

RECEIVED: <u>3/22/2019</u>	REVIEWER:	TYPE: <u>SWD</u>	APP NO: <u>PMAM19081 46183</u>
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Geological & 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

Applicant: Solaris Water Midstream, LLC OGRID Number: 371643
 Well Name: McCrae SWD #1 API: _____
 Pool: SWD; Devonian- Silurian Pool Code: 97869

SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED BELOW

1) TYPE OF APPLICATION: Check those which apply for [A]

A. Location – Spacing Unit – Simultaneous Dedication

☐ NSL

☐ NSP (PROJECT AREA)

☐ NSP (PRORATION UNIT)

☐ SD

B. Check one only for [I] or [II]

[I] Commingling – Storage – Measurement

☐ DHC

☐ CTB

☐ PLC

☐ PC

☐ OLS

☐ OLM

[II] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery

☐ WFX

☐ PMX

☒ SWD

☐ IPI

☐ EOR

☐ PPR

2) NOTIFICATION REQUIRED TO: Check those which apply.

A. ☒ Offset operators or lease holders

B. ☐ Royalty, overriding royalty owners, revenue owners

C. ☒ Application requires published notice

D. ☒ Notification and/or concurrent approval by SLO

E. ☒ Notification and/or concurrent approval by BLM

F. ☒ Surface owner

G. ☒ For all of the above, proof of notification or publication is attached, and/or,

H. ☐ No notice required

FOR OCD ONLY

☐ Notice Complete

☐ Application
Content
Complete

3) 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.

March 21, 2019

Ramona Hovey – Agent of Solaris Water Midstream

Print or Type Name

Ramona K Hovey

Signature

Date

(512) 600-1777

Phone Number

ramona@lonquist.com

e-mail Address

LONQUIST & CO. LLC**PETROLEUM
ENGINEERS****ENERGY
ADVISORS****AUSTIN · HOUSTON · WICHITA · DENVER · CALGARY**

March 21, 2019

New Mexico Energy, Minerals, and Natural Resources Department
Oil Conservation Division District IV
1220 South St. Francis Drive
Santa Fe, New Mexico 87505
(505) 476-3440

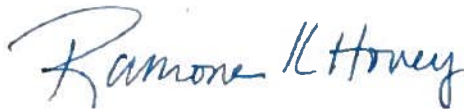
RE: McCRAE SWD NO. 1 AUTHORIZATION TO INJECT

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream, LLC's (Solaris") McCrae SWD No. 1. In addition, Forms C-101 and C-102 have also been included with this package. Notices have been sent to offset, operators, leaseholders and the surface owner. Proof of notice will be sent to the OCD upon receipt.

Any questions should be directed towards Solaris Water Midstream, LLC's agent Lonquist & Co., LLC.

Regards,



Ramona K. Hovey
Sr. Petroleum Engineer
Lonquist & Co., LLC

(512) 600-1777
ramona@lonquist.com

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No
- II. OPERATOR: Solaris Water Midstream, LLC
ADDRESS: 701 Tradewinds Blvd., Suite C, Midland, TX 79706
CONTACT PARTY: Whitney McKee PHONE: 432-203-9020
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: Ramona Hovey

TITLE: Consulting Engineer – Agent for Solaris Water Midstream

SIGNATURE: Ramona K Hovey

DATE: 3/21/2019

E-MAIL ADDRESS: ramona@lonquist.com

- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted.
Please show the date and circumstances of the earlier submittal: _____

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

OPERATOR: Solaris Water Midstream, LLC

WELL NAME & NUMBER: McCrae SWD No. 1

WELL LOCATION: 885' FNL 925' FEL
FOOTAGE LOCATION

WELLBORE SCHEMATIC

A
UNIT LETTER

33 19S 28E
SECTION TOWNSHIP RANGE

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 18.125"

Casing Size: 16.00"

Cemented with: 308 SX

or _____ ft³

Top of Cement: surface

Method Determined: circulation

Intermediate Casing

Hole Size: 14.750"

Casing Size: 13.375"

Cemented with: 462 SX

or _____ ft³

Top of Cement: surface

Method Determined: circulation

Production Casing

Hole Size: 12.250"

Casing Size: 9.625"

Cemented with: 2,905 SX

or _____ ft³

Top of Cement: surface

Method Determined: circulation

Liner

Hole Size: 8.500"

Casing Size: 7.625"

Cemented with: 459 SX

or _____ ft³

Top of Cement: 9.724'

Method Determined: calculation

Total Depth: 14.294'

Injection Interval

12.494 feet to 14.294 feet

(Open Hole)

amended - well moved
04M

INJECTION WELL DATA SHEET

Tubing Size: 5.5", 20 lb/ft, HCL-80, BTC from 0' - 9,674' and 5", 18 lb/ft, HCL-80, LTC from 9,674'-12,444'
 Lining Material: Duoline

Type of Packer: Nickel Plated Double Grip Retrievable Packer or Equivalent

Packer Setting Depth: 12,444'

Other Type of Tubing/Casing Seal (if applicable): _____

Additional Data

1. Is this a new well drilled for injection? X Yes No

If no, for what purpose was the well originally drilled?

2. Name of the Injection Formation: Devonian, Fusselman

3. Name of Field or Pool (if applicable): SWD, Devonian-Silurian 97869

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used.

No. new drill.

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Bone Spring: 4,044'

Wolfcamp: 8,894'

Strawn: 9,944'

Atoka: 10,294'

Morrow: 10,494'



Solaris Water Midstream, LLC

McCrae SWD No. 1

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1.

Well information	
Lease Name	McCrae SWD
Well No.	1
Location	S-33 T-19S R-28E
Footage Location	885' FNL & 925' FEL

*amended, well moved
ORM*

2.

a. Wellbore Description

Casing Information				
Type	Surface	Intermediate	Production	Liner
OD	16"	13.375"	9.625"	7.625"
WT	0.495"	0.48"	0.545"	0.500"
ID	15.010"	12.415"	8.535"	6.625"
Drift ID	14.822"	12.259"	8.379"	6.500"
COD	17.000"	13.375"	10.625"	7.625"
Weight	84 lb/ft	68 lb/ft	53.5 lb/ft	39 lb/ft
Grade	J-55 BTC	L-80, EZ-GO FJ3	HCP-110 BTC	Q-125 EZ-GO FJ3
Hole Size	18.125"	14.75"	12.25"	8.5"
Depth Set	614'	2,594'	9,924'	9,724'-12,494'

b. Cementing Program

Cement Information					
Casing String	Conductor	Surface	Intermediate	Production	Liner
Lead Cement	EXTENDACEM™	HALCEM™	HALCEM™	HALCEM™	NeoCem™
Lead Cement Volume (sacks)	249	271	462	Stage 1: 1,260 Stage 2: 1,034 Stage 3: 611	459
Lead Cement Density (ft3/sack)	1.694	1.342	1.685	Stage 1: 1.232 Stage 2: 1.713 Stage 3: 1.777	1.418
Tail Cement	-	HALCEM™	-	-	-
Tail Cement Volume (sacks)	-	37	-	-	-
Tail Cement Density (ft3/sack)	-	1.342	-	-	-
Cement Excess	0%	50%	30%	50%, 50%, 50%	50%
Total Sacks	249	308	462	2,905	459
TOC	Surface	Surface	Surface	Surface	9,724'
Method	Circulate to Surface	Circulate to Surface	Circulate to Surface	Circulate to Surface	Logged

3. Tubing Description

Tubing Information	
OD	5.5" 5.0"
WT	0.361" 0.362"
ID	4.778" 4.276"
Drift ID	4.653" 4.151"
COD	6.050" 5.563"
Weight	20 lb/ft 18 lb/ft
Grade	HCL-80 BTC HCL-80 LTC
Depth Set	0-9,674' 9,674'-12,444'

Tubing will be lined with Duoline.

4. Packer Description

Nickel Plated Double Grip Retrievable Packer or Equivalent

B. Completion Information

1. Injection Formation: Devonian, Fusselman

2. Gross Injection Interval: 12,494'-14,294'

Completion Type: Open Hole

3. Drilled for injection.

4. See the attached wellbore schematic.

5. Oil and Gas Bearing Zones within area of well:

Formation	Depth
Bone Spring	4,044'
Wolfcamp	8,894'
Strawn	9,944'
Atoka	10,294'
Morrow	10,494'

VI. Area of Review

No wells within the area of review penetrate the proposed injection zone.

VII. Proposed Operation Data

1. Proposed Daily Rate of Fluids to be Injected:

Average Volume: 30,000 BPD

Maximum Volume: 40,000 BPD

2. Closed System

3. Anticipated Injection Pressure:

Average Injection Pressure: 1,874 PSI (surface pressure)

Maximum Injection Pressure: 2,499 PSI (surface pressure)

4. The injection fluid is to be locally produced water. It is expected that the source water will predominantly be from the Artesia, Bone Spring, and Morrow formations. Attached are produced water sample analyses taken from the closest wells that feature samples from the Artesia, Bone Spring, Delaware, Morrow, Queen, San Andreas, Seven Rivers, Wolfcamp, and Yeso.
5. The disposal interval is non-productive. No water samples are available from the surrounding area.

VIII. Geological Data

Devonian Formation Lithology:

The Devonian formation is a dolomitic ramp carbonate that occurs below the Woodford shale and above the Fusselman formation. Strata found in the Devonian formation include two major groups, the Wristen Buildups and the Thirtyone Deepwater Chert, with the Wristen being more abundant. The Wristen Groups is composed of mixed limestone and dolomites with mudstone to grainstone and boundstone textures. Porosity in the Wristen group is a result of both primary and secondary development. Present are moldic, vugular, karstic (including collapse breccia) features that allow for higher porosities and permeabilities. The Thirtyone Formation contains two end-member reservoir facies, skeletal packstones/grainstones and spiculitic chert, with most of the porosity and permeability found in the coarsely crystalline cherty dolomite. These particular characteristics allow for this formation to be a tremendous Salt Water Disposal horizon.

Fusselman Formation Lithology:

The Silurian/Ordovician Fusselman Formation is stratigraphically below the Wristen Group and is above and separated from the Montoya Formation by the Sylvan Shale. The Sylvan Shale is the lower confining layer for the proposed McCrae SWD No. 1 well. Fusselman facies include a laminated skeletal wackestone in the upper part and a buildup complex in the lower part composed of ooid and bryozoan grainstones. These grainstones can also be potentially prolific zones for disposal.

A. Injection Zone: Siluro-Devonian Formation

Formation	Depth
Salado (Top of Salt)	594'
Salado (Bottom of Salt)	844'
Yates	1,194'
Seven Rivers	1,269'
Queen	1,784'
Grayburg	2,144'
San Andreas	2,544'
Delaware Mountain Group	3,069'
Bone Spring	4,044'
Bone Spring 1 st Sand	5,294'
Bone Spring 2 nd Sand	6,444'
Bone Spring 3 rd Sand	7,944'
Wolfcamp	8,894'
Cisco	9,774'
Strawn	9,944'
Atoka	10,294'
Morrow	10,494'
Barnett	11,194'
Devonian	12,494'

B. Underground Sources of Drinking Water

No water wells exist within a one-mile radius of the proposed well. Water wells outside a one-mile radius in the surrounding area have an average depth of 180 feet and an average water depth of 113 feet generally producing from the Capitan Basin. The upper Rustler may also be another USDW and will be protected.

IX. Proposed Stimulation Program

50,000 gallon acid job

X. Logging and Test Data on the Well

There are no logs or test data on the well. During the process of drilling and completion resistivity, gamma ray, and density logs will be run.

XI. Chemical Analysis of Fresh Water Wells

Because there are no water wells that exist within a one-mile radius of the proposed well, chemical analysis of fresh water wells was not retrieved for the proposed well.

DISTRICT I
1425 N. French Dr., Hobbs, NM 88240
Phone (505) 393-8181 Fax (505) 393-9720

DISTRICT II
511 S. First St., Artesia, NM 88210
Phone (505) 746-1253 Fax (505) 746-0720

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 334-8170 Fax (505) 334-8170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3460 Fax (505) 476-5423

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code	Pool Name
Property Code	Property Name McCRAE SWD	Well Number 1
OGRID No.	Operator Name SOLARIS WATER MIDSTREAM	Elevation 3361'

Surface Location

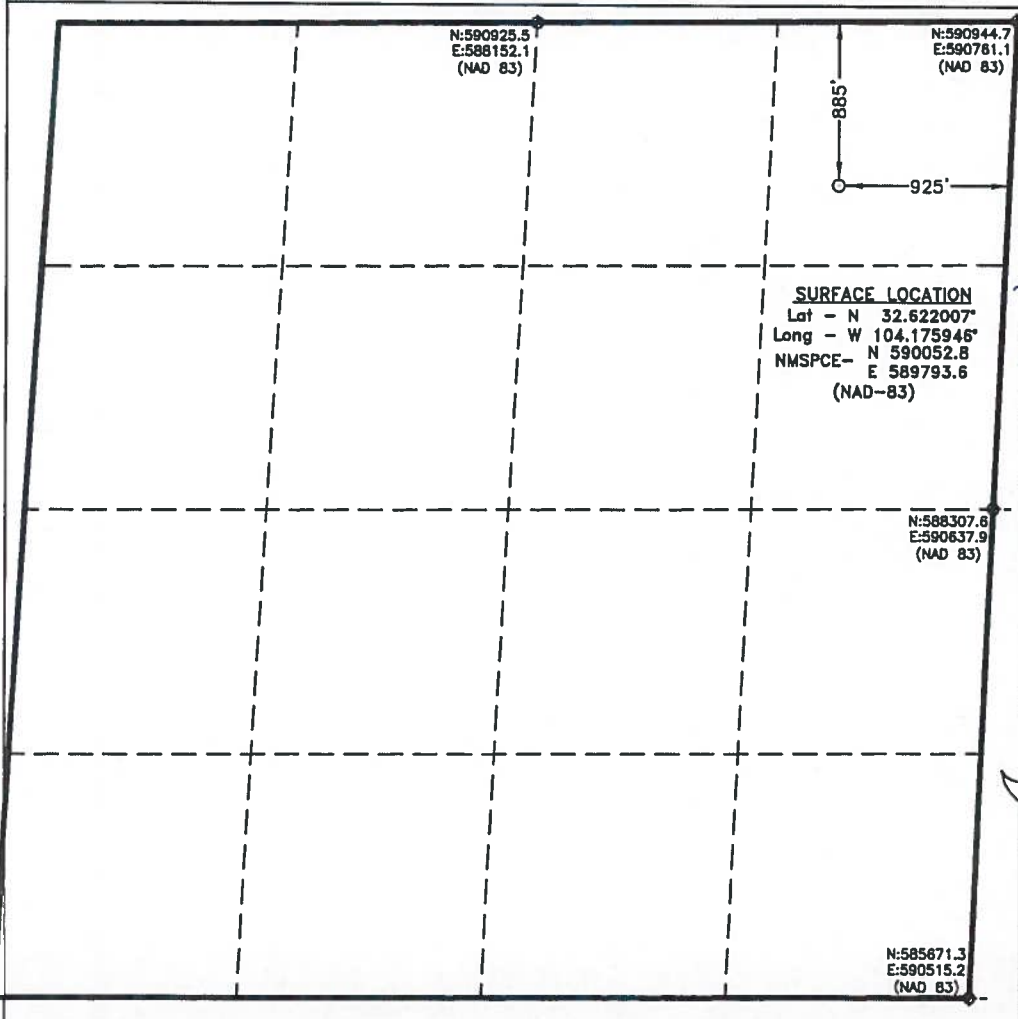
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	33	19 S	28 E		885	NORTH	925	EAST	EDDY

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

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Ramona K. Honey 3/24/19
Signature Date
RAMONA K. HONEY
Printed Name
ramona@lonquist.com
Email Address

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.

