

DATE: 1/11/2017	SUSPENSE	ENGINEER: MAM	LOGGED IN: 1/11/2017	TYPE: OLM	APPNO: 2017010105448
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ABOVE THIS LINE FOR DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
 - Engineering Bureau -  
 1220 South St. Francis Drive, Santa Fe, NM 87505



ED OCD

2018 JAN 10 P 2:54

**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Application Acronyms:**

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]  
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]  
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]  
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]  
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]  
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication  
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement  
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☒ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify \_\_\_\_\_

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or ☐ Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or (SLO)  
 U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

**Note:** Statement must be completed by an individual with managerial and/or supervisory capacity.

Miriam Morales  
 Print or Type Name

*Miriam Morales*  
 Signature

Production Acct. Asst.  
 Title

1/8/18  
 Date

Miriam\_morales@eogresources.com  
 e-mail Address



District I  
1625 N. French Drive, Hobbs, NM 88240  
District II  
1301 W. Grand Ave, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St Francis Dr, Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-107-B  
Revised June 10, 2003

**OIL CONSERVATION DIVISION**  
1220 S. St Francis Drive  
Santa Fe, New Mexico 87505

Submit the original  
application to the Santa Fe  
office with one copy to the  
appropriate District Office.

**APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)**

OPERATOR NAME: EOG Resources

OPERATOR ADDRESS: 104 South Fourth St. Artesia, NM 88210

APPLICATION TYPE:

☐ Pool Commingling ☐ Lease Commingling ☐ Pool and Lease Commingling ☒ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☐ Fee ☒ State ☐ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. \_\_\_\_\_

Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling

☐ Yes ☒ No

**(A) POOL COMMINGLING**  
Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.

(4) Measurement type: ☐ Metering ☐ Other (Specify)

(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

**(B) LEASE COMMINGLING**  
Please attach sheets with the following information

(1) Pool Name and Code.

(2) Is all production from same source of supply? ☐ Yes ☐ No

(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No

(4) Measurement type: ☐ Metering ☐ Other (Specify)

**(C) POOL and LEASE COMMINGLING**  
Please attach sheets with the following information

(1) Complete Sections A and E.

**(D) OFF-LEASE STORAGE and MEASUREMENT**  
Please attached sheets with the following information

(1) Is all production from same source of supply? ☒ Yes ☐ No

(2) Include proof of notice to all interest owners.

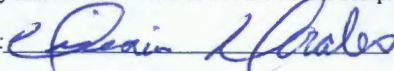
**(E) ADDITIONAL INFORMATION (for all application types)**  
Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.

(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.

(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE:  TITLE: Production Acct Asst DATE: 11/8/18

TYPE OR PRINT NAME Miriam Morales TELEPHONE NO.: (575) 748-1471

E-MAIL ADDRESS: miriam\_morales@eogresources.com



Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-44558
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-1525
7. Lease Name or Unit Agreement Name Dee State Com
8. Well Number 1H
9. OGRID Number 7377
10. Pool name or Wildcat N. Seven Rivers; Glorietta-Yeso

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator EOG Resources, Inc.
3. Address of Operator 104 S. Fourth Street Artesia, NM 88210
4. Well Location Unit Letter <u>M</u> : <u>755</u> feet from the <u>South</u> line and <u>165</u> feet from the <u>West</u> line Section <u>36</u> Township <u>19S</u> Range <u>24E</u> NMPM County <u>Eddy</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3630' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: Off Lease measurement <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

EOG Resources respectfully requests administrative approval to Off Lease measure, sale and store production for the following wells:

Dee State Com #1H (not yet drilled)  
N. Seven Rivers; Glor-Yeso  
Sec. 36-T19S-R24E  
API #30-015-44558  
LG-1525  
Eddy County, NM

Dee State Com #2H (not yet drilled)  
N. Seven Rivers; Glor-Yeso  
Sec. 36-T19S-R24E  
API #30-015-44563  
LG-1525  
Eddy County, NM

The oil and gas production will be measured and sold at a CTB located in Sec. 35-T19S-R24E, Fee land. Please see attached plats and site security diagram.

