any changes in the general public likely to be within the exposure area in the event of an accidental release from the well bore of a potentially hazardous quantity of H₂S. Two copies of this plan shall be retained at the office of Manzano, LLC.

Discussion of Plan:

Suspected Problem Zones: This well is a low pressure, low volume injection well that injects low pressure casinghead gas collected from nearby producers into the wellbore at low pressure in a closed-loop system. In

the unlikely event of a gas release of sufficient volume for the H2S detection equipment to set off an alarm, the incoming gas supply would be immediately turn off at the wells which would result in the elimination of any additional H2S and any residual H2S @ the location would quickly dissipate into the atmosphere.

Implementation: This plan, with all details, is to be implemented prior to injection into the well.

Emergency Response Procedure: This section outlines the conditions and denotes steps to be taken in the event of an emergency.

Emergency Equipment and Procedure: This section outlines the safety and emergency equipment that will be located at the injection facility.

Training Provisions: This section outlines the training provisions for production personnel, Operator's employees and contractor personnel normally present at the injection facility.

Emergency call list: Included are the telephone numbers of all persons that would need to be contacted, should an H₂S emergency occur.

Briefing: This section deals with the briefing of persons involved with the production and injection operations of this well.

Public Safety: It is not necessary for Public Safety Personnel to be made aware of this injection well.

Check Lists: Status check lists and procedural check lists have been included to ensure adherence to the plan.

General Information: A general information section has been included to supply support information.

III. OPERATING PROCEDURES

A. Outside Service Personnel

All service people such as pulling unit crews, truck drivers, etc will furnish their own safety equipment. The Company Man/ or designee will be sure that they have been briefed regarding safety procedures. He will also be sure each of these people know about what to do in case of an emergency alert. Visitors will be restricted when H₂S has been detected.

B. Safety Meetings

Persons involved in the operations of this injection well will be informed of the characteristics of H₂S, its danger and safety procedures to be used when it is encountered, and recommended first-aid procedure for regular production operations personnel.

C. Area Residences/ Occupied Locations/ Public Roads

There are no occupied residences/ businesses that are within a reasonable perimeter of the location (attached map will identify a 3000' radius around location).

IV. OPERATING CONDITIONS

A. Windssocks

Windssocks will be located at the entrance to the location and at the production tanks on the location

B. Air Packs

1. Production personnel, such as pumpers and company production supervisors will be required to have a personal air pack and H₂S detector while on location.

V. EMERGENCY PROCEDURES

- I. In the event of any evidence of H₂S level above 10ppm, take the following steps immediately:
 - a. Secure breathing apparatus.
 - b. Order non-essential personnel out of the danger zone.
 - c. Shut off gas supply from off-site wells.
 - d. Take additional steps to determine if the H₂S level can be corrected or suppressed, and if so, proceed with normal operations.
- II. If uncontrollable conditions occur, proceed with the following:
 - a. Take steps to protect and/or remove any public downwind of the injection well. Notify necessary public safety personnel.
 - b. Remove all personnel to the Safe Briefing Area.
 - c. Determine and proceed with the best possible plan to regain control of the well. Maintain tight security and safety measures.
- III. Responsibility
 - a. The Company Approved Supervisor shall be responsible for the total implementation of the plan.

- b. The Company Approved Supervisor shall be in complete command during any emergency.
- c. The Company Approved Supervisor shall designate a backup Supervisor if he/she is not available.

IV. Actions to be taken

- a. Stop the dispersion of H₂S
- b. Assign specific tasks to personnel
- c. Cordon off the exposure area to prevent entry by unauthorized persons
- d. Request assistance as needed and initiate emergency notifications
- e. Complete emergency notifications as required
- f. Return the situation to normal

EMERGENCY PROCEDURE IMPLEMENTATION

I. Production &/or Injection Operations

a. All Personnel

- i. When alarm sounds, stop what you are doing & proceed to the egress area or upwind if the egress area is down wind.
- ii. Check status of other personnel.
- iii. Do not go back on location until securing a breathing apparatus.
- iv. Go to gas supply wells and shut in gas to the gas injection line.
- v. Notify Manzano and wait for orders from supervisor.

VI. POST EMERGENCY ACTIONS

In the event this plan is activated, the following post emergency actions shall be taken in an effort to reduce the possibility of a reoccurrence of the type of problem that required its activation, and/or assure that any future activation of a similar plan will be as effective as possible.