DECEMBER 6, 2018

Date Surveyed
Signature of Professional Surveyor
Professional Surveyor
7977
Certificate No. Gary L. Jones 7977

0' 500' 1000' 1500' 2000'
SCALE: 1" = 1000'
WO Num.: 34227

District I1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-9720**District II**811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720**District III**1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170**District IV**1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462**State of New Mexico****Energy Minerals and Natural Resources****Oil Conservation Division****1220 South St. Francis Dr.****Santa Fe, NM 87505**Form C-101
Revised July 18, 2013☐ AMENDED REPORT**APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

¹ Operator Name and Address SOLARIS WATER MIDSTREAM, LLC 701 TRADEWINDS BLVD, SUITE C MIDLAND, TX 79706		² OGRID Number 371643
		³ API Number TBD
⁴ Property Code	⁵ Property Name McCRAE SWD	⁶ Well No. 1

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
A	33	19S	28E		885	N	925	E	EDDY

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
-	-	-	-	-	-	-	-	-	-

⁹ Pool Information

¹⁰ Pool Name SWD: Devonian-Silurian	¹¹ Pool Code 97869
---------------------------------------------------	----------------------------------

Additional Well Information

¹² Work Type N	¹³ Well Type SWD	¹⁴ Cable/Rotary R	¹⁵ Lease Type Private	¹⁶ Ground Level Elevation 3,361'
¹⁷ Multiple N	¹⁸ Proposed Depth 14,294'	¹⁹ Formation Silurian-Devonian	²⁰ Contractor TBD	²¹ Spud Date ASAP
Depth to Ground water 62.5'		Distance from nearest fresh water well 1.25 miles		Distance to nearest surface water >1 mile

☒ We will be using a closed-loop system in lieu of lined pits**²² Proposed Casing and Cement Program**

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	18.125"	16"	84 lb/ft	614'	308	Surface
Intermediate	14.75"	13.375"	68 lb/ft	2,594'	462	Surface
Production	12.25"	9.625"	53.5 lb/ft	9,924'	2,905	Surface
Liner	8.5"	7.625"	39 lb/ft	9,724'-12,494'	459	9,724'
Tubing		5.5" & 5"	20 lb/ft & 18 lb/ft	0' - 9,674' & 9,674' - 12,444'	N/A	

Casing/Cement Program: Additional Comments

See attached schematic.

²³ Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Hydraulic Blinds, Pipe	8,000 psi	10,000 psi	TBD - Schaffer Cameron

²⁴ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

I further certify that I have complied with 19.15.14.9 (A) NMAC ☐ and/or 19.15.14.9 (B) NMAC ☒, if applicable.

Signature: *Ramona K Hovey*

Printed name: Ramona Hovey

Title: Consulting Engineer

E-mail Address: ramona@lonquist.com

Date: March 21, 2018

Phone: 512-600-1777

OIL CONSERVATION DIVISION

Approved By:

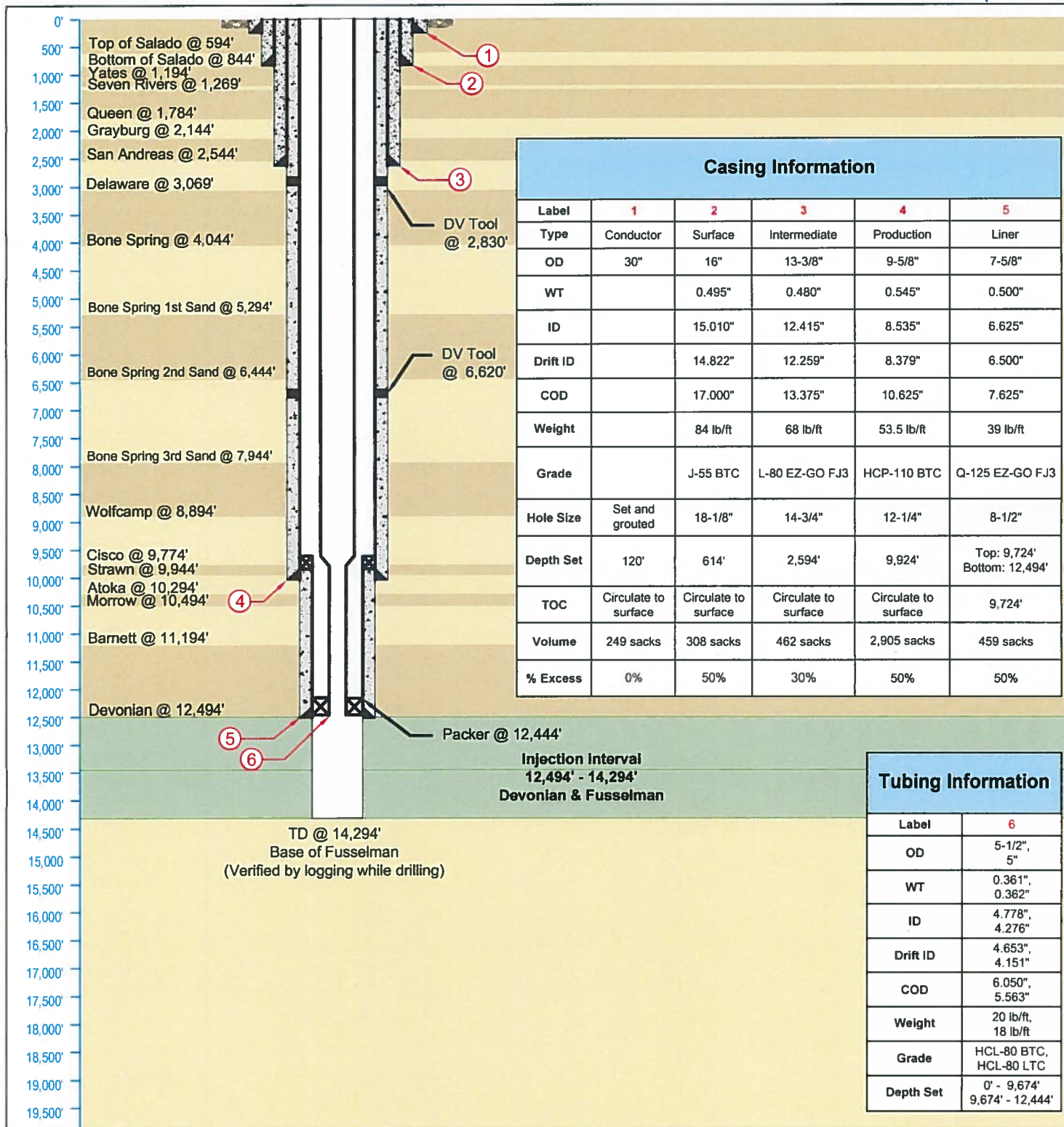
Title:

Approved Date:

Expiration Date:

Conditions of Approval Attached

amended - OAM
injection depth changed
Woodford shale added



<div>LONQUIST & CO. LLC</div> <div><div>PETROLEUM ENGINEERS</div><div>ENERGY ADVISORS</div></div> <div><div>HOUSTON CALGARY</div><div>AUSTIN WICHITA DENVER</div></div>	Solaris Water Midstream, LLC		McCrae SWD No. 1	
	Country: USA	State/Province: New Mexico	County/Parish: Eddy	
	Location:	Site: 885' FNL & 925' FEL	Survey: S33-T19S-R28E	
	API No: NA	Field: Devonian-Silurian (Code: 97869)	Well Type/Status: SWD	
	Texas License F-9147	NMOC District No: 2	Project No: 1919	Date: 3/20/2019
12912 Hill Country Blvd. Ste F-200 Austin, Texas 78738 Tel: 512.732.9812 Fax: 512.732.9816	Drawn: TFM	Reviewed:	Approved:	
	Rev No: 1	Notes:		

McCrae SWD No. 1
1-Mile Offset Operators
 Solaris Water Midstream, LLC
 Eddy Co., NM

PCS: NAD 1983 SPCS NAD FIPS 3001 (US FL)
 Drawn by: ASG Date: 3/8/2019 Approved by: ELR

LONGQUEST & CO. LLC

PETROLEUM
 ENGINEERS
 ENERGY
 ADVISORS
 AUSTIN HOUSTON WICHITA DENVER CALGARY

McCrae SWD No. 1 SHL
 Surface Owner (BALLARD, HARLEY W & CAROL J)
 (JT)

1-Mile
 Section (NM-PLSS 2nd Div.)
 Section (NM-PLSS 1st Div.)
 Township/Range (NM-PLSS)
 --- Lateral

API (30-015-...) SHL Status-Type (Count)

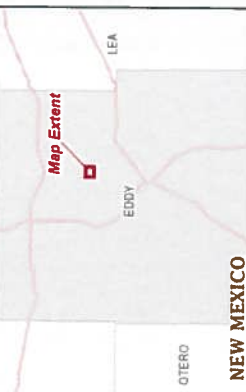
- Horizontal Surface Location (2)
- Active - Gas (5)
- Active - Oil (2)
- Cancelled/Abandoned Location (3)
- Plugged/Not Released - Gas (1)
- Permitted - Gas (1)
- Plugged/Not Released - Gas (3)
- Plugged/Not Released - Oil (6)
- API (30-015-...) BHL Status-Type (Count)
- Active - Oil (1)
- Cancelled/Abandoned Location (2)

Offset Operators

- CHI OPERATING INC
- CHI OPERATING INC, -COLGATE OPERATING, LLC
- COLGATE OPERATING, LLC
- EOG RESOURCES INC
- OXY USA INC
- LLJ VENTURES, LLC DBA MARKER OIL & GAS
- LLJ VENTURES, LLC DBA MARKER OIL & GAS, -OXY USA INC
- MEWBOURNE OIL CO
- OXY USA WTP LIMITED PARTNERSHIP
- NO ACTIVE WELLS

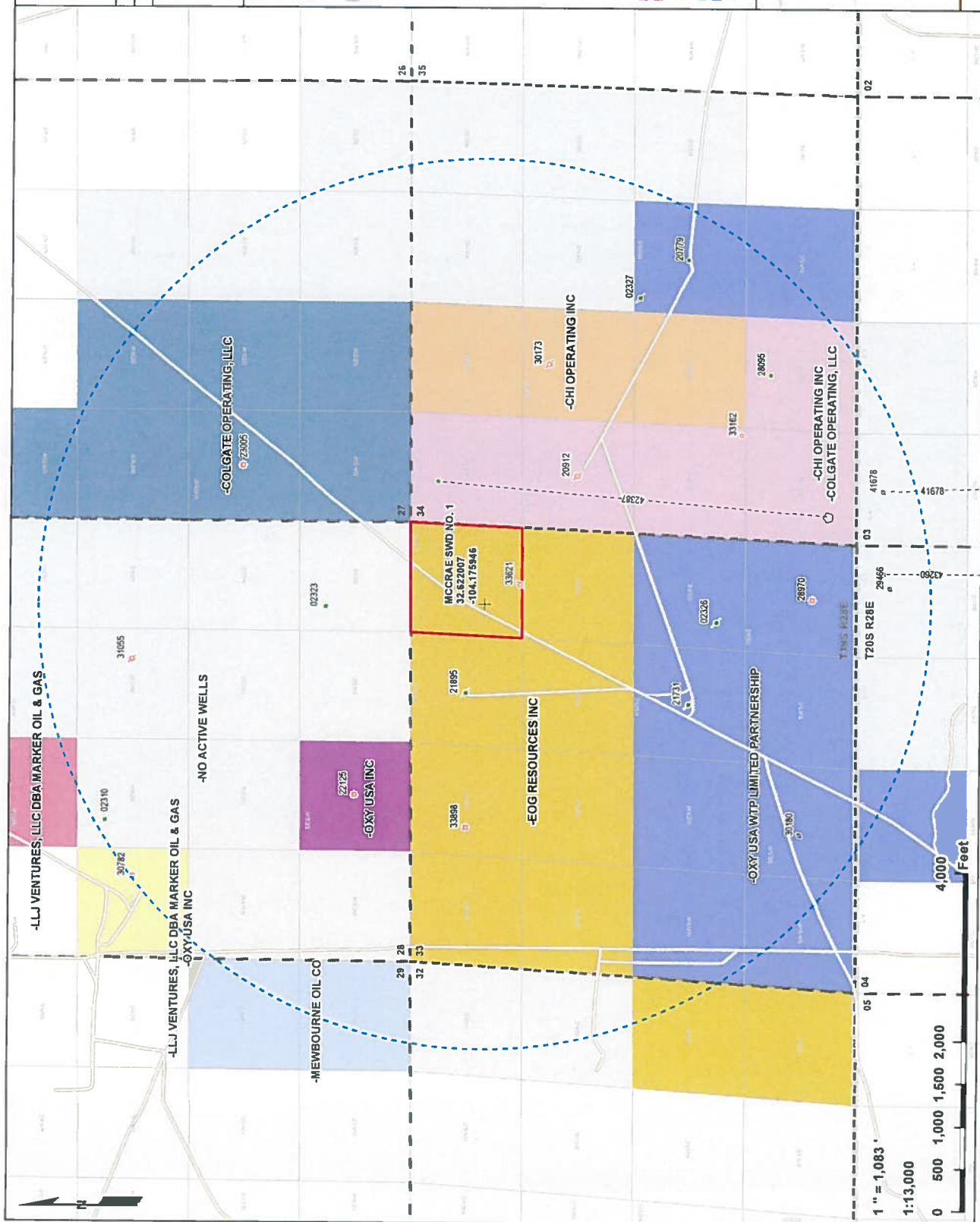
Source: NM - SLO & BLM (2019)

CHAVES



NEW MEXICO

TEXAS CULBERSON LOVING



McCrae SWD No. 1
2 Mile Area of Review
 Solaris Water Midstream, LLC

Eddy., NM

PCS: NAD 1983 SPCS NM-E FIPS 3001 (US Ft.)

