

ABOVE THIS LINE FOR DIVISION USE ONLY

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



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

2/26/19
Date

Miriam_morales@eogresources.com
e-mail Address

~~PLC~~
- PLC 556
- EOG Resources 7377

Well
- Orbison Bum
State Comm #1
30-025-36816
- Orbison Bum
State Comm #2
30-025-38885
Pool
- Fournier & Associates
50416 (GCS)
97164
- Will Deal
Deed (011)
97728

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, Inc.
OPERATOR ADDRESS: 104 S. 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. PLC-319
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
Four lakes; Austin,south 97164	55/1188	54.5/1188			
Wildcat; Devonian 97728	54/--				

- (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) periodic well tests
(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: Miriam Morales TITLE: Production Acct. Asst DATE: 2/26/09

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. 30-025-36816
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VO-5874

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.)		7. Lease Name or Unit Agreement Name Orbison BOM State Com
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		8. Well Number 1
2. Name of Operator EOG Resources, Inc.		9. OGRID Number 025575
3. Address of Operator 104 S. Fourth Street Artesia, NM 88210		10. Pool name or Wildcat Four Lakes; Austin, south
4. Well Location Unit Letter <u>H</u> : <u>1750</u> feet from the <u>north</u> line and <u>915</u> feet from the <u>east</u> line Section <u>14</u> Township <u>12S</u> Range <u>34E</u> NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4141' GR		

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: surface pool/lease commingle



OTHER:



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 approval to amend PLC-319 previously approved with a different allocation method for the following wells:

Orbison BOM State Com #1
Section 14-T12S-R34E
Four Lakes: Austin, South
API# 30-025-36816
Lea County, New Mexico
State Lease: VO-5874

Orbison BOM State Com#2
Section 14-T12S-R34E
Wildcat Devonian
API# 30-025-38888
Lea County, New Mexico
State Lease: V-5875

The battery is located at the Orbison State Unit #1. Please see attached plat, and site facility diagram.

Working interest owners are diversified and have been notified.

Total production/sales volumes will be allocated back to individual wells based on periodic well tests. The gas sales point for this production is located at the Orbison State Unit #1.

Estimated daily gas production for the Orbison Unit #1 is 28 mcfs and 1 bbl, for the Orbison Unit #2 is 0 mcf and 15 barrels of oil per day.

The proposed commingling of production is in the interest of conservation. The purpose of the Surface/Pool Commingling is to reduce operating costs for storage and treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

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 2/26/19

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):

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☒ AMENDED REPORT**WELL LOCATION AND ACREAGE DEDICATION PLAT**

¹ API Number 30-025-36816	² Pool Code 97164	³ Pool Name Four Lakes; Austin, South
⁴ Property Code 34176	⁵ Property Name Orbison State Unit-	⁶ Well Number 1
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁹ Elevation 4141'

¹⁰ Surface Location

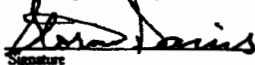
UL or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	14	12S	34E	H	1750	North	915	East	Lea

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

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

<div style="position: relative; height: 400px;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <div style="border: 1px solid black; width: 100px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black;"></div> </div> </div> </div>	¹⁷ OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> <div style="display: flex; justify-content: space-between;"> <div>  Signature </div> <div>2-4-08 Date</div> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> Stormi Davis Printed Name </div>	
	¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i>	
	Date of Survey Signature and Seal of Professional Surveyor:	
	Certificate Number	

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 RLn Brown Rd., Artec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

2nd copy filed
12/23/08 Form C-102
Revised June 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-38888	² Pool Code 97728	³ Pool Name Wildcat Devonian (Oil)
⁴ Property Code 34176	⁵ Property Name Orbison State Unit	⁶ Well Number 2
⁷ OGRID No. 025575	⁸ Operator Name Yates Petroleum Corporation	⁹ Elevation 4155' GR

¹⁰ Surface Location


UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	14	12S	34E		1650	South	1980	East	Lea