- A. Review the factors that caused or permitted the emergency occur, and if the need is indicated, modify operating, maintenance and/or surveillance procedures.
- B. If the need is indicated, retrain employees in blowout prevention, H₂S emergency procedures and etc.
- C. Clean up, recharge, restock, repair, and/ or replace H₂S emergency equipment as necessary , and return it to its proper place.

VII. IGNITION PROCEDURES

Responsibilities:

Due to the ability to isolate and eliminate the supply of gas associated with any H₂S release at this injection well, there is not a foreseeable situation that would require the ignition of the well. However, the decision to ignite the well is the responsibility of Manzano, LLC in concurrence with the STATE POLICE. This decision should be made only as a last resort and in a situation where it is clear that:

1. Human life and property are endangered.
2. There is no hope of controlling the blowout under the prevailing conditions.

If time permits, notify the main office, but do not delay if human life is in danger. Initiate the first phase of the evacuation plan.

Instructions for Igniting the Well:

1. Two people are required for the actual igniting operation. Both men must wear self-contained breathing apparatus and must use a full body harness and attach a retrievable safety line to the D-Ring in the back. One man must monitor the atmosphere for explosive gases with the LEL monitor, while the Manzano Company Supervisor is responsible for igniting the well.
2. The primary method to ignite is a 25mm flare gun with a range of approximately 500 feet.
3. Ignite from upwind and do not approach any closer than is warranted.
4. Select the ignition site best suited for protection and which offers an easy escape route.
5. Before igniting, check for the presence of combustible gases.
6. After igniting, continue emergency actions and procedures as before.
7. All unassigned personnel will limit their actions to those directed by the Manzano Company Supervisor .

Note: After the well is ignited, burning Hydrogen Sulfide will convert to Sulfur Dioxide, which is also highly toxic. Also, both are heavier than air. Do not assume the area is safe even after the well is ignited.

VIII. TRAINING PROGRAM

When working in an area where Hydrogen Sulfide (H₂S) might be encountered, training requirements must be carried out. The Manzano Company Supervisor will ensure that all personnel, at the well site, have had adequate training in the following:

1. Hazards and characteristics of Hydrogen Sulfide (H₂S).
2. Physicals effects of Hydrogen Sulfide on the human body.
3. Toxicity of Hydrogen Sulfide and Sulfur Dioxide.
4. H₂S detection, Emergency alarm and sensor location.
5. Don and Doff of SCBA and be clean shaven.
6. Emergency rescue.
7. Resuscitators.

- 8. First aid and artificial resuscitation.
- 9. The effects of Hydrogen Sulfide on metals.
- 10. Location safety.

Service company personnel and visiting personnel must be notified if the zone contains H₂S, and each service company must provide adequate training and equipment for their employees before they arrive at the well site.

IX. EMERGENCY EQUIPMENT

Lease Entrance Sign:

Should be located at the lease entrance with the following information:

CAUTION – POTENTIAL POISON GAS
HYDROGEN SULFIDE
NO ADMITTANCE WITHOUT AUTHORIZATION

Respiratory Equipment:

- Production operation personnel will be required to have personal breathing packs in their vehicle whenever entering onto the location.

Windssocks or Wind Streamers:

- A minimum of two 10" windssocks will be located at entrance to the location and near the tank battery and so that they may be seen from any point on location.

Hydrogen Sulfide Detector and Alarms:

- 1 - Four channel H₂S monitor with alarms.
- Production operations personnel will be required to have Personal H₂S detector on their person while on the location.

Fire Extinguishers:

Adequate fire extinguishers shall be located at strategic locations.

Confined Space Monitor:

For any work in confined space, there should be a portable multi-gas monitor with at least 3 sensors (O₂, LEL H₂S), preferably 4 (O₂, LEL, H₂S, CO). This instrument should be used to test the atmosphere of any confined space before entering. It should also be used for atmospheric testing for LEL gas before beginning any type of Hot Work. Proper calibration documentation will need to be provided.