Drawn by: ASG Date: 3/5/2019 Approved by: ELR

LONGQUEST & CO. LLC

**PETROLEUM
ENGINEERS
ADVISORS**

AUSTIN HOUSTON WICHITA DENVER CALGARY

McCrae SWD No. 1 SHL

- 1/2-Mile
- 1-Mile
- 2-Mile
- CO-Section (NM-PLSS 2nd Div.)
- Section (NM-PLSS 1st Div.)
- Township/Range (NM-PLSS)
- Lateral

API (30-015-...) SHL Status-Type (Count)

Horizontal Surface Location (26)

Active - Gas (22)

Active - Injection (1)

Active - Oil (40)

Cancelled/Abandoned Locations (15)

Plugged/Not Released - Gas (1)

Permitted - Gas (1)

Plugged/Site Released - Gas (8)

Plugged/Site Released - Oil (37)

Plugged/Site Released - SWD (1)

Approved TA - Gas (1)

API (30-015-...) BHL Status-Type (Count)

Active - Gas (1)

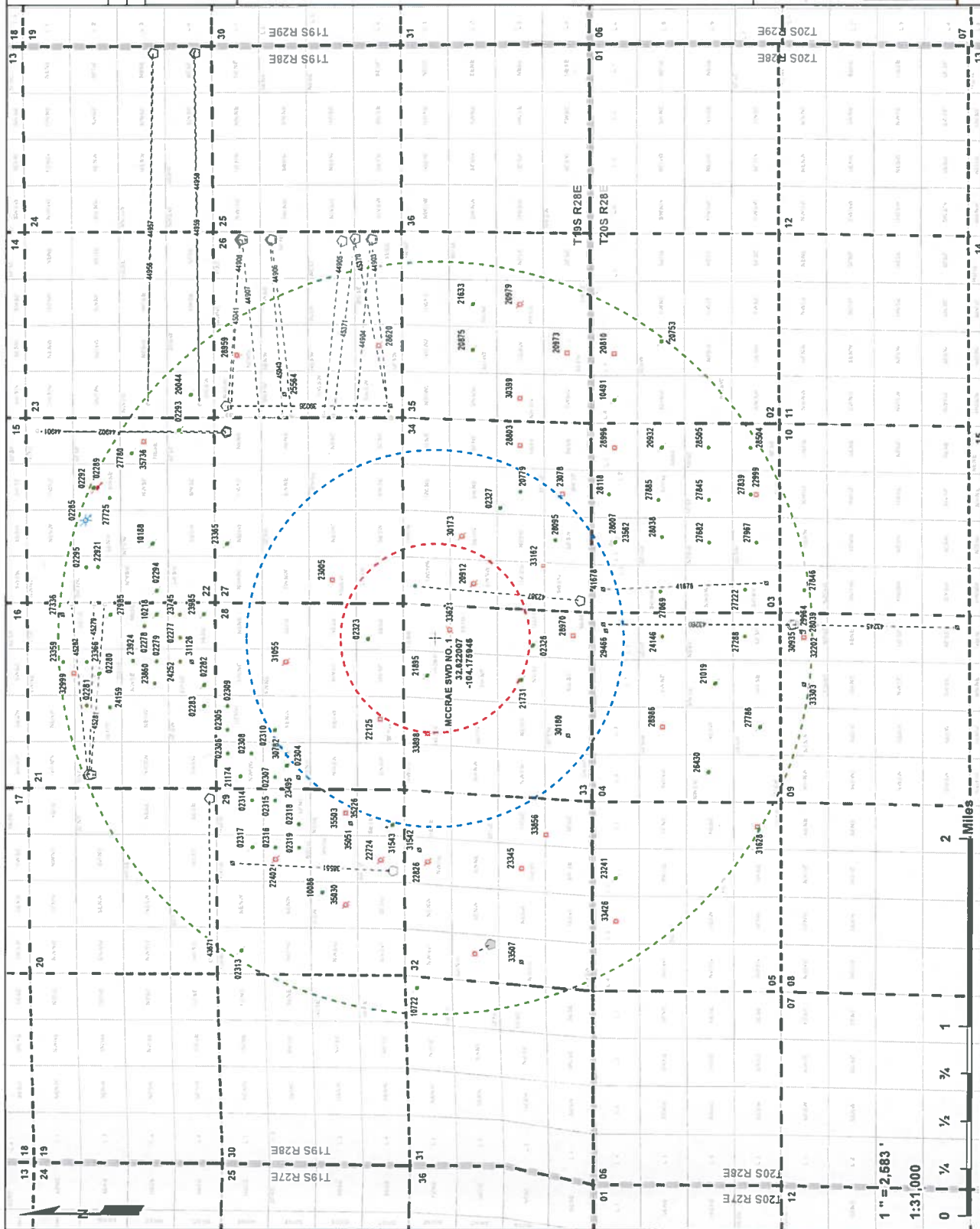
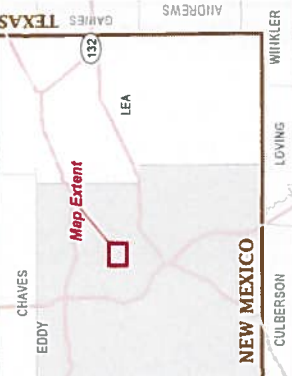
Active - Oil (1)

Cancelled/Abandoned Location (5)

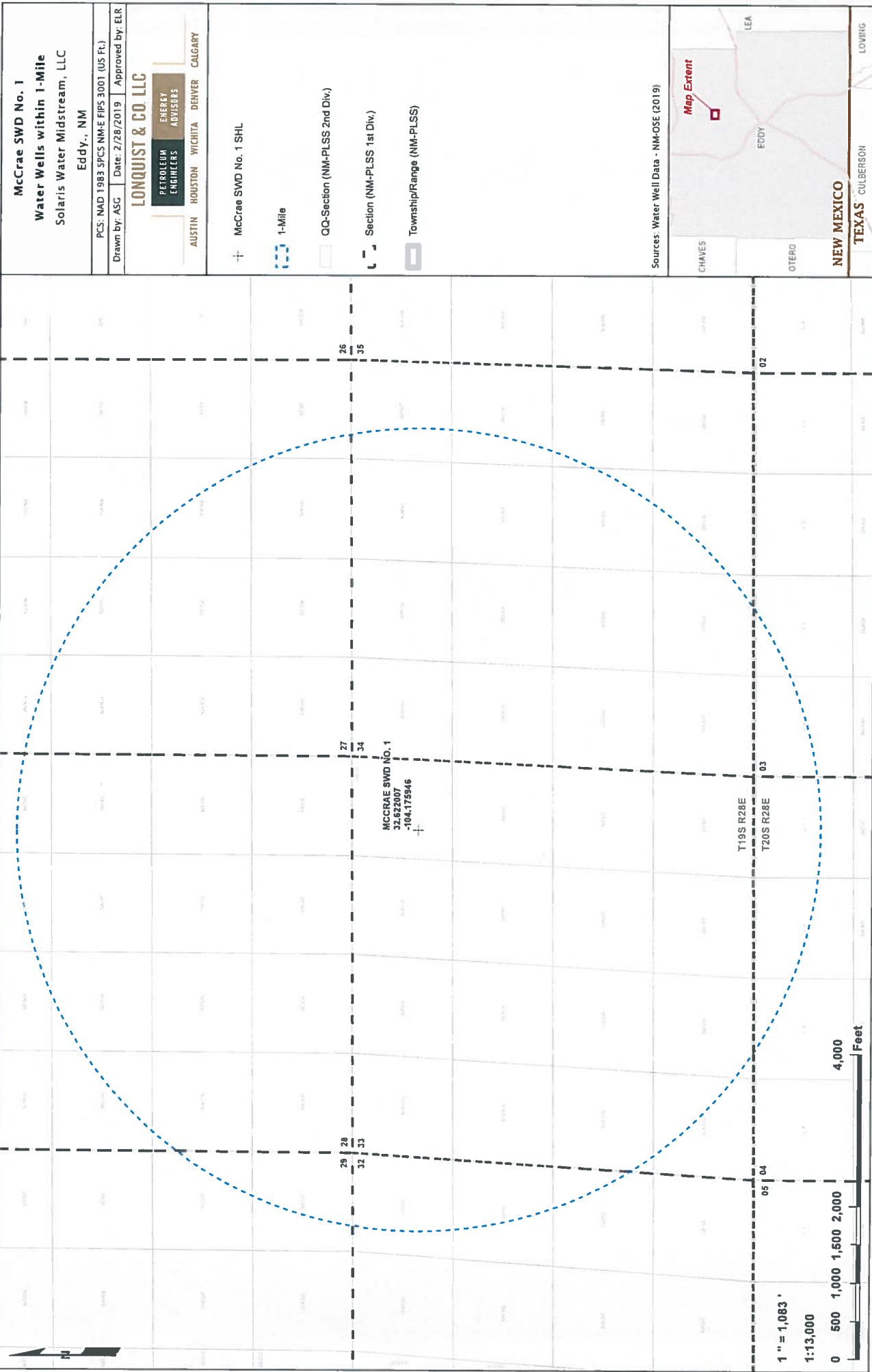
Permitted - Oil (20)

Source: Well SHL Data - NM-OCD (2019)

Source: Well SHL Data - NM-OCD (2019)



1" = 2,683'
 1:31,000



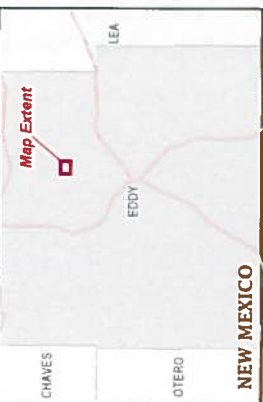
McCrae SWD No. 1
Water Wells within 1-Mile
Solaris Water Midstream, LLC
Eddy, NM

PCS: NAD 1983 SPCS NME FIPS 3001 (US Ft.)
Drawn by: ASG Date: 2/28/2019 Approved by: ELR

LONGQUIST & CO. LLC
PETROLEUM ENGINEERS ENERGY ADVISORS
AUSTIN HOUSTON WICHITA DENVER CALGARY

McCrae SWD No. 1 SHL
1-Mile
QQ-Section (NM-PLSS 2nd Div.)
Section (NM-PLSS 1st Div.)
Township/Range (NM-PLSS)

Sources: Water Well Data - NM-OWE (2019)



NEW MEXICO
TEXAS CULBERSON LOWING

McCrae SWD No. 1
1 Mile Area of Review List

API (30-015-...)	WELL NAME	WELL TYPE	STATUS	OPERATOR	TYD (FT.)	LATITUDE (NAD83 DD)	LONGITUDE (NAD83 DD)	SPUD DATE	FIELD
02310	PRE-ONGARD WELL #007	O	P	PRE-ONGARD WELL OPERATOR	0	32.6343460000	-104.184310500	1/1/1900	
02323	STATE 648 #177	O	P	DOMINION OIL&GAS TEXAS EXPL. & PROD INC	99999	32.6771896000	-104.176048300	1/1/1999	[46580] MILLMAN, S. RIVERS, EAST
02326	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.61444879000	-104.176202500	1/1/1900	
02327	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.61700060000	-104.164108300	1/1/1900	
20779	DWY FEDERAL #001	O	A	OXY USA WTP LIMITED PARTNERSHIP	11245	32.6154040000	-104.162643400	12/20/1972	[48035] OLD MILLMAN RANCH, BS (ASSOC); [87500] WINCHESTER, ATOLLA (GAS)
20912	ARCO FEDERAL #001	G	P	CHI OPERATING INC	11400	32.6190300000	-104.170997600	12/21/1999	[87600] WINCHESTER, MORROW (GAS)
21731	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.6153793000	-104.179779100	1/1/1900	
21895	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.6276154000	-104.179367100	1/1/1900	
22325	STATE CX COM #001	G	A	OXY USA WTP LIMITED PARTNERSHIP	11201	32.626245000	-104.183319100	12/8/1977	[87600] WINCHESTER, MORROW (GAS); [97045] WINCHESTER, WOLF CAMP, NORTHWEST
23005	EDDY AV STATE COM #001	G	A	COLGATE OPERATING, LLC	11300	32.6399113000	-104.170631400	9/14/2017	[87600] WINCHESTER, MORROW (GAS); [87760] WINCHESTER, WOLF CAMP (GAS)
28095	ARCO FEDERAL 2 #002	G	A	COLGATE OPERATING, LLC	6532	32.6127586000	-104.167086500	10/9/1994	[48035] OLD MILLMAN RANCH, BS (ASSOC)
28970	OXY 33 FEDERAL #001	G	A	OXY USA WTP LIMITED PARTNERSHIP	11286	32.6088300000	-104.1752000000	12/21/1999	[87760] WINCHESTER, WOLF CAMP (GAS)
29466	WINCHESTER FEDERAL #005	G	A	CHI OPERATING INC	0	32.6199570000	-104.166656500	5/29/1998	
30173	OXY 33 FEDERAL #001	G	P	CHI OPERATING INC	9072	32.6117405500	-104.184793100	12/21/1999	[87600] WINCHESTER, WOLF CAMP (GAS)
30180	OXY 33 FEDERAL #002	G	P	CHI OPERATING INC	0	32.6117405500	-104.184793100	12/21/1999	
30782	HUBBLE 28 STATE COM #001	G	A	OXY USA INC	11200	32.6334367000	-104.186462400	11/29/1999	[87600] WINCHESTER, MORROW (GAS); [97569] WINCHESTER, BONE SPRING, WEST
31055	TELESCOPE 28 STATE COM #001	G	P	YATES DRILLING CO	11200	32.6334367000	-104.186462400	4/25/2000	[87600] WINCHESTER, MORROW (GAS)
33167	ARCO FEDERAL #003	G	N	CHI OPERATING INC	0	32.6136856000	-104.169387800	12/21/1999	[87600] WINCHESTER, MORROW (GAS)
33621	FADENWAY 33 FEE #001	G	H	EOG RESOURCES INC	11350	32.6208534000	-104.175178500	10/21/2004	[87600] WINCHESTER, MORROW (GAS)
33698	FADENWAY 33 FEE #002	G	A	EOG RESOURCES INC	11300	32.6225929000	-104.184555100	3/27/2005	[87600] WINCHESTER, MORROW (GAS)
41678	WINCHESTER 3 FEDERAL COM #003H	O	C	CHI OPERATING INC	0	32.6096660000	-104.17116400	2/21/1999	[48035] OLD MILLMAN RANCH, BS (ASSOC)
42387	ARCO 34 FEDERAL #003H	O	A	COLGATE OPERATING, LLC	7267	32.6108142000	-104.172538800	9/15/2014	[48035] OLD MILLMAN RANCH, BS (ASSOC)
43160		O	C	CHI OPERATING INC		32.5940626000	-104.102907000		