Ownership and pools are identical. All owners have been notified. (see attached copies of certified mail)

The purpose of the Off lease measurement of production is in the interest of conservation, the reduction of environmental impact area, and overall emissions. It will not result in reduced royalty or improper measurement of production.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. And, we will submit within 30 days an application for right-of-way approval to the BLM's Realty Section in your office if we have not already done so.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Miriam Morales TITLE Asst. Production Acct. DATE 1/8/18

Type or print name Miriam Morales E-mail address: Miriam\_morales@eogresources.com PHONE: 575-748-4200

For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

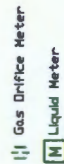
Conditions of Approval (if any):

WELL NAME: DEE STATE COM #1H  
API NUMBER: 30-015-44558

WELL NAME: DEE STATE COM #1H  
API NUMBER: 30-015-44558

WELL NAME:  
DEE STATE COM #2H  
API NUMBER:  
30-015-44563

WELL NAME:  
DEE STATE COM #2H  
API NUMBER:  
30-015-44563



DEE STATE CTB PROCESS FLOW	
EOG RESOURCES ARTESIA DIVISION	BY: LJM rev. 00 12/20/2017



**EOG Resources, Inc.**  
104 South Fourth  
Artesia, NM 88210

January 8, 2018

RE: Off Lease Measurement  
Dee State Com #1H and Dee State Com #2H  
Eddy County, New Mexico

Dear Interest Owner,

EOG Resources is requesting administrative approval from the Oil Conservation Division and State Land Office to Off Lease Measure, sale and store production for the following wells:

Dee State Com #1H  
N. Seven Rives;Glorietta-Yeso  
Sec. 36-T19S-R24E  
API #30-015-44558  
LG-1525  
Eddy County, NM

Dee State Com #2H  
N. Seven Rivers;Glorietta-Yeso  
Sec. 36-T19S-R24E  
API #30-015-44563  
LG-1525  
Eddy County, NM

The oil and gas production will be measured and sold at the CTB located at Sec. 35-T19S-R24E, Fee land.

Ownership and pools are identical.

The off lease measurement of production is in the interest of conservation, economic feasibility, the reduction of environmental impact area, and overall emissions. It will not reduce royalty or improper measurement of production.

We understand that the request approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. And, we will submit within 30 days an application for right-of-way approval to the BLM's Realty Section in your office if we have not already done so.

Any objections must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division received the application. Application will be sent in conjunction with notification to owners.

If you should have any questions, please call me at (575)748-4200 (direct line)

Sincerely,

A handwritten signature in black ink, appearing to read "Miriam Morales".

Miriam Morales  
Production Acct. Asst.



EOG Y Resources  
104 South 4th Street  
Artesia, NM 88210



7014 0510 0001 0744 2103  
7014 0510 0001 0744 2103

Randy L. Cone  
P O Box 231034  
Anchorage, AK 99523

U.S. Postal Service<sup>TM</sup>  
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Dec 24 2004

	Postage	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)
\$				
\$				

Total Postage & Fees

Sent to: Randy L. Cone  
Street, Apt. No.: P O Box 231034  
City, State, ZIP+4: Anchorage, AK 99523

PS Form 3800, August 2005

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Randy L. Cone  
P O Box 231034  
Anchorage, AK 99523

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 ☐ No  
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

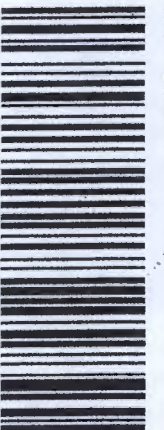
2. Article Number  
(Transfer from \$ 7014 0510 0001 0744 2103

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EOG Y Resources  
104 South 4th Street  
Artesia, NM 88210



7014 0510 0001 0744 2127  
7014 0510 0001 0744 2127

Kenneth G. Cone  
P O Box 507  
Dripping Springs, TX 78620

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Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, August 2006

Postmark Here  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Kenneth G. Cone  
P O Box 507  
Dripping Springs, TX 78620

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent  
☒ Received by (Printed Name) ☐ Addressee  
C. Date of Delivery

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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from seal) 7014 0510 0001 0744 2127