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16					¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature Allison Barton Printed Name Regulatory Compliance Technician Title and E-mail Address 12/01/08 Date
					¹⁸ SURVEYOR CERTIFICATION 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. Date of Survey Signature and Seal of Professional Surveyor Certificate Number



Artesia Division

105 South 4th Street * Artesia, NM 88210
(575) 748-1471

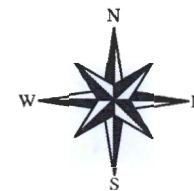
Orbison BOM State Com #1

1750' FNL & 915' FEL * Sec 14 - T12S-R34E* Unit H

Eddy County, NM

API - 30-025-36816

Lease # VO-5874



● = Valve Closed
○ = Valve Opened

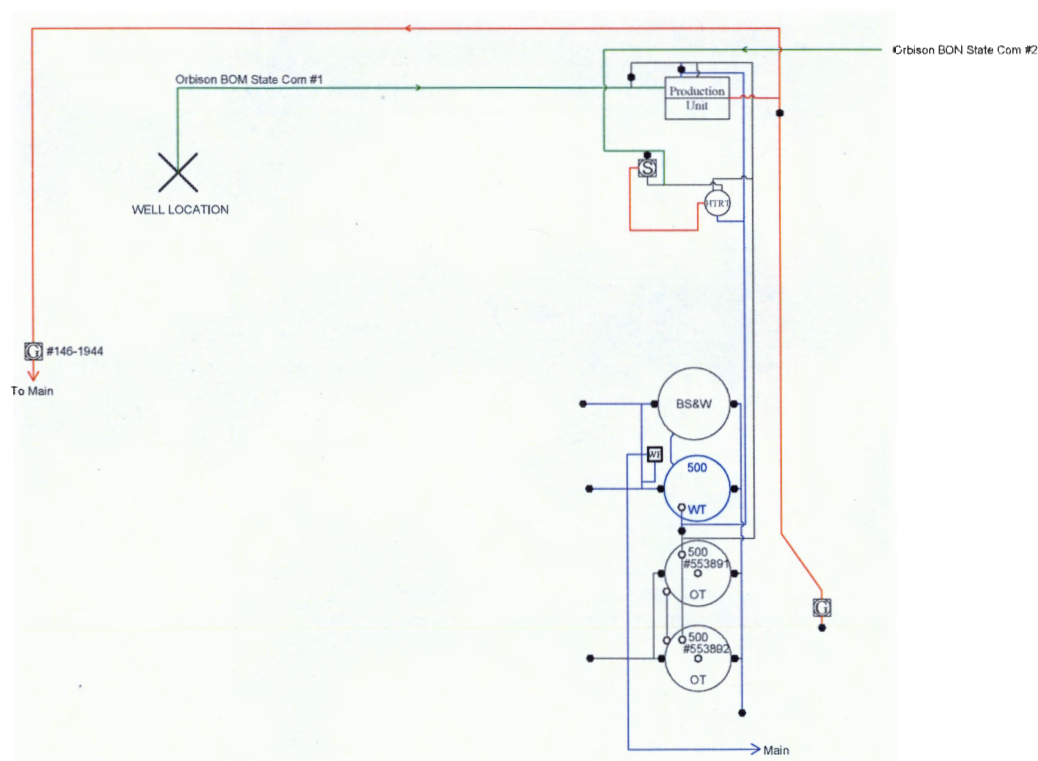
GM = Gas Meter

S = Separator

HTT = Heater Treater

WP = Water Pump

BS&W = Bottom Sediment & Water (Stop Tank)



-	Original Release	01-16-2018	Owen M	Corey W	
Rev	Description	Date	Prod	Measure	Facility



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

February 26, 2019

RE: Amend Surface Pool/Lease Commingle
Orbison BOM State Com #1 & #2
Eddy County, NM

Dear interest owner,

EOG Resources is requesting approval from the Oil Conservation Division and the State Land Office to amend PLC-319 previously approved with a different allocation method for the following wells:

Orbison BOM State Unit #1
Section 14-T12S-R34E
Four Lakes: Austin, South
API# 30-025-36816
Lea County, New Mexico
State Lease: VO-5874

Orbison BOM State Unit #2
Section 14-T12S-R34E
Wildcat Devonian
API# 30-025-38888
Lea County, New Mexico
State Lease: V-5875

The battery is located at the Orbison State Unit #1.