McCrae SWD No. 1
1 Mile Offset Operators and Lessees List

ST/R	QQ UNIT LETTER(S)	OPERATOR	MINERAL LESSEE	MINERAL OWNER	SURFACE OWNER	ADDRESS 1	ADDRESS 2
27T118/R2/E	D,E,F,L,K,M,N	COLGATE OPERATING, LLC	-	-	-	308 W WALL STREET SUITE 500	MIDLAND, TX 79701
	D,E,F,P	-	COLGATE OPERATING, LLC	-	-	308 W WALL STREET, SUITE 500	MIDLAND, TX 79701
	G,L,M	-	WPX ENERGY PERMAN, LLC	-	-	3500 ONE WILLIAMS CENTER, STE. 4000	TULSA, OK 74120135
28T118/R2/E	J,K,N,O	-	OXY Y-1 COMPANY	-	-	PO BOX 27570	HOUSTON, TX 77227
	C,E	LLJ VENTURES, LLC DBA MARKER OIL & GAS	-	-	-	P.O. BOX 3188	ROSEWELL, NM 88202
	E,N	OXY USA INC	-	-	-	P.O. BOX 4254	HOUSTON, TX 77210-1284
	A,B,G,H	-	WPX ENERGY PERMAN, LLC	-	-	3500 ONE WILLIAMS CENTER, STE. 4000	TULSA, OK 74120135
	C,D,E,F	-	OXY Y-1 COMPANY	-	-	PO BOX 27570	HOUSTON, TX 77227
	I,J,O,P	-	OXY USA WTP LIMITED PARTNERSHIP	-	-	PO BOX 4254	HOUSTON, TX 77210
	K,N	-	BP PROD CORP	-	-	P.O. BOX 936075	RICHARDSON, TX 75083
	L	-	OXY USA WTP LIMITED PARTNERSHIP	-	-	PO BOX 4254	HOUSTON, TX 77210
	M	-	OXY Y-1 COMPANY	-	-	PO BOX 27570	HOUSTON, TX 77227
28T118/R2/E	LP	MEWBOURNE OIL CO	-	-	-	P.O. BOX 5270	HOBBES, NM 86241
	IP	-	WPX ENERGY PERMAN, LLC	-	-	3500 ONE WILLIAMS CENTER, STE. 4000	TULSA, OK 74120135
32T118/R2/E	IP	EOG RESOURCES INC	-	-	-	P.O. BOX 2287	MIDLAND, TX 79702
	A	-	WPX ENERGY PERMAN, LLC	-	-	3500 ONE WILLIAMS CENTER, STE. 4000	TULSA, OK 74120135
	H	-	NADEL AND GUSSMAN PERMAN, LLC	-	-	801 N MARIENFELD, SUITE 508	MIDLAND, TX 79701
	I	-	EOG RESOURCES INC	-	-	P.O. BOX 2287	MIDLAND, TX 79702
33T118/R2/E	A,B,C,D,E,F,G,H	EOG RESOURCES INC	-	-	-	P.O. BOX 2287	MIDLAND, TX 79702
	I,J,K,L,M,N,O,P	OXY USA WTP LIMITED PARTNERSHIP	-	-	-	P.O. BOX 4254	HOUSTON, TX 77210-1284
	L,I,K,L,M,N,O,P	-	-	-	-	2000 POST OAK BLVD STE 100	HOUSTON, TX 77064487
34T118/R2/E	C,D,E,F,K,L,M,N	CHI OPERATING INC	ZPZ DELAWARE LLC	-	-	P.O. BOX 1798	MIDLAND, TX 79702
	D,E,L,M,N	COLGATE OPERATING, LLC	-	-	-	308 W WALL STREET SUITE 500	MIDLAND, TX 79701
	-J,O	OXY USA WTP LIMITED PARTNERSHIP	-	-	-	P.O. BOX 4254	HOUSTON, TX 77064487
	C,D,E,F,L,K,M,N	-	ZPZ DELAWARE LLC	-	-	2000 POST OAK BLVD STE 100	MIDLAND, TX 79701
	A,B,G,H,I,J,O	-	UNDERWOOD D W	-	-	505 N BIGSPRING #100	MIDLAND, TX 79701
	A,B,G,H,I,J,O	-	OXY USA WTP LP	-	-	5 DESTA DR #6000	MIDLAND, TX 79701
	A,B,G,H,I,J,O	-	ENDURGO OPERATING LLC	-	-	777 MAIN ST STE 800	PORT WORTH, TX 76102350
	A,B,G,H,I,J,O	-	WILLIAMSON JC	-	-	PO BOX 16	MIDLAND, TX 79701
03T125/R2/E	C,D	OXY USA WTP LIMITED PARTNERSHIP	ALFORD JAMES L JR	-	-	PO BOX 489	MCCOMB MS 38648
04T125/R2/E	C	-	ALFORD JAMES L JR	-	-	P.O. BOX 4254	HOUSTON, TX 77210-1284
	A,B	-	OXY USA WTP LP	-	-	PO BOX 489	MCCOMB MS 38648
	C	-	-	-	-	5 DESTA DR #6000	MIDLAND, TX 79701
	-	-	-	PRIVATE	BALLARD, HARLEY W & CAROL J (JT)	18182 N CANAL	CARLSBAD NM, 88220

McCræ SWD No. 1 - Offset Produced Water Analysis

Well Name	API	Section	Township	Range	Unit	County	State	Formation	ph	tds_mgl	sodium_mgl	calcium_mgl	iron_mgl	magnesium_mgl	manganese_mgl	chloride_mgl	bicarbonate_mgl	sulfate_mgl	co2_mgl
MRY STATE #001	3001502178	4	195	28E	C	EDDY	NM	ARTESIA		160946						85640	450	2229	
HANOVER STATE #003	3001501595	28	175	28E	P	EDDY	NM	ARTESIA		237482						147900	46	1044	
HANOVER STATE #003	3001501595	28	175	28E	P	EDDY	NM	ARTESIA		230189						143300	35	925	
HANOVER STATE #003	3001501595	28	175	28E	P	EDDY	NM	ARTESIA		217219						133800	137	1030	
HANOVER STATE #003	3001501595	28	175	28E	P	EDDY	NM	ARTESIA		241926						149300	35	1162	
CORRAL C STATE #017	3001501302	25	195	28E	D	EDDY	NM	ARTESIA		66858						39750	1154	262	
CORRAL C STATE #005H	3001540509	28	195	29E	D	EDDY	NM	BONE SPRING 1ST SAND	6.88	208768.1	75797.8	3376.4	72.8	684.2		136019.4	536.4	2900	
DIAMOND PWU 22 #003H	3001538334	22	195	29E	D	EDDY	NM	BONE SPRING 2ND SAND	7.6	209176.4	74632.5	3151.5	32.4	653.2		127457.3	558.6	370	
ONYX PWU 29 #003H	3001539373	29	195	29E	L	EDDY	NM	BONE SPRING 2ND SAND	7.1	207228.5	72483.7	7734.6	61.5	1304.2		122859.3	588.2	430	
ONYX PWU 29 #003H	3001539386	29	195	29E	A	EDDY	NM	BONE SPRING 2ND SAND	6.85	210083.6	79107.3	2904.5	18.4	644.5		124534.1	624.2	330	
TURQUOISE PWU 27 #004H	3001540216	27	195	29E	B	EDDY	NM	BONE SPRING 2ND SAND	7.6	204442.2	69490.1	2891.6	17	616.1		128686.7	737.7	350	
ONYX PWU 29 #005H	3001540135	28	195	29E	M	EDDY	NM	BONE SPRING 1ST SAND	6.43	205197.6	76060.3	2956.6	68.8	648.8		122741.9	502.4	360	
JASPER 32 STATE COM #007H	3001540289	32	195	29E	M	EDDY	NM	BONE SPRING 1ST SAND	7.07	216807.9	79609.5	2917.2	15.4	648.8		130755.3	661.5	390	
TURQUOISE PWU 27 #008H	3001540584	32	195	29E	B	EDDY	NM	BONE SPRING 1ST SAND	6.83	205840.5	75826.2	2827.4	97.6	579.7		123798.3	504.3	400	
EMERALD PWU 20 #007H	3001540581	32	195	29E	I	EDDY	NM	BONE SPRING 1ST SAND	7.51	214765.9	78221.3	3072.1	15.2	672.9		129550.2	680.2	290	
PERIDOT 13 STATE #007H	3001540781	12	195	29E	H	EDDY	NM	BONE SPRING 1ST SAND	7.71	220040.6	82395.9	3070.7	19.2	677.8		131022.8	708.9	370	
TURQUOISE PWU 27 #010H	3001543321	28	195	29E	H	EDDY	NM	BONE SPRING 1ST SAND	6.29	213636	79761.1	3284.8	22.2	662		127088.7	480.7	310	
LONGBOARD PWU 20 #001H	3001540025	20	195	29E	E	EDDY	NM	BONE SPRING 3RD SAND	7.14	105001	35629.7	3951	18.3	690.1		62495.3	884.5	1200	
CONNIE C STATE #002	3001540201	25	195	28E	F	EDDY	NM	BONE SPRING 3RD SAND	7.13	76582.3	25463.4	2775.1	38	497.8		45756.1	990.3	100	
MILLMAN 58 STATE COM #001	3001523998	16	195	28E	H	EDDY	NM	DELAWARE		55498		1680	60	779.8		32420	601	984	
OXY PUNA FEDERAL COM #001	3001505089	22	185	29E	G	EDDY	NM	MORROW	6.7	56554.5		79.79	46.46	779.8		34080	866	12.5	
EMPIRE SOUTH DEEP UNIT #016	3001522241	7	185	29E	F	EDDY	NM	MORROW	7.5	12211.1	4287.45			19.19		6981.12	335.32	134.33	
CONNIE C STATE #017	3001502302	25	195	28E	D	EDDY	NM	MORROW	5.8	1404						766	102	9	
CONNIE C STATE #002	3001502301	25	195	28E	H	EDDY	NM	QUEEN	8.4	66874	23288	1804		608		39757	1154	262	
CONNIE C STATE #002	3001502301	25	195	28E	H	EDDY	NM	QUEEN											
SEVEN RIVERS #029	3001505919	29	205	26E	H	EDDY	NM	QUEEN											
SEVEN RIVERS #029	3001505919	29	205	26E	H	EDDY	NM	SAN ANDRES		102968									
SEVEN RIVERS #029	3001505919	29	205	26E	H	EDDY	NM	SAN ANDRES		120793									
SEVEN RIVERS #029	3001505919	29	205	26E	H	EDDY	NM	SAN ANDRES		117506									
EDDY STATE "D" #001	3001502303	26	195	28E	A	EDDY	NM	SEVEN RIVERS											
ANGELL ST #004	3001502280	21	195	28E	G	EDDY	NM	WOLF CAMP		118720									
MARK TWAIN 5 FEDERAL COM #004H	3001537329	5	175	28E	D	EDDY	NM	WOLF CAMP	7.2	92636.1	30920.1	3792.2	4.9	1342		54800	207.4	0	20
MARK TWAIN 5 FEDERAL COM #003H	3001537429	5	175	28E	H	EDDY	NM	WOLF CAMP	7.1	84960.7	27960.3	3464.4	4.6	1358		50400	170.8	0	10
MARK TWAIN 5 FEDERAL COM #002H	3001538084	5	175	28E	I	EDDY	NM	WOLF CAMP	7.41	84923.3	28158.5	3459.7	4.5	1362		49800	635	0	30
SCHLEY FEDERAL #004	3001539451	29	175	29E	L	EDDY	NM	YESO	4.7	182240	71151.4	4654.48	3.4844	2317.69		121966	932.92	3445.06	
STATE 5 19 #011	3001530915	19	175	29E	P	EDDY	NM	YESO	4.9	192637	77847.6	3957.47	2.9432	1894.97		130436	821.832	2773.59	
STATE 5 19 #013	3001530916	19	175	29E	I	EDDY	NM	YESO	6.9	212361	96572.3	2346.56	3.1864	629.314		142111	944.54	4613.45	
SCHLEY FEDERAL #008	3001530307	29	175	29E	F	EDDY	NM	YESO	7	200501	83262	3011.12	23.772	1110.49		133638	821.832	4559.7	

CARLSBAD
CURRENT-ARGUS

AFFIDAVIT OF PUBLICATION

**Ad No.
0001278783**

LONQUIST FIELD SERVICE
1001 MCKINNEY ST., SUITE 1650

HOUSTON TX 77002


I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

03/01/19



Legal Clerk

Subscribed and sworn before me this
1st of March 2019.