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



EOG Y Resources  
104 South 4th Street  
Artesia, NM 88210



7014 0510 0001 0744 2134  
7014 0510 0001 0744 2134

LFN Cone Properties, LLC  
P O Box 1559  
Midland, TX 79702

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PS Form 3800, August 2006

Sent To: **LFN Cone Properties, LLC**  
Street, Apt. No., or PO Box No.: **P.O. Box 1559**  
City, State, ZIP+4: **Midland, TX 79702**

Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$

Postmark Here

NEVER OPEN THIS MAIL IF RETURN ADDRESS IS PRINTED ON THE FRONT. FOLD AT DOTTED LINE.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

LFN Cone Properties, LLC  
P O Box 1559  
Midland, TX 79702

**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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number **7014 0510 0001 0744 2134**  
 (Transfer from service tag)  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2. Next, gather relevant information and data. This may involve research, consultation with experts, or collecting data from various sources.

3. Once the information is gathered, analyze it to identify patterns, trends, and potential solutions. This step often involves critical thinking and problem-solving skills.

4. After analysis, develop a plan or strategy to address the problem. This plan should outline the steps to be taken and the resources needed.

5. Implement the plan and monitor progress. This involves putting the plan into action and regularly checking on the results to ensure that the problem is being solved effectively.

6. Finally, evaluate the outcome and make adjustments as needed. This step involves reflecting on the process and the results to determine what worked well and what could be improved for future tasks.

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STICK TO THE TOP OF ENVELOPE TO THE RIGHT  
 RETURN ADDRESS: (NEVER OPEN)

Postage \$ 4.90

Return Receipt Fee (Endorsement Required) \$ 0.00

Restricted Delivery Fee (Endorsement Required) \$ 0.00

Total Postage & Fees \$ 4.90

Street, Apt. No.,  
 or PO Box No. 1308 Lake St. #200

City, State, ZIP+4 FT. WORTH TX 76102

PS Form 3800, August 2006  
 See Reverse for Instructions

**Finley Resources, Inc.**  
1308 Lake Street #200  
FT Worth, TX 76102

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Finley Resources, Inc.  
1308 Lake Street #200  
FT Worth, TX 76102

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from ser	7014 0510 0001 0744 2110
PS Form 3811 <sup>a</sup> , February 2004	Domestic Return Receipt

102595-02-M-1540

EOG Y Resources  
104 South 4th Street  
Artesia, NM 88210



7014 0510 0001 0744 2141  
7014 0510 0001 0744 2141

Auvenshine's Children's  
Testamentary Trust, Cathie M.  
P O Box 507  
Dripping Springs, TX 78620

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees
\$				\$

Sent To: *Auvenshine's Children's*  
Street, Apt. No.: *P.O. Box 507*  
City, State, ZIP+4: *Dripping Springs, TX 78620*

Postmark Here

PS Form 3800, August 2006

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Auvenshine's Children's  
Testamentary Trust, Cathie M.  
P O Box 507  
Dripping Springs, TX 78620

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ X

B. Received by (Printed Name)

C. Date of Delivery

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

☐ Yes  
☐ No

3. Service Type

☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from serv) 7014 0510 0001 0744 2141

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-M-1540



1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2. Next, it is important to gather relevant information and data. This can be done through research, consultation with experts, or by analyzing existing data sets.

3. Once the information is gathered, the next step is to analyze it. This involves identifying patterns, trends, and relationships that can help in understanding the problem.

4. After analysis, the next step is to develop a solution or plan. This involves identifying the most effective approach to solve the problem and outlining the steps to be taken.

5. Finally, the solution is implemented and the results are evaluated. This involves monitoring the progress of the implementation and making adjustments as needed to ensure the solution is effective.