Evacuation Plan:

- Evacuation route shall be out the existing lease road. If lease road is down wind of release proceed up wind out of the affected area

Procedural Check List

- 1. Check fire extinguishers to see that they have the proper charge.
- 2. Check breathing equipment to ensure that they have not been tampered with.
- 3. Check pressure on the supply air bottles to make sure they are capable of recharging.
- 4. Make sure all the Hydrogen Sulfide detection systems are operative.

Perform the following each week:

- 1. Check each piece of personal breathing equipment to make sure that they are fully charged and operational. This requires that the air cylinder be opened, and the mask assembly be put on and tested to make sure that the regulators and masks are properly working. Negative and Positive pressure should be conducted on all masks.
- 2. Check all breathing air mask assemblies to see that straps are loosened and turned back, ready for use.
- 3. Perform breathing drills periodically.

XI. EVACUATION PLAN

General Plan

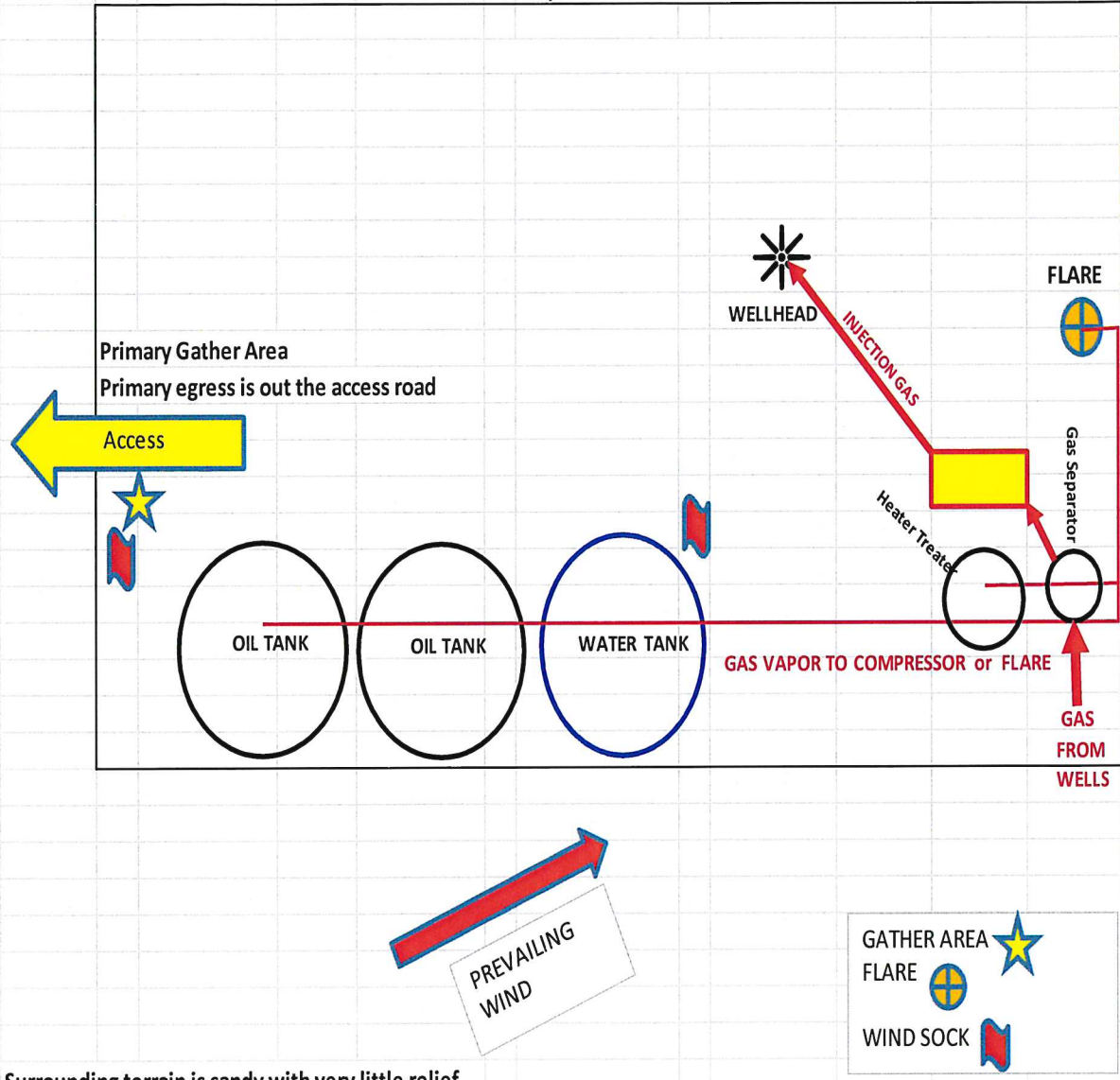
There are homes, businesses or public located in the vicinity of the injection well so there is no one that would need to be evacuated. However, in the unlikely event of the need to evacuate the area, Manzano, LLC has prepared the following direct lines of action to protect the public from hazardous gas situations are as follows:

- 1. When the Manzano Company Supervisor determines that Hydrogen Sulfide gas cannot be limited to the well location, and the public will be involved, the Supervisor will activate the evacuation plan. Escape routes are noted on the area map.
- 2. Company safety personnel or designee will notify the appropriate local government agency that a hazardous condition exists, and evacuation needs to be implemented.
- 3. Law enforcement personnel (State Police, Local Police Department, Fire Department, and the Sheriff’s Department) will be called to aid in setting up and maintaining roadblocks. Also, they will aid in evacuation of the public if necessary. NOTE: Law enforcement personnel will not be asked to come into a contaminated area. Their assistance will be limited to uncontaminated areas. Constant radio contact will be maintained with them.
- 4. After the discharge of gas has been controlled, “Company” personnel will determine when the area is safe for re-entry.
- 5. If a major release is secured, all exposed housing, vehicles, rig buildings, and low-lying areas and other structures downwind must be tested and clear with SCBAs donned to ensure that all residual H2S is cleared. Fans, or opening of doors is recommended to ensure that areas are cleared out as part of this process.

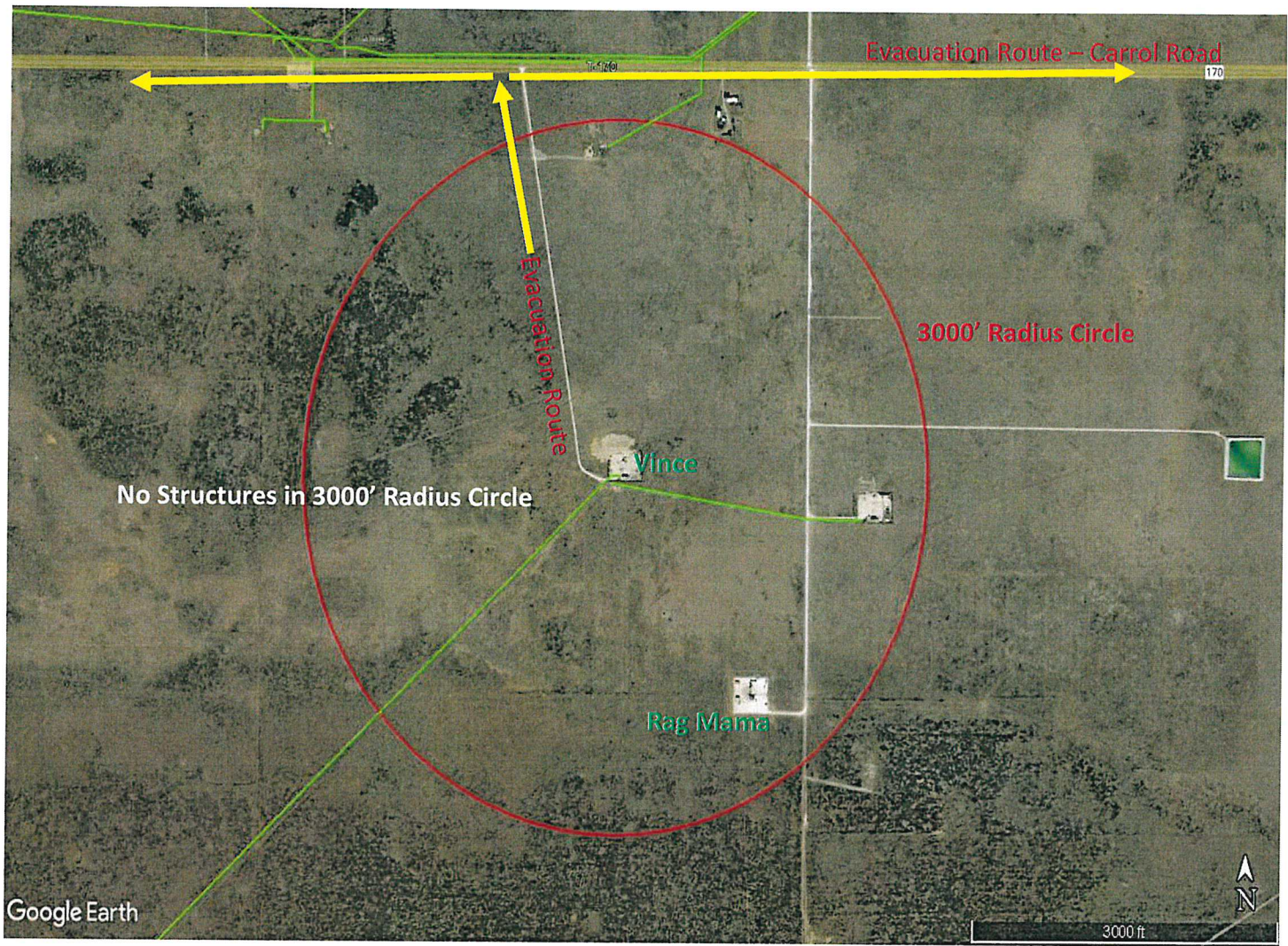
XII. MAPS AND PLATS

Manzano, LLC
VINCE BGH #1
Sec 30-T9S-R35E

Gas will be contained in a closed-loop system with all gas being injected or flared. There will be an H2S monitor that will show an alarm by a flashing light. Wind socks will be placed at the entrance to the location & on the Tank Battery



Surrounding terrain is sandy with very little relief



XIII. APPENDICES AND
XIV. GENERAL INFORMATION

Radius of Exposure
Affected Notification List

(within a 65' radius of exposure @100ppm)

The accompanying map illustrates the affected areas of the community (**NONE**). The residents within this radius (**none**) will be notified via a hand delivered written notice describing the activities, potential hazards, conditions of evacuation, evacuation drill siren alarms and other precautionary measures.