State of WI, County of Brown
NOTARY PUBLIC



My Commission Expires

Legal Notice

Solaris Water Midstream, LLC, 907 Tradewinds Blvd., Suite B, Midland, TX 79706, is filling Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division for administrative approval for its salt water disposal well McCrae SWD No. 1. The proposed well will be located 885' FNL & 925' FEL in Section 33, Township 19S, Range 28E in Eddy County, New Mexico. Disposal water will be sourced from area production, and will be injected into the Siluro-Devonian formation (determined by offset log analysis) through an open hole completion between a maximum applied for top of 12,494 feet to a maximum depth of 14,294 feet. The maximum surface injection pressure will not exceed 2,499 psi with a maximum rate of 40,000 BWPD. Interested parties opposing the action must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505, within 15 days. Additional information can be obtained from the applicant's agent, Lonquist & Co., LLC, at (512) 600-1774.

March 1, 2019

Ad#:0001278783
P O : McCrae
of Affidavits : 0.00



McCrae SWD No. 1 - Notice Parties
Solaris Water Midstream, LLC

TRACT ID	COUNTY CLERK	MAILING ADDRESS	PHONE	TRACKING #	DATE SHIPPED	DATE RECEIVED
	OIL CONSERVATION DIVISION DISTRICT II	811 S FIRST ST., ARTESIA, NM 88210		USPS - 7018 1130 0001 5497 0049	3/21/2019	
	OIL CONSERVATION DIVISION DISTRICT IV	1220 S ST FRANCIS DR. SANTA FE, NM 87505				
	SURFACE LANDOWNER	MAILING ADDRESS				
	Hardley Winston and Carol Janette Ballard	1819 S 2 N. Canal, Carlsbad, NM 88220		USPS - 7018 1130 0001 5497 0056	3/21/2019	
	GOVERNMENT AGENCY	MAILING ADDRESS				
	Bureau of Land Management	620 E Greene Street Carlsbad, NM 88220		USPS - 7018 1130 0001 5497 0063	3/21/2019	
	New Mexico State Land Office	310 Old Santa Fe Trail Santa Fe, NM 87501		USPS - 7018 1130 0001 5497 0070	3/21/2019	
	AFFECTED PARTIES	MAILING ADDRESS				
	Abraxas Petroleum Corporation	P.O. Box 17385, San Antonio, TX 78217		USPS - 7018 1130 0001 5497 0087	3/21/2019	
	Abuelo, LLC	21 Crook Drive, Artesia, NM 88210-9227		USPS - 7018 1130 0001 5497 0094	3/21/2019	
	AGS Resource 2007 LLP	4400 S Federal Blvd., Englewood, CO 80110		USPS - 7018 1130 0001 5497	3/21/2019	
	Asher Resources	100 Sandau Road, Suite 300, San Antonio, TX 78216-3635		USPS - 7018 1130 0001 5497 0100	3/21/2019	
	Bill Seltzer	214 W. Texas Street, #502, Midland, TX 79701		USPS - 7018 1130 0001 5497 0117	3/21/2019	
	Black Mountain Operating, LLC	500 Main Street, Suite 500, Fort Worth, TX 76102		USPS - 7018 1130 0001 5497 0124	3/21/2019	
	BP PRODUCTION CORPORATION	501 Westlake Park Boulevard, Houston, TX 77079		USPS - 7018 1130 0001 5497 0131	3/21/2019	
	Brooke Wilson	P.O. Box 986, Carlsbad, NM 88211-0986		USPS - 7018 1130 0001 5497 0148	3/21/2019	
	C & J Investment Company	101 E. Lohman, Las Cruces, NM 88001		USPS - 7018 1130 0001 5497 0155	3/21/2019	
	Chi Energy, Inc.	P.O. Box 1799, Midland, TX 79702		USPS - 7018 1130 0001 5497 0162	3/21/2019	
	Chi Operating, Inc.	212 N. Main Street, #212, Midland, TX 79701		USPS - 7018 1130 0001 5497 0179	3/21/2019	
	Chisholm Energy Agent, Inc.	801 Cherry Street, Suite 1200 Unit 20, Fort Worth, TX 76102-6825		USPS - 7018 1130 0001 5497 0186	3/21/2019	
	Chisholm Energy Operating, LLC	801 Cherry Street, Suite 1200 Unit 20, Fort Worth, TX 76102-6825		USPS - 7018 1130 0001 5497 0186	3/21/2019	
	Clifton E. Shumate	1608 Northridge Road, Arlington, TX 76012		USPS - 7018 1130 0001 5497 0193	3/21/2019	
	COG Operating, LLC	600 W. Illinois Ave., Midland, TX 79701-4882		USPS - 7018 1130 0001 5497 0209	3/21/2019	
	Colgate Operating, LLC	303 West Wall Street, Suite 700, Midland, TX 79701		USPS - 7018 1130 0001 5497 0216	3/21/2019	
	Colgate Production, LLC	303 West Wall Street, Suite 700, Midland, TX 79701		USPS - 7018 1130 0001 5497 0216	3/21/2019	
	Concho Oil & Gas, LLC	550 West Texas Avenue, Suite 100, Midland, TX 79701		USPS - 7018 1130 0001 5497 0223	3/21/2019	
	Cy Operating Company, Inc.	P.O. Box 418, Sanger, TX 76266		USPS - 7018 1130 0001 5497 0230	3/21/2019	
	D.H. Essex Agency Account	303 West Wall Street, #902, Midland, TX 79701		USPS - 7018 1130 0001 5497 0247	3/21/2019	
	D.W. Underwood	505 N. Big Spring, #100, Midland, TX 79701		USPS - 7018 1130 0001 5497 0254	3/21/2019	
	Devon Energy Production Company, LP	333 W. Sheridan Ave., Oklahoma City, OK 73102-5010		USPS - 7018 1130 0001 5497 0261	3/21/2019	
	Domillion Oklahoma Texas Exploration & Production, Inc.	14000 Quail Springs Parkway, Suite 600, Oklahoma City, OK 73134		USPS - 7018 1130 0001 5497 0278	3/21/2019	
	Elizabeth M. Locker	1610 Gulf, Midland, TX 79705		USPS - 7018 1130 0001 5497 0285	3/21/2019	
	ENDURO OPERATING LLC	777 MAIN ST. STE 800, FORT WORTH 76102		USPS - 7018 1130 0001 5497 0292	3/21/2019	
	EOG Resources, Inc.	P.O. Box 4362, Houston, TX 77210-4362		USPS - 7018 1130 0001 5497 0308	3/21/2019	
	EOG Y Resources, Inc.	105 S. 4th Street, Artesia, NM 88210-2177		USPS - 7018 1130 0001 5497 0315	3/21/2019	
	Ergodic Resources, LLC	P.O. Box 2021, Roswell, NM 88202-2021		USPS - 7018 1130 0001 5497 0322	3/21/2019	
	Fasken Acquisitions 02, Ltd.	303 West Wall Avenue, Suite 1800, Midland, TX 79701-5106		USPS - 7018 1130 0001 5497 0339	3/21/2019	
	Fasken Land and Minerals, Ltd.	303 West Wall Avenue, Suite 1800, Midland, TX 79701-5106		USPS - 7018 1130 0001 5497 0339	3/21/2019	
	Hanigan Oil Properties, Inc.	P.O. Box 430, Roswell, NM 88202-0430		USPS - 7018 1130 0001 5497 0346	3/21/2019	
	Harold D. Justice	1005 De Bremond Drive, Roswell, NM 88201		USPS - 7018 1130 0001 5497 -353	3/21/2019	
	Hayes Revocable Trust	3608 Meadowridge Lane, Midland, TX 79707		USPS - 7018 1130 0001 5497 0360	3/21/2019	
	Hillin Production Company	P.O. Box 153, Odessa, TX 79760		USPS - 7018 1130 0001 5497 0377	3/21/2019	
	Hutchings Oil Company	P.O. Box 1216, Albuquerque, NM 87102-1216		USPS - 7018 1130 0001 5497 0384	3/21/2019	
	J.C. Williamson	P.O. Box 16, Midland, TX 79701		USPS - 7018 1130 0001 5497 0391	3/21/2019	
	James L. Alford, Jr.	P.O. Box 489, McComb, MS 39648		USPS - 7018 1130 0001 5497 0407	3/21/2019	
	JCI Investments, LLC	P.O. Box 1048, Pentwater, MI 49649		USPS - 7018 1130 0001 5497 0414	3/21/2019	
	JM Bryn Oil, LLC	P.O. Box 839, Graham, TX 76450		USPS - 7018 1130 0001 5497 0421	3/21/2019	
	JTI, Inc.	5801 E. 41st Street, #603, Tulsa, OK 74135		USPS - 7018 1130 0001 5497 0438	3/21/2019	
	Kennedy Minerals, Ltd.	550 W. Texas, #1225, Midland, TX 79701		USPS - 7018 1130 0001 5497 0445	3/21/2019	
	LU Ventures, LLC DBA MARKER OIL & GAS	P.O. BOX 3188, ROSWELL, NM 88202		USPS - 7018 1130 0001 5497 0452	3/21/2019	
	Loco Hills Productions Company, LLC	P.O. Box 779, Artesia, NM 88211-0779		USPS - 7018 1130 0001 5497 0469	3/21/2019	
	Marathon Oil Company	5555 San Felipe Street, Houston, TX 77056-2701		USPS - 7018 1130 0001 5497 0476	3/21/2019	
	Marathon Oil Permian, LLC	5555 San Felipe Street, Houston, TX 77056-2701		USPS - 7018 1130 0001 5497 0476	3/21/2019	
	Mark T. Owen	P.O. Box 1799, Midland, TX 79702		USPS - 7018 1130 0001 5497 0483	3/21/2019	
	Maurice Mordla	1800 N. Grady, Tucson, AZ 85715-4510		USPS - 7018 1130 0001 5497 -490	3/21/2019	
	McCombs Energy, LLC	5599 San Felipe Street, Suite 1200, Houston, TX 77056		USPS - 7018 1130 0001 5497 0506	3/21/2019	
	MEWBOURNE OIL CO.	P.O. BOX 5270, HOBBBS, NM 88241		USPS - 7018 1130 0001 5497 0513	3/21/2019	
	Midwest Resources 2008-1 Oil & Gas Income Limited Partnership	P.O. Box 76, Elm Grove, WI 53122		USPS - 7018 1130 0001 5497 0520	3/21/2019	
	NADEL AND GUSMAN PERMIAN, LLC	601 N. MARIENFELD, SUITE 508, MIDLAND, TX 79701		USPS - 7018 1130 0001 5497 0537	3/21/2019	
	Nightengale Petroleum Properties, Inc.	3033 Fredna Place, Midland, TX 79707		USPS - 7018 1130 0001 5497 0544	3/21/2019	

Orion OG Properties	P O Box 2523, Roswell, NM 88202	USPS - 7018 1130 0001 5497 0551	3/21/2019
Oxy USA WTP Limited Partnership	5 Greenway Plaza, Suite 110, Houston, TX 77046	USPS - 7018 1130 0001 5497 0568	3/21/2019
Oxy USA WTP Limited Partnership	6 Destia Drive #6000, Midland, TX 79705-5505	USPS - 7018 1130 0001 5497 0575	3/21/2019
Oxy USA, Inc.	5 Greenway Plaza, Suite 110, Houston, TX 77046	USPS - 7018 1130 0001 5497 0568	3/21/2019
Oxy USA, Inc.	P O Box 50250, Midland, TX 79710	USPS - 7018 1130 0001 5497 0582	3/21/2019
Oxy Y-1 Company	5 Greenway Plaza, Suite 110, Houston, TX 77046	USPS - 7018 1130 0001 5497 0568	3/21/2019
Riverhill Energy Company	P O Box 2726, Midland, TX 79702-7135	USPS - 7018 1130 0001 5497 0599	3/21/2019
RKI Exploration & Production, LLC	3500 One Williams Center, Tulsa, OK 74172-0135	USPS - 7018 1130 0001 5497 0605	3/21/2019
Robert K. Hillin	P O Box 1552, Midland, TX 79702	USPS - 7018 1130 0001 5497 0612	3/21/2019
RSC Resources, L.P.	6824 Island Circle, Midland, TX 79707	USPS - 7018 1130 0001 5497 0629	3/21/2019
Saratoga Royalty Corporation	P O Box 2804, Conroe, TX 77305	USPS - 7018 1130 0001 5497 0636	3/21/2019
SDX Properties, Inc.	P O Box 5061, Midland, TX 79704	USPS - 7018 1130 0001 5497 0643	3/21/2019
Silverhair, LLC	1301 Lewis Rd., Artesia, NM 88210-9438	USPS - 7018 1130 0001 5497 0650	3/21/2019
Strata Production Company	P O Box 1030, Roswell, NM 88202-1030	USPS - 7018 1130 0001 5497 0667	3/21/2019
Tenstrike Oil & Gas, Inc.	P O Box 418, Sanger, TX 76266	USPS - 7018 1130 0001 5497 0674	3/21/2019
Te-Ray Resources, Inc.	1105 Sovereign Row, Unit C, Odessa, TX 79318	USPS - 7018 1130 0001 5497 0681	3/21/2019
Thomas A. Crow Trustee	8210 Louisiana Blvd. NE, Suite 8, Albuquerque, NM 87113-1761	USPS - 7018 1130 0001 5497 0698	3/21/2019
Tom P. Stephens Trust	3707 Camp Bowie Blvd., Suite 220, Fort Worth, TX 76107-3330	USPS - 7018 1130 0001 5497 0704	3/21/2019
WPX ENERGY PERMIAN, LLC	3500 ONE WILLIAMS CENTER, STE 4400, TULSA, OK 74172-0135	USPS - 7018 1130 0001 5497 0711	3/21/2019
2PZ Delaware I, LLC	2000 Post Oak Blvd., Suite 100, Houston, TX 77056-4497	USPS - 7018 1130 0001 5497 0728	3/21/2019