70214	0510	0001	0744	2158
70214	0510	0001	0744	2158

**ADDRESS SERVICE R.**

[illegible]

athie Cone  
her sole & separate property  
O Box 658  
Dripping Springs, TX 78620

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

4 Article Addressed to

Cathie Cone  
As her sole & separate property  
P O Box 658  
Dripping Springs, TX 78620

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from se 7014 0510 0001 0744 2158)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EOG Y Resources  
104 South 4<sup>th</sup> Street  
Artesia, NM 88210



7014 0510 0001 0744 2165  
7014 0510 0001 0744 2165

ADDRESS SERVICE RE

U.S. Postal Service<sup>TM</sup>  
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Depot 11010814 U 5813

	Postage	Certified Fee	Return Receipt Fee	Endorsement Required	Restricted Delivery Fee	Endorsement Required	Total Postage & Fees
\$							
\$							

Postman Here

PS Form 3800, August 2006 See Reverse for Instructions

Sent To: Tom R. Cone  
Street, Apt. No., or PO Box No. P.O. Box 400  
City, State, ZIP+4 Southwest City, MO 64863

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Tom R. Cone  
P O Box 400  
Southwest City, MO 64863

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X

☐ 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

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from se 7014 0510 0001 0744 2165

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Tom R. Cone  
P O Box 400  
Southwest City, MO 64863



EOG Y Resources  
104 South 4th Street  
Artesia, NM 88210



7014 0510 0001 0744 2189  
7014 0510 0001 0744 2189

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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Total Postage & Fees	\$
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City, State, ZIP+4 Santa Fe, NM 87504	

PS Form 3800, August 2006 See Reverse for Instructions

New Mexico State Land Office  
Commissioner of Public Lands  
310 Old Santa Fe Trail  
P.O. Box 1148  
Santa Fe, New Mexico 87504-1

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

New Mexico State Land Office  
Commissioner of Public Lands  
310 Old Santa Fe Trail  
P.O. Box 1148  
Santa Fe, New Mexico 87504-1148

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.4. Restricted Delivery? (*Extra Fee*)☐ Yes

2. Article Number

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7014 0510 0001 0744 2189

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



# NM OIL CONSERVATION

ARTESIA DISTRICT

Form C-102

## DISTRICT I

1025 N. French Dr., Hobbs, NM 88240

Phone (505) 382-8181 Fax: (505) 382-0720

## DISTRICT II

811 S. First St., Artesia, NM 88210

Phone (505) 742-1233 Fax: (505) 742-0720

## DISTRICT III

1000 Rio Branco Rd., Artesia, NM 87410

Phone (505) 834-5179 Fax: (505) 834-5179

## DISTRICT IV

1280 S. St. Francis Dr., Santa Fe, NM 87505

Phone (505) 476-8480 Fax: (505) 476-8488

State of New Mexico  
Energy, Minerals and Natural Resources Department

NOV 14 2017

Revised August 4, 2011

Submit one copy to appropriate  
District Office

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

RECEIVED

## WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number <b>30-015-44558</b>		Pool Code <b>97565</b>	Pool Name <b>N. Seven Rivers; Glorieta-Yeso</b>
Property Code <b>320045</b>	Property Name <b>DEE STATE COM</b>		Well Number <b>1H</b>
GRID No. <b>7377</b>	Operator Name <b>EOG RESOURCES, INC.</b>		Elevation <b>3630'</b>

### Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
<b>M</b>	<b>36</b>	<b>19 S</b>	<b>24 E</b>		<b>755</b>	<b>SOUTH</b>	<b>165</b>	<b>WEST</b>	<b>EDDY</b>

### Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
<b>P</b>	<b>36</b>	<b>19 S</b>	<b>24 E</b>		<b>350</b>	<b>SOUTH</b>	<b>230</b>	<b>EAST</b>	<b>EDDY</b>

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
<b>160</b>			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>N: 581076.5 E: 479888.4 (NAD83)</p>				<p><b>OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unEDD'ed mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the Division.</p> <p><i>Tina Huerta</i> 11/14/17 Signature Date</p> <p><b>Tina Huerta</b> Printed Name</p> <p><b>tina.huerta@eogresources.com</b> Email Address</p>	
<p>N: 589449.6 E: 474504.6 (NAD83)</p>				<p><b>SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>SEPTEMBER 14 2017 Date Surveyed</p> <p><i>[Signature]</i> Signature of Professional Surveyor</p> <p>7977 Professional Surveyor</p> <p>Certified True Copy of Original Plat 7977 BANNING</p>	
<p><b>SURFACE LOCATION</b></p> <p>Lat - N 32.812313° Long - W 104.549684° NMSPC-E 474720.9 (NAD-83)</p>		<p><b>UPPER MOST PERFORATION</b> 350 FSL &amp; 926 FWL</p> <p>Lat - N 32.611200° Long - W 104.547230° NMSPC-E 475475.9 (NAD-83)</p>		<p><b>LOWER MOST PERFORATION</b> 350 FSL &amp; 330 FWL</p> <p>Lat - N 32.611192° Long - W 104.533992° NMSPC-E 479552.2 (NAD-83)</p>	
<p>N: 587126.7 E: 474564.6 (NAD83)</p>		<p>N: 588427.0 E: 479885.1 (NAD83)</p>		<p>N: 587108.6 E: 479883.4 (NAD83)</p>	
<p>N: 585803.8 E: 474544.5 (NAD83)</p>		<p>N: 585796.9 E: 477235.9 (NAD83)</p>		<p>N: 585790.1 E: 476881.7 (NAD83)</p>	