Toxic Effects of H₂S Poisoning

Hydrogen Sulfide is extremely toxic. The acceptable ceiling concentration for eight-hour exposure is 10 PPM, which is .001% by volume. Hydrogen Sulfide is heavier than air (specific gravity – 1.192) and is colorless and transparent. Hydrogen Sulfide is almost as toxic as Hydrogen Cyanide and is 5-6 times more toxic than Carbon Monoxide. Occupational exposure limits for Hydrogen Sulfide and other gases are compared below in Table 1. Toxicity table for H₂S and physical effects are shown in Table 2.

Table 1
Permissible Exposure Limits of Various Gases

<u>Common Name</u>	<u>Symbol</u>	<u>Sp. Gravity</u>	<u>TLV</u>	<u>STEL</u>	<u>IDLH</u>
Hydrogen Cyanide	HCN	.94	4.7 ppm	4.7 ppm	50 ppm
Hydrogen Sulfide	H ₂ S	1.192	10 ppm	15 ppm	100 ppm
Sulfide Dioxide	SO ₂	2.21	2 ppm	5 ppm	100 ppm
Chlorine	CL	2.45	.5 ppm	1 ppm	10 ppm
Carbon Monoxide	CO	.97	25 ppm	200 ppm	1200 ppm
Carbon Dioxide	CO ₂	1.52	5000 ppm	30,000 ppm	40,000 ppm
Methane	CH ₄	.55	5% LEL	15% UEL	

Definitions

- A. TLV – Threshold Limit Value is the concentration employees may be exposed based on a TWA (time weighted average) for eight (8) hours in one day for 40 hours in one (1) week. This is set by ACGIH (American Conference of Governmental Hygienists) and regulated by OSHA.

- B. STEL – Short Term Exposure Limit is the 15-minute average concentration an employee may be exposed to providing that the highest exposure never exceeds the OEL (Occupational Exposure Limit). The OEL for H₂S is 20 PPM.
- C. IDLH – Immediately Dangerous to Life and Health is the concentration that has been determined by the ACGIH to cause serious health problems or death if exposed to this level. The IDLH for H₂S is 100 PPM.
- D. TWA – Time Weighted Average is the average concentration of any chemical or gas for an eight (8) hour period. This is the concentration that any employee may be exposed based on a TWA.