McGraw SWD No. 1 - Notice Parties Solaris Water Midstream, LLC						
TRACT ID	COUNTY CLERK	MAILING ADDRESS	PHONE	TRACKING #	DATE SHIPPED	DATE RECEIVED
—	OIL CONSERVATION DIVISION DISTRICT II	811 S. FIRST ST., ARTESIA, NM 88210		USPS - 7018 1130 0001 5497 0049	3/21/2019	
—	OIL CONSERVATION DIVISION DISTRICT IV	1220 S ST FRANCIS DR. SANTA FE, NM 87505				
—	SURFACE LANDOWNER	MAILING ADDRESS				
—	Harley Winston and Carol Janette Ballard	1819-2 N. Canal, Carlsbad, NM 88220		USPS - 7018 1130 0001 5497 0056	3/21/2019	
—	GOVERNMENT AGENCY	MAILING ADDRESS				
—	Bureau of Land Management	620 E Greene Street Carlsbad, NM 88220		USPS - 7018 1130 0001 5497 0063	3/21/2019	
—	New Mexico State Land Office	310 Old Santa Fe Trail Santa Fe, NM 87501		USPS - 7018 1130 0001 5497 0070	3/21/2019	
—	AFFECTED PARTIES	MAILING ADDRESS				
—	Abraxas Petroleum Corporation	P.O. Box 12385, San Antonio, TX 78217		USPS - 7018 1130 0001 5497 0087	3/21/2019	
—	Abuelo, LLC	21 Crook Drive, Artesia, NM 88210-2227		USPS - 7018 1130 0001 5497 0094	3/21/2019	
—	AGS Resources 2007 LLP	4400 S. Federal Blvd., Englewood, CO 80110		USPS - 7018 1130 0001 5497 0100	3/21/2019	
—	Asher Resources	100 Sandau Road, Suite 300, San Antonio, TX 78216-3635		USPS - 7018 1130 0001 5497 0100	3/21/2019	
—	Bill Seltzer	214 W. Texas Street, #507, Midland, TX 79701		USPS - 7018 1130 0001 5497 0117	3/21/2019	
—	Black Mountain Operating, LLC	500 Main Street, Suite 500, Fort Worth, TX 76102		USPS - 7018 1130 0001 5497 0124	3/21/2019	
—	BP PRODUCTION CORPORATION	501 Westlake Park Boulevard, Houston, TX 77079		USPS - 7018 1130 0001 5497 0131	3/21/2019	
—	Brooke Wilson	P.O. Box 986, Carlsbad, NM 88211-0986		USPS - 7018 1130 0001 5497 0148	3/21/2019	
—	C & J Investment Company	101 E. Lohman, Las Cruces, NM 88001		USPS - 7018 1130 0001 5497 0155	3/21/2019	
—	Chi Energy, Inc.	P.O. Box 1799, Midland, TX 79702		USPS - 7018 1130 0001 5497 0162	3/21/2019	
—	Chi Operating, Inc.	212 N. Main Street, #212, Midland, TX 79701		USPS - 7018 1130 0001 5497 0179	3/21/2019	
—	Chisholm Energy Agent, Inc.	801 Cherry Street, Suite 1200 Unit 20, Fort Worth, TX 76102-6825		USPS - 7018 1130 0001 5497 0186	3/21/2019	
—	Chisholm Energy Operating, LLC	801 Cherry Street, Suite 1200 Unit 20, Fort Worth, TX 76102-6825		USPS - 7018 1130 0001 5497 0186	3/21/2019	
—	Clifton E. Shumate	1608 Northridge Road, Arlington, TX 76012		USPS - 7018 1130 0001 5497 0193	3/21/2019	
—	COG Operating, LLC	600 W. Illinois Ave., Midland, TX 79701-4882		USPS - 7018 1130 0001 5497 0209	3/21/2019	
—	Colgate Operating, LLC	303 West Wall Street, Suite 700, Midland, TX 79701		USPS - 7018 1130 0001 5497 0216	3/21/2019	
—	Colgate Production, LLC	303 West Wall Street, Suite 700, Midland, TX 79701		USPS - 7018 1130 0001 5497 0216	3/21/2019	
—	Concho Oil & Gas, LLC	550 West Texas Avenue, Suite 100, Midland, TX 79701		USPS - 7018 1130 0001 5497 0223	3/21/2019	
—	CY Operating Company, Inc.	P.O. Box 418, Sanger, TX 76266		USPS - 7018 1130 0001 5497 0230	3/21/2019	
—	D.H. Essex Agency Account	303 West Wall Street, #902, Midland, TX 79701		USPS - 7018 1130 0001 5497 0247	3/21/2019	
—	D.W. Underwood	505 N. Blespring, #100, Midland, TX 79701		USPS - 7018 1130 0001 5497 0254	3/21/2019	
—	Devon Energy Production Company, LP	333 W. Sheridan Ave., Oklahoma City, OK 73102-5010		USPS - 7018 1130 0001 5497 0261	3/21/2019	
—	Domillion Oklahoma Texas Exploration & Production, Inc.	14000 Quail Springs Parkway, Suite 600, Oklahoma City, OK 73134		USPS - 7018 1130 0001 5497 0278	3/21/2019	
—	Elizabeth M. Locker	1610 Gulf, Midland, TX 79705		USPS - 7018 1130 0001 5497 0285	3/21/2019	
—	ENDURO OPERATING LLC	777 MAIN ST. STE 800, FORT WORTH 76102		USPS - 7018 1130 0001 5497 0292	3/21/2019	
—	EOG Resources, Inc.	P.O. Box 4362, Houston, TX 77210-4362		USPS - 7018 1130 0001 5497 0308	3/21/2019	
—	EOG Y Resources, Inc.	105 S. 4th Street, Artesia, NM 88210-2177		USPS - 7018 1130 0001 5497 0315	3/21/2019	
—	Ergodic Resources, LLC	P.O. Box 2021, Roswell, NM 88202-2021		USPS - 7018 1130 0001 5497 0322	3/21/2019	
—	Fasken Acquisitions 02, Ltd.	303 West Wall Avenue, Suite 1800, Midland, TX 79701-5106		USPS - 7018 1130 0001 5497 0339	3/21/2019	
—	Fasken Land and Minerals, Ltd.	303 West Wall Avenue, Suite 1800, Midland, TX 79701-5106		USPS - 7018 1130 0001 5497 0339	3/21/2019	
—	Hanigan Oil Properties, Inc.	P.O. Box 430, Roswell, NM 88202-0430		USPS - 7018 1130 0001 5497 0346	3/21/2019	
—	Harold D. Justice	1005 De Bremond Drive, Roswell, NM 88201		USPS - 7018 1130 0001 5497 -353	3/21/2019	
—	Hayes Revocable Trust	3608 Meadowridge Lane, Midland, TX 79707		USPS - 7018 1130 0001 5497 0360	3/21/2019	
—	Hillier Production Company	P.O. Box 152, Odessa, TX 79760		USPS - 7018 1130 0001 5497 0377	3/21/2019	
—	Hutchings Oil Company	P.O. Box 1216, Albuquerque, NM 87102-1216		USPS - 7018 1130 0001 5497 0384	3/21/2019	
—	J.C. Williamson	P.O. Box 16, Midland, TX 79701		USPS - 7018 1130 0001 5497 0391	3/21/2019	
—	James L. Alford, Jr.	P.O. Box 489, McComb, MS 39648		USPS - 7018 1130 0001 5497 0407	3/21/2019	
—	JCI Investments, LLC	P.O. Box 1048, Pentwater, MI 49449		USPS - 7018 1130 0001 5497 0414	3/21/2019	
—	JM Bryan Oil, LLC	P.O. Box 839, Graham, TX 76450		USPS - 7018 1130 0001 5497 0421	3/21/2019	
—	JTI, Inc.	5801 E. 41st Street, #603, Tulsa, OK 74135		USPS - 7018 1130 0001 5497 0438	3/21/2019	
—	Kennedy Minerals, Ltd.	550 W. Texas, #1225, Midland, TX 79701		USPS - 7018 1130 0001 5497 0445	3/21/2019	
—	LUJ Ventures, LLC DBA MARKER OIL & GAS	P.O. BOX 3188, ROSWELL, NM 88202		USPS - 7018 1130 0001 5497 0452	3/21/2019	
—	Loco Hills Productions Company, LLC	P.O. Box 779, Artesia, NM 88211-0779		USPS - 7018 1130 0001 5497 0469	3/21/2019	
—	Marathon Oil Company	5555 San Felipe Street, Houston, TX 77056-2701		USPS - 7018 1130 0001 5497 0476	3/21/2019	
—	Marathon Oil Permian, LLC	5555 San Felipe Street, Houston, TX 77056-2701		USPS - 7018 1130 0001 5497 0476	3/21/2019	
—	Mark T. Owen	P.O. Box 1799, Midland, TX 79702		USPS - 7018 1130 0001 5497 0483	3/21/2019	
—	Maurice Mordka	1800 N. Grady, Tucson, AZ 85715-4510		USPS - 7018 1130 0001 5497 -490	3/21/2019	
—	McCombs Energy, LLC	5599 San Felipe Street, Suite 1200, Houston, TX 77056		USPS - 7018 1130 0001 5497 0506	3/21/2019	
—	MEWBOURNE OIL CO.	P.O. BOX 5270, HOBBBS, NM 88241		USPS - 7018 1130 0001 5497 0513	3/21/2019	
—	Midwest Resources 2008-1 Oil & Gas Income Limited Partnership	P.O. Box 76, Elm Grove, WI 53122		USPS - 7018 1130 0001 5497 0520	3/21/2019	
—	NADEL AND GUSMAN PERMIAN, LLC	601 N. MARIENFELD, SUITE 508, MIDLAND, TX 79701		USPS - 7018 1130 0001 5497 0537	3/21/2019	
—	Nightengale Petroleum Properties, Inc.	3033 Fredna Place, Midland, TX 79707		USPS - 7018 1130 0001 5497 0544	3/21/2019	

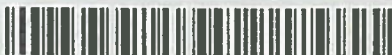
	Orion OG Properties	P.O. Box 2523, Roswell, NM 88202	USPS - 7018 1130 0001 5497 0551	3/21/2019
	Oxy USA WTP Limited Partnership	5 Greenway Plaza, Suite 110, Houston, TX 77046	USPS - 7018 1130 0001 5497 0568	3/21/2019
	Oxy USA WTP Limited Partnership	6 Delta Drive #6000, Midland, TX 79705-5505	USPS - 7018 1130 0001 5497 0575	3/21/2019
	Oxy USA, Inc.	5 Greenway Plaza, Suite 110, Houston, TX 77046	USPS - 7018 1130 0001 5497 0568	3/21/2019
	Oxy USA, Inc.	P.O. Box 50250, Midland, TX 79710	USPS - 7018 1130 0001 5497 0582	3/21/2019
	Oxy Y-1 Company	5 Greenway Plaza, Suite 110, Houston, TX 77046	USPS - 7018 1130 0001 5497 0568	3/21/2019
	Riverhill Energy Company	P.O. Box 2726, Midland, TX 79702-2726	USPS - 7018 1130 0001 5497 0599	3/21/2019
	RKI Exploration & Production, LLC	3500 One Williams Center, Tulsa, OK 74172-0135	USPS - 7018 1130 0001 5497 0605	3/21/2019
	Robert K. Hillin	P.O. Box 1552, Midland, TX 79702	USPS - 7018 1130 0001 5497 0612	3/21/2019
	RSC Resources, L.P.	6824 Island Circle, Midland, TX 79707	USPS - 7018 1130 0001 5497 0629	3/21/2019
	Saratoga Royalty Corporation	P.O. Box 2804, Conroe, TX 77305	USPS - 7018 1130 0001 5497 0636	3/21/2019
	SDX Properties, Inc.	P.O. Box 5061, Midland, TX 79704	USPS - 7018 1130 0001 5497 0643	3/21/2019
	Silverhair, LLC	1301 Lewis Rd., Artesia, NM 88210-9438	USPS - 7018 1130 0001 5497 0650	3/21/2019
	Strata Production Company	P.O. Box 1030, Roswell, NM 88202-1030	USPS - 7018 1130 0001 5497 0667	3/21/2019
	Tenstrike Oil & Gas, Inc.	P.O. Box 418, Sanger, TX 76266	USPS - 7018 1130 0001 5497 0674	3/21/2019
	Te-Ray Resources, Inc.	1105 Sovereign Row, Unit C, Oklahoma City, OK 73108	USPS - 7018 1130 0001 5497 0681	3/21/2019
	Thomas A. Crow, Trustee	8210 Louisiana Blvd. NE, Suite B, Albuquerque, NM 87113-1761	USPS - 7018 1130 0001 5497 0698	3/21/2019
	Tom P. Stephens Trust	3707 Camp Bowie Blvd., Suite 220, Fort Worth, TX 76107-3330	USPS - 7018 1130 0001 5497 0704	3/21/2019
	WPX ENERGY PERMIAN, LLC	3500 ONE WILLIAMS CENTER, STE 4400, TULSA, OK 74172-0135	USPS - 7018 1130 0001 5497 0711	3/21/2019
	ZPZ Delaware I, LLC	2000 Post Oak Blvd., Suite 100, Houston, TX 77056-4497	USPS - 7018 1130 0001 5497 0728	3/21/2019

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:

OIL CONSERVATION DIVISION
DISTRICT II
811 S FIRST STREET
ARTESIA NM 88210
1919-MCCRAE SWD #1



9590 9402 4694 8323 0124 95

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0049

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0049
7018 1130 0001 5497 0049

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

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OIL CONSERVATION DIVISION
DISTRICT II
811 S FIRST STREET
ARTESIA NM 88210
1919-MCCRAE SWD #1

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:

**HARLEY WINSTON &
CAROL JANETTE BALLARD
1819-2 N CANAL
CARLSBAD NM 88220
1919-MCCRAE SWD #1**



9590 9402 4694 8323 0124 88

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0056

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--------------------------------------------------------------|----|
| <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