SL 165'

755'

U.M.P.

L.M.P. 230'

B.H.

0' 1000' 2000' 3000' 4000'

SCALE: 1" = 2000'

WO Num.: 33371



DISTRICT I  
1825 N. French Dr., Hobbs, NM 88240  
Phone (575) 398-8181 Fax (575) 398-8728

DISTRICT II  
811 S. First St., Artesia, NM 88210  
Phone (575) 748-1288 Fax (575) 748-8788

DISTRICT III  
1000 Rio Brazos Rd., Artesia, NM 88210  
Phone (505) 854-8178 Fax (505) 854-8178

DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 478-3450 Fax (505) 478-8488

State of New Mexico  
Energy, Minerals and Natural Resources Department

NM OIL CONSERVATION  
ARTESIA DISTRICT

Form C-102  
Revised August 4, 2011

Submit one copy to appropriate  
District Office

# OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

NOV 14 2017

RECEIVED

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number <b>30-015-44563</b>	Pool Code <b>97565</b>	Pool Name <b>N. Seven Rivers; Glorieta-Yeso</b>
Property Code <b>320045</b>	Property Name <b>DEE STATE COM</b>	Well Number <b>2H</b>
OGRID No. <b>7377</b>	Operator Name <b>EOG RESOURCES, INC.</b>	Elevation <b>3630'</b>

### Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
M	36	19 S	24 E		785	SOUTH	165	WEST	EDDY

### Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
P	36	19 S	24 E		1210	SOUTH	230	EAST	EDDY

Dedicated Acres <b>160</b>	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>N: 591076.5 E: 479888.4 (NAD83)</p>				<p><b>OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unEDDyed mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the Division.  <u>Tina Huerta</u> 11-15-17 Signature Date  <u>Tina Huerta</u> Printed Name <u>tina.huerta@eogresources.com</u> Email Address</p>	
<p>N: 588427.0 E: 479885.1 (NAD83)</p>				<p><b>SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  SEPTEMBER 14 2017 Date Surveyed  Signature of Professional Surveyor  Certificate No. 7977 David Sanchez</p>	
<p>N: 588449.0 E: 474584.6 (NAD83)</p>		<p><b>SURFACE LOCATION</b> Lat - N 32.612396° Long - W 104.549682° NMSPCE - E 474721.4 (NAD-83)</p>		<p><b>UPPER MOST PERFORATION</b> 1213 FSL &amp; 924 FWL Lat - N 32.613572° Long - W 104.547197° NMSPCE - N 587014.4 NMSPCE - E 475487.2 (NAD-83)</p>	
<p>N: 587126.7 E: 474584.6 (NAD83)</p>		<p><b>LOWER MOST PERFORATION</b> 1210 FSL &amp; 330 FEL Lat - N 32.613557° Long - W 104.533992° NMSPCE - N 587000.7 NMSPCE - E 479553.3 (NAD-83)</p>		<p><b>PROPOSED BOTTOM HOLE LOCATION</b> Lat - N 32.613556° Long - W 104.533667° NMSPCE - N 587000.5 NMSPCE - E 479653.2 (NAD-83)</p>	
<p>N: 585903.8 E: 474544.5 (NAD83)</p>		<p>N: 585796.9 E: 477235.9 (NAD83)</p>		<p>N: 585790.1 E: 479881.7 (NAD83)</p>	

U.M.P. L.M.P. B.H.