Working interest owners are diversified.

Total production/sales volumes will be allocated back to individual wells based on periodic well tests. The gas sales point for this production is located at the Orbison State Unit #1.

Estimated daily gas production for the Orbison Unit #1 is 28 mcf and 1 bbl, for the Orbison Unit #2 is 0 mcf and 15 barrels of oil per day.

The proposed commingling of production is in the interest of conservation. The purpose of the Surface/Pool Commingling is to reduce operating costs for storage and treating, thereby extending the economic life of each well. Without approval for utilizing existing batteries on adjacent leases, it will become necessary to build separate facilities for each well. This will greatly increase costs and shorten the economic life of the well.

Any objections must be filed in writing with the Oil Conservation Division in Santa Fe within 20 days from the date the division receives 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
Asst. Production Acct.



104 S. Fourth Street, Artesia, NM 88210
575-748-1471



7014 0510 0001 0744 2691

7014 0510 0001 0744 2691

ADDRESS SERVICE REQUESTED

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Official Use	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$
Michael G Morgan P O Box 1737 Roswell NM 88202	Postmark Here
PS Form 3800, August 2006	

MICHAEL G MORGAN
P O BOX 1737
ROSWELL, NM 88202-1737

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:

MICHAEL G MORGAN
P O BOX 1737
ROSWELL, NM 88202-1737

2. Article Number

(Transfer from service label)

7014 0510 0001 0744 2691

PS Form 3811, February 2004

Domestic Return Receipt

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540



104 S. Fourth Street, Artesia, NM 88210
575-748-1471

ADDRESS SERVICE REQUESTED



7014 0510 0001 0744 2707

7014 0510 0001 0744 2707

U.S. Postal Service™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

0.50 OFFICIAL MAIL USE ONLY

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

Postmark Here

Sent To: *Hanagan Pet. Corp.*
Street, Apt. No.: *PO Box 1737*
or PO Box No.: *1737*
City, State, ZIP+4: *Roswell NM 88202*

PS Form 3800, August 2006 See Reverse for Instructions

HANAGAN PETROLEUM CORPORATION
PO BOX 1737
ROSWELL, NM 88202-1737

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:

HANAGAN PETROLEUM CORPORATION
PO BOX 1737
ROSWELL, NM 88202-1737

2. Article Number
(Transfer from sender)

7014 0510 0001 0744 2707

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



104 S. Fourth Street, Artesia, NM 88210
575-748-1471



7014 0510 0001 0744 2714

7014 0510 0001 0744 2714

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006

See Reverse for Instructions

Sent to
Street Apt. No.
or PO Box No.
City, State, ZIP+4[®]
Artesia, New Mexico
P O Box 1737
Roswell, NM 88202

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

Postage
Certified Fee
Postmark
Here

For delivery information visit our website at www.usps.com
U.S. Postal Service
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

HANAGAN INVESTMENTS LLC
P O BOX 1737
ROSWELL, NM 88202-1737

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:

HANAGAN INVESTMENTS LLC
P O BOX 1737
ROSWELL, NM 88202-1737

2. Article Number
(Transfer from serv)

7014 0510 0001 0744 2714

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



104 S. Fourth Street, Artesia, NM 88210
575-748-1471



7014 0510 0001 0744 2721
7014 0510 0001 0744 2721

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006

Sent to: *Barbe Development LLC*
Street, Apt. No.: *PO Box 2107*
or PO Box No.:
City, State, ZIP+4: *Roswell NM 88202*