\$

Sent

Street

City

Postmark
Here

**HARLEY WINSTON &
CAROL JANETTE BALLARD
1819-2 N CANAL
CARLSBAD NM 88220
1919-MCCRAE SWD #1**

PS Form 3800, April 2015 PSN 7530-02-000-9947

See Reverse for Instructions

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

CERTIFIED MAIL®

7018 1130 0001 5497 0056
7018 1130 0001 5497 0056

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:

**BUREAU OF LAND MGMT
620 E GREENE STREET
CARLSBAD NM 88220**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0124 71

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0063

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

X

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0063
7018 1130 0001 5497 0063

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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 \$

Postmark
Here

Postage

\$

Total P

\$

Sent To

Street


City, S

**BUREAU OF LAND MGMT
620 E GREENE STREET
CARLSBAD NM 88220**

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>NEW MEXICO STATE LAND OFFICE 310 OLD SANTA FE TRAIL SANTA FE NM 87501</p> <p>1919-MCCRAE SWD #1</p>  <p>9590 9402 4694 8323 0124 64</p> <p>2. Article Number (Transfer from service label) 7018 1130 0001 5497 0070</p>		<p>A. Signature X <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>3. Service Type</p> <p><input checked="" 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"/> Insured Mail Restricted Delivery (over \$500)</p>			

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

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total \$</p> <p>Seni \$</p> <p>Sub \$</p> <p>City</p>	<p>Postmark Here</p>
<p>NEW MEXICO STATE LAND OFFICE 310 OLD SANTA FE TRAIL SANTA FE NM 87501</p> <p>1919-MCCRAE SWD #1</p>	
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:

**ABRAXAS PETROLEUM CORPORATION
PO BOX 17385
SAN ANTONIO TX 78217**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0124 57

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0087

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return 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 (e/electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark
Here

Postage

\$ _____

Total

\$ _____

Sent

Street

City

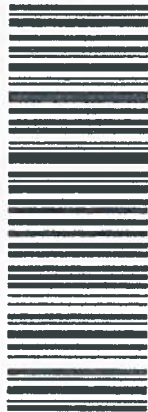
**ABRAXAS PETROLEUM CORPORATION
PO BOX 17385
SAN ANTONIO TX 78217

1919-MCCRAE SWD #1**

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 IN DOTTED LINE
CERTIFIED MAIL®



7018 1130 0001 5497 0087
7018 1130 0001 5497 0087

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:

**ABUELO LLC
21 CROOK DRIVE
ARTESIA NM 88210-9227**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0124 40

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0094

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return 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	\$

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City

Postmark
Here

**ABUELO LLC
21 CROOK DRIVE
ARTESIA NM 88210-9227**

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-0047

See Reverse for Instructions

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

CERTIFIED MAIL



7018 1130 0001 5497 0094

7018 1130 0001 5497 0094

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:

AGS RESOURCES 2007 LLP
4400 S FEDERAL BLVD
ENGLEWOOD CO 80110

1919-MCCRAE SWD #1



9590 9402 4694 8323 0124 33

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0100

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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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 \$

Postmark
Here

Postage

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Total

\$

Sent

Street

City

AGS RESOURCES 2007 LLP
4400 S FEDERAL BLVD
ENGLEWOOD CO 80110

1919-MCCRAE SWD #1

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.

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7018 1130 0001 5497 0100
7018 1130 0001 5497 0100

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:

BILL SELTZER
214 W TEXAS STREET #507
MIDLAND TX 79701

1919-MCCRAE SWD #1



9590 9402 4694 8323 0124 26

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0117

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return 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 \$

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BILL SELTZER
214 W TEXAS STREET #507
MIDLAND TX 79701

1919-MCCRAE SWD #1

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.

CERTIFIED MAIL®



7018 1130 0001 5497 0117
 7018 1130 0001 5497 0117

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:

**BLACK MOUNTAIN OPERATING LLC
500 MAIN STREET, STE 500
FT WORTH TX 76102**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0124 19

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0124

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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7018 1130 0001 5497 0124
7018 1130 0001 5497 0124

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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

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To

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BLACK MOUNTAIN OPERATING LLC

500 MAIN STREET, STE 500


FT WORTH TX 76102

1919-MCCRAE SWD #1

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-8047

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. 		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: BP PRODUCTION CORPORATION 501 WESTLAKE PARK BLVD HOUSTON TX 77079 1919-MCCRAE SWD #1  9590 9402 4694 8323 0124 02		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 1130 0001 5497 0131		3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) <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 \$	Postmark Here
Postage \$ Total \$ Sent \$ Street City	BP PRODUCTION CORPORATION 501 WESTLAKE PARK BLVD HOUSTON TX 77079 1919-MCCRAE SWD #1
PS Form 3800, April 2015 PSN 7530-02-000-9347 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:

**BROOKE WILSON
PO BOX 986
CARLSBAD NM 88211-0986**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0123 96

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0148

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return 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 \$

Postmark
Here

Postage

\$
Total
\$
Sent
\$
State
City

**BROOKE WILSON
PO BOX 986
CARLSBAD NM 88211-0986**

1919-MCCRAE SWD #1

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, FOLDED AT DOTTED LINE

CERTIFIED MAIL®



**7018 1130 0001 5497 0148
7018 1130 0001 5497 0148**

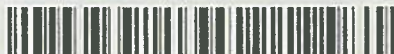
SENDER: COMPLETE THIS SECTION

- 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:

**C&J INVESTMENT COMPANY
101 E LOHMAN
LAS CRUCES NM 88001**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0123 89

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0155

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0155
7018 1130 0001 5497 0155

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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 | \$ |

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**C&J INVESTMENT COMPANY
101 E LOHMAN
LAS CRUCES NM 88001**

1919-MCCRAE SWD #1

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:

**CHI ENERGY INC
PO BOX 1799
MIDLAND TX 79702**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0123 72

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0162

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

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sen

Stro

City

**CHI ENERGY INC
PO BOX 1799
MIDLAND TX 79702**

1919-MCCRAE SWD #1

Postmark
Here

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

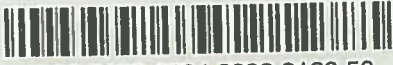
CERTIFIED MAIL®



**7018 1130 0001 5497 0162
7018 1130 0001 5497 0162**

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. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="text-align: center;"> CHI OPERATING INC 212 N MAIN STREET #212 MIDLAND TX 79701 1919-MCCRAE SWD #1 </div>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7018 1130 0001 5497 0179		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____ Total \$ _____ Ser \$ _____ Sine \$ _____ C/F \$ _____	<div style="text-align: center;"> CHI OPERATING INC 212 N MAIN STREET #212 MIDLAND TX 79701 1919-MCCRAE SWD #1 </div>
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. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="text-align: center;"> CHISHOLM ENERGY AGENT INC CHISHOLM ENERGY OPERATING LLC 801 CHERRY STREET STE 1200 UNIT 20 FT WORTH TX 76102-6825 1919-MCCRAE SWD #1 </div>		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) <div style="text-align: center;">  9590 9402 4694 8323 0123 58 </div>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) 		<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <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 \$ _____ Sent \$ _____ Sine \$ _____ City	Postmark Here
<div style="text-align: center;"> CHISHOLM ENERGY AGENT INC CHISHOLM ENERGY OPERATING LLC 801 CHERRY STREET STE 1200 UNIT 20 FT WORTH TX 76102-6825 1919-MCCRAE SWD #1 </div>	
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:

**CLIFTON E SHUMATE
1608 NORTHRIDGE ROAD
ARLINGTON TX 76012**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0123 41

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0193

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

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**CLIFTON E SHUMATE
1608 NORTHRIDGE ROAD
ARLINGTON TX 76012**

1919-MCCRAE SWD #1

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.

CERTIFIED MAIL®



7018 1130 0001 5497 0193
7018 1130 0001 5497 0193

Postmark
Here

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:

**COG OPERATING LLC
600 W ILLINOIS AVE
MIDLAND TX 79701-4882**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0123 34

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0209

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

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

- ☒ 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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return 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
\$
Sent
\$
State
City

**COG OPERATING LLC
600 W ILLINOIS AVE
MIDLAND TX 79701-4882**

1919-MCCRAE SWD #1

Postmark
Here

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

CERTIFIED MAIL®



7018 1130 0001 5497 0209
7018 1130 0001 5497 0209

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:

COLGATE OPERATING LLC
COLGATE PRODUCTION LLC
303 WEST WALL ST STE 700
MIDLAND TX 79701
1919-MCCRAE SWD #1



9590 9402 4694 8323 0123 27

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0216

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

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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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 F

\$

Sent To

\$

Street

City, S

Postmark
Here

COLGATE OPERATING LLC
COLGATE PRODUCTION LLC
303 WEST WALL ST STE 700
MIDLAND TX 79701
1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

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

CERTIFIED MAIL®

7018 1130 0001 5497 0216
7018 1130 0001 5497 0216

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p>X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CONCHO OIL & GAS LLC 550 WEST TEXAS AVE, STE 100 MIDLAND TX 79701</p> <p>1919-MCCRAE SWD #1</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0001 5497 0223</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
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7018 1130 0001 5497 0223

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OFFICIAL USE

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total P		
\$		
Sent To		
Street		
City, St		


CONCHO OIL & GAS LLC
550 WEST TEXAS AVE, STE 100
MIDLAND TX 79701

1919-MCCRAE SWD #1

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. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <p style="text-align: center;">CY OPERATING COMPANY INC PO BOX 418 SANGER TX 76266</p> <p style="text-align: center;">1919-MCCRAE SWD #1</p>  <p style="text-align: center;">9590 9402 4694 8323 0123 03</p>		B. Received by (<i>Printed Name</i>) C. Date of Delivery 	
2. Article Number (<i>Transfer from service label</i>) 7018 1130 0001 5497 0230		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 	
		3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
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7018 1130 0001 5497 0230
7018 1130 0001 5497 0230

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage		
\$		
Sent To		
Street or		
City, State		
CY OPERATING COMPANY INC PO BOX 418 SANGER TX 76266 1919-MCCRAE SWD #1		
PS Form 3800, April 2015 PSN 7530-02-000-9047 <div style="float: right;">See Reverse for Instructions</div>		

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p style="text-align: center;">DH ESSEX AGENCY ACCOUNT 303 WEST WALL STREET #902 MIDLAND TX 79701</p> <p style="text-align: center;">1919-MCCRAE SWD #1</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>																	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 1130 0001 5497 0247</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>9590 9402 4694 8323 0122 97</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input checked="" 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"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</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 checked="" 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"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input checked="" 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"/> Return Receipt for Merchandise																		
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																		
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt																	

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For delivery information, visit our website at www.usps.com ™.											
OFFICIAL USE											
<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <table border="0"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table>	<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	\$ _____	<p>Postmark Here</p>
<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	\$ _____										
<p>Postage</p> <p>\$ To _____</p> <p>\$ Se _____</p> <p>\$ Si _____</p> <p>\$ Ci _____</p>											
<p style="text-align: center;">DH ESSEX AGENCY ACCOUNT 303 WEST WALL STREET #902 MIDLAND TX 79701</p> <p style="text-align: center;">1919-MCCRAE SWD #1</p>											
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:

**DW UNDERWOOD
505 N BIGSPRING #100
MIDLAND TX 79701**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0122 80

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0254

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

**U.S. Postal Service™
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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

\$

Sent

State

City

Postmark
Here

**DW UNDERWOOD
505 N BIGSPRING #100
MIDLAND TX 79701**

1919-MCCRAE SWD #1

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

CERTIFIED MAIL®



7018 1130 0001 5497 0254
7018 1130 0001 5497 0254

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. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="text-align: center;"> DEVON ENERGY PRODUCTION CO LP 333 W SHERIDAN AVE OKLAHOMA CITY OK 73102-5010 1919-MCCRAE SWD #1 </div>		B. Received by (<i>Printed Name</i>)	C. Date of Delivery
2. Article Number (<i>Transfer from service label</i>) 7018 1130 0001 5497 0261		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage* \$ _____	<div style="text-align: center;"> DEVON ENERGY PRODUCTION CO LP 333 W SHERIDAN AVE OKLAHOMA CITY OK 73102-5010 1919-MCCRAE SWD #1 </div>
Total \$ _____	
Sent \$ _____	
Street _____	
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:

**DOMINION OKLAHOMA TEXAS
EXPLORATION & PRODUCTION INC
14000 QUAIL SPRINGS PKWYK, STE 600
OKLAHOMA CITY OK 73134
1919-MCCRAE SWD #1**



9590 9402 4694 8323 0122 66

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0278

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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

CERTIFIED MAIL®



**7018 1130 0001 5497 0278
7018 1130 0001 5497 0278**

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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 | \$ |

Postmark
Here

Postage

\$

Total

\$

Service

\$

State

\$

City

**DOMINION OKLAHOMA TEXAS
EXPLORATION & PRODUCTION INC
14000 QUAIL SPRINGS PKWYK, STE 600
OKLAHOMA CITY OK 73134
1919-MCCRAE SWD #1**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

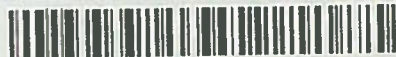
SENDER: COMPLETE THIS SECTION

- 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:

**ELIZABETH M LOCKER
1610 GULF
MIDLAND TX 79705**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0122 59

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0285

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0285
7018 1130 0001 5497 0285

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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

\$

Sen

State

City

Postmark
Here

**ELIZABETH M LOCKER
1610 GULF
MIDLAND TX 79705**

1919-MCCRAE SWD #1

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:

**ENDURO OPERATING LLC
777 MAIN STREET STE 800
FT WORTH TX 76102**

1919-MCCRAE SWD #1



9590 9402 4693 8323 9916 85

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0292

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

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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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
\$
Sent
\$
Street
City,

**ENDURO OPERATING LLC
777 MAIN STREET STE 800
FT WORTH TX 76102**

1919-MCCRAE SWD #1

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.