165' 1210'

0' 1000' 2000' 3000' 4000'

SCALE: 1" = 2000'

WO Num.: 33371



## **McMillan, Michael, EMNRD**

---

**From:** Miriam Morales <Miriam\_Morales@eogresources.com>  
**Sent:** Tuesday, January 16, 2018 11:41 AM  
**To:** McMillan, Michael, EMNRD  
**Subject:** RE: Dee State Com Well No. 1H surface commingle application

I apologize for the late response but our Landman is out on vacation. I can't get you the letter right now until she gets back, but I asked some questions and the battery is located on Unit I.

---

**From:** McMillan, Michael, EMNRD [mailto:Michael.McMillan@state.nm.us]  
**Sent:** Wednesday, January 10, 2018 3:19 PM  
**To:** Miriam Morales <Miriam\_Morales@eogresources.com>  
**Subject:** RE: Dee State Com Well No. 1H surface commingle application

**\*\* External email. Use caution.\*\***

Actually get a signed statement from a landman.

Also, in your letter to the working interest owners, state that additional wells in this lease and pool maybe added with a Sundry notice.

E-mail Stan Wagner for the proper verbiage.

Mike

---

**From:** McMillan, Michael, EMNRD  
**Sent:** Wednesday, January 10, 2018 3:07 PM  
**To:** 'miriam\_morales@eogresources.com' <[miriam\\_morales@eogresources.com](mailto:miriam_morales@eogresources.com)>  
**Subject:** Dee State Com Well No. 1H surface commingle application

Miriam:

Hope things are going good. I have not heard from you in a while.

Can you provide the Unit Letter in Section 35, where the surface commingle facility is located?

Thanks

Mike

**Michael McMillan**  
**1220 South St. Francis**  
**Santa Fe, New Mexico**  
**505-476-3448**  
[Michael.mcmillan@state.nm.us](mailto:Michael.mcmillan@state.nm.us)

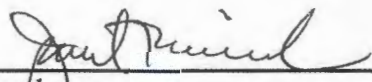
To whom it may concern:

The ownership of the following wells and associated pools are identical in working, royalty, and overriding royalty interest and percentages.

Well Name: Dee State Com #1H  
Formation: N. Seven Rivers; Glorietta-Yeso

Well Name: Dee State Com #2H  
Formation: N. Seven Rivers; Glorietta-Yeso

I certified that this information is true to the best of my knowledge.

  
\_\_\_\_\_  
Landman



## McMillan, Michael, EMNRD

---

**From:** Miriam Morales <Miriam\_Morales@eogresources.com>  
**Sent:** Tuesday, February 13, 2018 11:22 AM  
**To:** McMillan, Michael, EMNRD  
**Subject:** RE: Dee State Com Well No. 1H surface commingle application

Unit I.

---

**From:** McMillan, Michael, EMNRD [mailto:Michael.McMillan@state.nm.us]  
**Sent:** Tuesday, February 13, 2018 11:22 AM  
**To:** Miriam Morales <Miriam\_Morales@eogresources.com>  
**Subject:** RE: Dee State Com Well No. 1H surface commingle application

\*\* External email. Use caution.\*\*

What Unit letter in Section 35 is the surface facility located?

Mike

---

**From:** Miriam Morales [mailto:Miriam\_Morales@eogresources.com]  
**Sent:** Tuesday, February 13, 2018 9:50 AM  
**To:** McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>  
**Subject:** RE: Dee State Com Well No. 1H surface commingle application

Here you are, finally. Let me know if you need anything else.

---

**From:** McMillan, Michael, EMNRD [mailto:Michael.McMillan@state.nm.us]  
**Sent:** Tuesday, January 16, 2018 11:42 AM  
**To:** Miriam Morales <Miriam\_Morales@eogresources.com>  
**Subject:** RE: Dee State Com Well No. 1H surface commingle application

\*\* External email. Use caution.\*\*

Thanks

Mike

---

**From:** Miriam Morales [mailto:Miriam\_Morales@eogresources.com]  
**Sent:** Tuesday, January 16, 2018 11:41 AM  
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**Subject:** RE: Dee State Com Well No. 1H surface commingle application

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