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Official Use

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

Postmark Here

PLACE STICKER AT TOP OF ENVELOPE
OF THE RETURN ADDRESS, FOLD HERE
TO LINE

BARBE DEVELOPMENT LLC
P O BOX 2107
ROSWELL, NM 88202

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:

BARBE DEVELOPMENT LLC
P O BOX 2107
ROSWELL, NM 88202

2. Article Number
(Transfer from se)

7014 0510 0001 0744 2721

PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee)

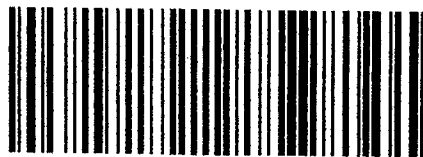
☐ Yes

Domestic Return Receipt

102595-02-M-1540



104 S. Fourth Street, Artesia, NM 88210
575-748-1471



7014 0510 0001 0744 2738

7014 0510 0001 0744 2738

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006

See Reverse for Instructions

Sent to
Legacy Reserves Operating LP
P O Box 10848
Midland TX 79702

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

Postmark
Here

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

LEGACY RESERVES OPERATING LP
P O BOX 10848
MIDLAND, TX 79702

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:

LEGACY RESERVES OPERATING LP
P O BOX 10848
MIDLAND, TX 79702

2. Article Number
(Transfer from se

7014 0510 0001 0744 2738

PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540



104 S. Fourth Street, Artesia, NM 88210
575-748-1471



7014 0510 0001 0744 2745
7014 0510 0001 0744 2745

ADDRESS SERVICE REQUESTED

U.S. Postal Service™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Robert E. Smith
Certified Fee
Postage
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

Postmark Here

Sent to *OXY Y 1 Company*
Street, Apt. No. *P O Box 27570*
or PO Box No.
City, State, ZIP+4 *Houston TX 77227*

PS Form 3800, August 2005

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
OF THE RETURN ADDRESS, FOLD TO
RIGHT

OXY Y 1 COMPANY
P O BOX 27570
HOUSTON, TX 77227-7570

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:

OXY Y 1 COMPANY
P O BOX 27570
HOUSTON, TX 77227-7570

2. Article Number
(Transfer from sender)

7014 0510 0001 0744 2745

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



104 S. Fourth Street, Artesia, NM 88210
575-748-1471



7014 0510 0001 0744 2752
7014 0510 0001 0744 2752

ADDRESS SERVICE REQUESTED

PS Form 3800, August 2006

Sent to
Street, Apt. No.:
or PO Box No.:
City, State, ZIP+4:
Nestegg Energy Corp
2308 Sierra Vista Rd
Artesia NM 88210

See Reverse for Instructions

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

Postmark
Here

PLACE STICKER AT TOP OF ENVELOPE
OR THE RETURN ADDRESS, IF ANY, AT THE BOTTOM RIGHT

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

NESTEGG ENERGY CORPORATION
2308 SIERRA VISTA ROAD
ARTESIA, NM 88210-9409

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:

NESTEGG ENERGY CORPORATION
2308 SIERRA VISTA ROAD
ARTESIA, NM 88210-9409

2. Article Number
(Transfer from sender)

7014 0510 0001 0744 2752

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



104 S. Fourth Street, Artesia, NM 88210
575-748-1471



7014 0510 0001 0744 2769
7014 0510 0001 0744 2769

ADDRESS SERVICE REQUESTED

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

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

Office of the U.S. Attorney

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

Postmark Here

Sent to: *Wise Oil & Gas #7*
Street, Apt. No.: *6851 N E Loop*
or PO Box No.: *200*
City, State, ZIP+4: *N Richland Hill TX 76180*

PS Form 3800, August 2006 See Reverse for Instructions

WISE OIL & GAS NO 7 LTD
6851 N E LOOP STE 200
N RICHLAND HILL, TX 76180

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:

WISE OIL & GAS NO 7 LTD
6851 N E LOOP STE 200
N RICHLAND HILL, TX 76180

2. Article Number

(Transfer from sender)

7014 0510 0001 0744 2769

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

NEW MEXICO STATE LAND OFFICE
 COMMISSIONER OF PUBLIC LANDS
 310 OLD SANTA FE TRAIL
 P O BOX 1148
 SANTA FE, NM 87504-1148

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, NM 87504-1148

2. Article Number
 (Transfer from ser)

7014 0510 0001 0744 2783

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**U.S. Postal Service™
 CERTIFIED MAIL™ RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

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

Delivered by First Class Mail

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

Postmark Here

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders

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ADDRESS SERVICE REQUESTED

104 S. Fourth Street, Artesia, NM 88210
 575-748-1471

geog resources




Orblison State Com#1

Month	Oil	Gas	Water
2/1/2019	0.00	0.00	0.00
1/1/2019	29.45	801.26	8.75
12/1/2018	0.00	820.91	72.22
11/1/2018	1.77	716.95	5.56
10/1/2018	22.37	860.20	84.72
9/1/2018	22.95	798.53	45.83

Orblison State Com#2

Month	Allocated Oil Production	Allocated Gas Prod	Allocated Water Prod
2/1/2019	125.14	.	.
1/1/2019	173.99	.	13.47
12/1/2018	.	.	.
11/1/2018	3.81	.	5.56
10/1/2018	25.1	.	84.72
9/1/2018	21.93	.	45.83



New Mexico Energy, Minerals and Natural Resources Department

Bill Richardson
Governor

Joanna Prukop
Cabinet Secretary
Reese Fullerton
Deputy Cabinet Secretary

Mark Fesmire
Division Director
Oil Conservation Division



December 05, 2008

Administrative Order PLC-319

Yates Petroleum Corporation
105 South Fourth Street
Artesia, NM 88210

Attention: Mayte Reyes

Yates Petroleum Corporation ("Yates") is hereby authorized to surface commingle oil and gas production from the following Pools:

Four Lakes: Austin, South Pool (97164)
Ranger Lake Devonian West Pool (83480)

and from the following two diversely owned wells located on State leases in Lea County, New Mexico:

Orbison State Unit Well No. 1 (API 30-025-36916), Unit H of Sec. 14, T12S, R29E, NMPM
Lea County, New Mexico (State Lease: VO-5874)

Orbison State Unit Well No. 2 (API 30-025-38888) Unit J, of Sec 14, T12S, R29E, NMPM
Lea County, New Mexico (State Lease: V-5875)

Each of these diversely owned wells shall be equipped with continuous allocation meters for oil and gas production prior to oil and gas being commingled for sales. The oil allocation meters shall be calibrated semi-annually, while the gas allocation meters shall be calibrated quarterly.

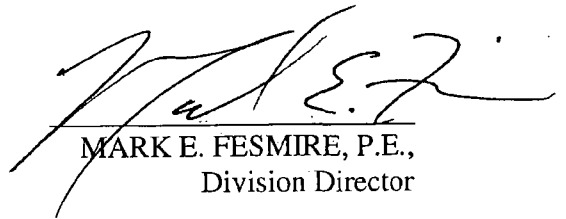
The oil and gas sales point for the commingled production shall be located at the battery near the Orbison State Unit Well No. 1 in Unit H of Section 14, Township 12 South, Range 29 East. Oil and gas production from the Orbison State Unit Well No. 2 is approved for off lease measurement and sales after being metered on-lease.

It is the responsibility of the producer to notify the transporter of this commingling authority.

The operator shall notify the Hobbs district office of the Division upon commencement of commingling operations.



DONE at Santa Fe, New Mexico, on December 05, 2008.



MARK E. FESMIRE, P.E.,
Division Director

MEF/re

cc: Oil Conservation Division – Hobbs
State Land Office (SLO) Oil, Gas, and Minerals Division