Toxicity Table of H₂S

<u>Percent %</u>	<u>PPM</u>	<u>Physical Effects</u>
.0001	1	Can smell less than 1 ppm.
.001	10	TLV for 8 hours of exposure.
.0015	15	STEL for 15 minutes of exposure.
.01	100	Immediately Dangerous to Life & Health. Kills sense of smell in 3 to 5 minutes.
.02	200	Kills sense of smell quickly, may burn eyes and throat.
.05	500	Dizziness, cessation of breathing begins in a few minutes.
.07	700	Unconscious quickly, death will result if not rescued promptly.
.10	1000	Death will result unless rescued promptly. Artificial resuscitation may be necessary.

PHYSICAL PROPERTIES OF H₂S

The properties of all gases are usually described in the context of seven major categories:

COLOR
ODOR
VAPOR DENSITY
EXPLOSIVE LIMITS
FLAMMABILITY
SOLUBILITY (IN WATER)
BOILING POINT

Hydrogen Sulfide is no exception. Information from these categories should be considered in order to provide a fairly complete picture of the properties of the gas.

COLOR – TRANSPARENT

Hydrogen Sulfide is colorless, so it is invisible. This fact simply means that you can't rely on your eyes to detect its presence. In fact, that makes this gas extremely dangerous to be around.

ODOR – ROTTEN EGGS

Hydrogen Sulfide has a distinctive offensive smell, like “rotten eggs”. For this reason, it earned its common name “sour gas”. However, H₂S, even in low concentrations, is so toxic that it attacks and quickly impairs a victim’s sense of smell, so it could be fatal to rely on your nose as a detection device.

VAPOR DENSITY – SPECIFIC GRAVITY OF 1.192

Hydrogen Sulfide is heavier than air, so it tends to settle in low-lying areas like pits, cellars or tanks. If you find yourself in a location where H₂S is known to exist, protect yourself. Whenever possible, work in an area upwind and keep to higher ground.

EXPLOSIVE LIMITS – 4.0% TO 44%

Mixed with the right proportion of air or oxygen, H₂S will ignite and burn or explode, producing another alarming element of danger besides poisoning.

FLAMMABILITY

Hydrogen Sulfide will burn readily with a distinctive clear blue flame, producing Sulfur Dioxide (SO₂), another hazardous gas that irritates the eyes and lungs.

SOLUBILITY – 4 TO 1 RATIO WITH WATER

Hydrogen Sulfide can be dissolved in liquids, which means that it can be present in any container or vessel used to carry or hold well fluids including oil, water, emulsion and sludge. The solubility of H₂S is dependent on temperature and pressure, but if conditions are right, simply agitating a fluid containing H₂S may release the gas into the air.

BOILING POINT – (-77° Fahrenheit)

Liquefied Hydrogen Sulfide boils at a very low temperature, so it is usually found as a gas

Respirators shall be worn during the following conditions:

- A. Any employee who works near the top or on the top of any tank unless tests reveal less than 20 ppm of H₂S.
- B. When breaking out any line where H₂S can reasonably be expected.
- C. When sampling air in areas where H₂S may be present.
- D. When working in areas where the concentration of H₂S exceeds the Threshold Limit Value for H₂S (10 ppm).
- E. At any time where there is a doubt as to the H₂S level in the area to be entered.

EMERGENCY RESCUE PROCEDURES

DO NOT PANIC!!!

Remain Calm – Think

1. Before attempting any rescue, you must first get out of the hazardous area yourself. Go to a safe briefing area.
2. Sound alarm and activate the 911 system.
3. Put on breathing apparatus. At least two persons should do this, when available use the buddy system.
4. Rescue the victim and return them to a safe briefing area.
5. Perform an initial assessment and begin proper First Aid/CPR procedures.
6. Keep victim lying down with a blanket or coat, etc., under the shoulders to keep airway open. Conserve body heat and do not leave unattended.
7. If the eyes are affected by H₂S, wash them thoroughly with potable water. For slight irritation, cold compresses are helpful.
8. In case a person has only minor exposure and does not lose consciousness totally, it's best if he doesn't return to work until the following day.
9. Any personnel overcome by H₂S should always be examined by medical personnel. They should always be transported to a hospital or doctor.