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7018 1130 0001 5497 0292
7018 1130 0001 5497 0292

Postmark
Here

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:

**EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210-4362**

1919-MCCRAE SWD #1



9590 9402 4693 8323 9916 78

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0308

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

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7018 1130 0001 5497 0308
7018 1130 0001 5497 0308

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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

\$

Per

City

State

Zip

**EOG RESOURCES INC
PO BOX 4362
HOUSTON TX 77210-4362**
1919-MCCRAE SWD #1

Postmark
Here

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:

**EOG Y RESOURCES INC
105 S 4TH STREET
ARTESIA NM 88210-2177**

1919-MCCRAE SWD #1



9590 9402 4693 8323 9916 61

2. Article Number (Transfer from carrier label)

7018 1130 0001 5497 0315

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

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



7018 1130 0001 5497 0315
7018 1130 0001 5497 0315

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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

\$

Ser.

Str.

City

**EOG Y RESOURCES INC
105 S 4TH STREET
ARTESIA NM 88210-2177**

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

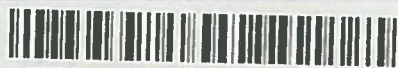
SENDER: COMPLETE THIS SECTION

- 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:

**ERGODIC RESOURCES LLC
PO BOX 2021
ROSWELL NM 88202-2021

1919-MCCRAE SWD #1**



9590 9402 4693 8323 9916 54

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0322

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return 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

**ERGODIC RESOURCES LLC
PO BOX 2021
ROSWELL NM 88202-2021

1919-MCCRAE SWD #1**

Postmark
Here

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.

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7018 1130 0001 5497 0322
7018 1130 0001 5497 0322

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:

FASKEN ACQUISITIONS 02, LTD
FASKEN LAND & MINERALS LTD
303 WEST WALL AVE STE 1800
MIDLAND TX 79701-5106



9590 9402 4694 8323 0122 42

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0339

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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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

\$

Sent

\$

Street

City

FASKEN ACQUISITIONS 02, LTD
FASKEN LAND & MINERALS LTD
303 WEST WALL AVE STE 1800
MIDLAND TX 79701-5106

Postmark
Here

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

CERTIFIED MAIL®

7018 1130 0001 5497 0339

7018 1130 0001 5497 0339

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 type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">HANAGAN OIL PROPERTIES INC PO BOX 430 ROSWELL NM 88202-0430</p> <p style="text-align: center;">1919-MCCRAE SWD #1</p>  <p style="text-align: center;">9590 9402 4694 8323 0122 35</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 1130 0001 5497 0346</p>		<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total \$</p> <p>Sent \$</p> <p>Street \$</p> <p>City, \$</p>	<p>Postmark Here</p>
<p style="text-align: center;">HANAGAN OIL PROPERTIES INC PO BOX 430 ROSWELL NM 88202-0430</p> <p style="text-align: center;">1919-MCCRAE SWD #1</p>	
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:

**HAROLD D JUSTICE
1005 DE BREMOND DRIVE
ROSWELL NM 88201**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0122 28

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0353

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0353

7018 1130 0001 5497 0353

**U.S. Postal Service™
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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 | \$ |

Postmark
Here

Postage

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To

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Si

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Si

\$

Si

**HAROLD D JUSTICE
1005 DE BREMOND DRIVE
ROSWELL NM 88201**

1919-MCCRAE SWD #1

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:

**HAYES REVOCABLE TRUST
3608 MEADOWRIDGE LANE
MIDLAND TX 79707**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0122 11

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0360

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

CERTIFIED MAIL®



7018 1130 0001 5497 0360
7018 1130 0001 5497 0360

**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	\$

Postmark
Here

**HAYES REVOCABLE TRUST
3608 MEADOWRIDGE LANE
MIDLAND TX 79707**

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-0047

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:

**HILLIN PRODUCTION CO
PO BOX 152
ODESSA TX 79760**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0122 04

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0377

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

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Postmark
Here

**HILLIN PRODUCTION CO
PO BOX 152
ODESSA TX 79760**

1919-MCCRAE SWD #1

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

CERTIFIED MAIL®



7018 1130 0001 5497 0377
7018 1130 0001 5497 0377

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.

**HUTCHINGS OIL COMPANY
PO BOX 1216
ALBUQUERQUE NM 87102-1216**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0121 98

2 Article Number (Transfer from service label)

7018 1130 0001 5497 0384

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total

\$

Sent

\$

Street

City

**HUTCHINGS OIL COMPANY
PO BOX 1216
ALBUQUERQUE NM 87102-1216**

1919-MCCRAE SWD #1

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
CERTIFIED MAIL®



7018 1130 0001 5497 0384
7018 1130 0001 5497 0384

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:

JC WILLIAMSON
PO BOX 16
MIDLAND TX 79701

1919-MCCRAE SWD #1



9590 9402 4694 8323 0121 81

2. Article Number (Transfer from carrier label)

7018 1130 0001 5497 0391

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0391
7018 1130 0001 5497 0391

**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

\$

Sen

State

City

JC WILLIAMSON
PO BOX 16
MIDLAND TX 79701

1919-MCCRAE SWD #1

Postmark
Here

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:

**JAMES L ALFORD JR
PO BOX 489
MCCOMB MS 39648**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0121 74

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0407

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

**U.S. Postal Service™
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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

\$
To
\$
\$4
\$5
\$6

Postmark
Here

**JAMES L ALFORD JR
PO BOX 489
MCCOMB MS 39648**

1919-MCCRAE SWD #1

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.

CERTIFIED MAIL®



7018 1130 0001 5497 0407
7018 1130 0001 5497 0407

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:

JCJ INVESTMENTS LLC
PO BOX 1048
PENTWATER MI 49449

1919-MCCRAE SWD #1



9590 9402 4694 8323 0121 67

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0414

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Post

\$

Sent To

Street and

City, State

JCJ INVESTMENTS LLC
PO BOX 1048
PENTWATER MI 49449

1919-MCCRAE SWD #1

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000 0047

See Reverse for Instructions

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

CERTIFIED MAIL®



7018 1130 0001 5497 0414
7018 1130 0001 5497 0414

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:

JM BRYAN OIL LLC
PO BOX 839
GRAHAM TX 76450

1919-MCCRAE SWD #1



9590 9402 4694 8323 0121 50

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0421

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0421
7018 1130 0001 5497 0421

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total \$

Sent \$

Street

City, State

Zip

JM BRYAN OIL LLC
PO BOX 839
GRAHAM TX 76450

1919-MCCRAE SWD #1

Postmark
Here

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:

**JTI INC
5801 E 41ST STREET #603
TULSA OK 74135**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0121 43

Article Number (Transfer from service label)

7018 1130 0001 5497 0438

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

**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 \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$ Total

\$ Sent

Street

City, State

Postmark
Here

**JTI INC
5801 E 41ST STREET #603
TULSA OK 74135**

1919-MCCRAE SWD #1

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.
CERTIFIED MAIL®



**7018 1130 0001 5497 0438
7018 1130 0001 5497 0438**

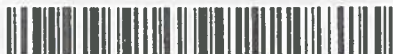
SENDER: COMPLETE THIS SECTION

- 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:

KENNEDY MINERALS LTD
550 W TEXAS #1225
MIDLAND TX 79701

1919-MCCRAE SWD #1



9590 9402 4694 8323 0121 36

2 Article Number (Transfer from service label)

7018 1130 0001 5497 0445

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

☒ 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☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0445

7018 1130 0001 5497 0445

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total

\$

Sent

Street

City, S

KENNEDY MINERALS LTD

550 W TEXAS #1225

MIDLAND TX 79701

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-0047

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:

LLJ VENTURES, LLC
DBA MARKER OIL & GAS
PO BOX 3188
ROSWELL NM 88202
1919-MCCRAE SWD #1



9590 9402 4694 8323 0121 29

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0452

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?

If YES, enter delivery address below:

☐ Yes☐ No

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☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total F

\$

Sent 7

Street

City, S

Postmark
Here

LLJ VENTURES, LLC
DBA MARKER OIL & GAS
PO BOX 3188
ROSWELL NM 88202
1919-MCCRAE SWD #1

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:

**LOCO HILLS PRODUCTIONS CO LLC
PO BOX 779
ARTESIA NM 88211-0779**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0121 12

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0469

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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

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

CERTIFIED MAIL®



7018 1130 0001 5497 0469
7018 1130 0001 5497 0469

**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 F

\$

Sent To

Street

City, S

LOCO HILLS PRODUCTIONS CO LLC

PO BOX 779

ARTESIA NM 88211-0779

1919-MCCRAE SWD #1

Postmark
Here

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:

**MARATHON OIL COMPANY
MARATHON OIL PERMIAN LLC
5555 SAN FELIPE STREET
HOUSTON TX 77056-2701
1919-MCCRAE SWD #1**



9590 9402 4694 8323 0121 05

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0476

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

☒ 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☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<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

\$

Sens

Stns

City

**MARATHON OIL COMPANY
MARATHON OIL PERMIAN LLC
5555 SAN FELIPE STREET
HOUSTON TX 77056-2701
1919-MCCRAE SWD #1**

Postmark
Here

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:

**MARK T OWEN
PO BOX 1799
MIDLAND TX 79702**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0120 99

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0483

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

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee

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

Postage

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**MARK T OWEN
PO BOX 1799
MIDLAND TX 79702**

1919-MCCRAE SWD #1

Postmark
Here

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.
CERTIFIED MAIL



7018 1130 0001 5497 0483
7018 1130 0001 5497 0483

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:

**MAURICE MORDKA
1800 N GRADY
TUCSON AZ 85715-4510**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0120 82

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0490

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0490
7018 1130 0001 5497 0490

**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 F

\$

Sent To

Street

City, S

**MAURICE MORDKA
1800 N GRADY
TUCSON AZ 85715-4510**

1919-MCCRAE SWD #1

Postmark
Here

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:

**MCCOMBS ENERGY LLC
5599 SAN FELIPE ST STE 1200
HOUSTON TX 77056**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0120 75

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0506

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--------------------------------------------------------------|----|
| <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 | \$ |

Postmark
Here

Postage

\$

Total P

\$

Sent To

Street a

City, St

**MCCOMBS ENERGY LLC
5599 SAN FELIPE ST STE 1200
HOUSTON TX 77056**

1919-MCCRAE SWD #1

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

CERTIFIED MAIL®



7018 1130 0001 5497 0506

7018 1130 0001 5497 0506

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:

**MEWBOURNE OIL CO
PO BOX 5270
HOBBS NM 88241**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0120 68

2 Article Number (Transfer from service label)

7018 1130 0001 5497 0513

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

X

☐ 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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total

\$

Sent

Street

City

State

Zip

**MEWBOURNE OIL CO
PO BOX 5270
HOBBS NM 88241**

1919-MCCRAE SWD #1

Postmark
Here

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.
CERTIFIED MAIL®



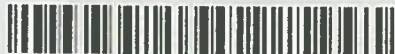
7018 1130 0001 5497 0513
7018 1130 0001 5497 0513

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:

MIDWEST RESOURCES 2008-1
OIL & GAS INCOME LP
PO BOX 76
ELM GROVE WI 53122
1919-MCCRAE SWD #1



9590 9402 4694 8323 0120 51

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0520

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 0520
7018 1130 0001 5497 0520

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

\$

Sent

Street

City

Postmark
Here

MIDWEST RESOURCES 2008-1
OIL & GAS INCOME LP
PO BOX 76
ELM GROVE WI 53122
1919-MCCRAE SWD #1

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:

**NADEL & GUSSMAN PERMIAN LLC
601 N MARIENFELD STE 508
MIDLAND TX 79701**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0120 44

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0537

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7018 1130 0001 5497 0537
7018 1130 0001 5497 0537

**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 | \$ _____ |

Postmark
Here

Postage


\$ _____
Total
\$ _____
Sent 1
Street
City, S

**NADEL & GUSSMAN PERMIAN LLC
601 N MARIENFELD STE 508
MIDLAND TX 79701**

1919-MCCRAE SWD #1

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. 		A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: NIGHTENGAL PETROLEUM PROPERTIES INC 3033 FREDNA PLACE MIDLAND TX 79707 1919-MCCRAE SWD #1		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 7018 1130 0001 5497 0544		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 4694 8323 0120 37		3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <div style="display: flex; justify-content: space-between;"> <div> <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 </div> <div> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ </div> </div>	Postmark Here
Postage \$ _____ To: _____ \$ _____ Se: _____ St: _____ City: _____	NIGHTENGAL PETROLEUM PROPERTIES INC 3033 FREDNA PLACE MIDLAND TX 79707 1919-MCCRAE SWD #1
PS Form 3800, April 2015 PSN 7530-02-000-0047 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:

**ORION OG PROPERTIES
PO BOX 2523
ROSWELL NM 88202**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0120 20

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0551

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total

\$

Sent

State

City

**ORION OG PROPERTIES
PO BOX 2523
ROSWELL NM 88202**

1919-MCCRAE SWD #1

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

CERTIFIED MAIL®



7018 1130 0001 5497 0551
7018 1130 0001 5497 0551

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:

OXY USA WTP LP
OXY USA INC
OXY Y-1 COMPANY
5 GREENWAY PLAZA STE 110
HOUSTON TX 77046
1919-MCCRAE SWD #1



9590 9402 4694 8323 0120 13

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0568

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

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

- ☒ 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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total P

\$

Sent To

Street

City, S

OXY USA WTP LP
OXY USA INC
OXY Y-1 COMPANY
5 GREENWAY PLAZA STE 110
HOUSTON TX 77046
1919-MCCRAE SWD #1

Postmark
Here

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.

CERTIFIED MAIL®



7018 1130 0001 5497 0568
7018 1130 0001 5497 0568

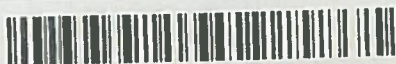
SENDER: COMPLETE THIS SECTION

- 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:

**OXY USA WTP LP
6 DESTA DRIVE #6000
MIDLAND TX 79705-5505**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0120 06

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0575

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Post

\$

Total

\$

Sent

On

City,

**OXY USA WTP LP
6 DESTA DRIVE #6000
MIDLAND TX 79705-5505**

1919-MCCRAE SWD #1

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

CERTIFIED MAIL®



7018 1130 0001 5497 0575
7018 1130 0001 5497 0575

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:

OXY USA INC
PO BOX 50250
MIDLAND TX 79710

1919-MCCRAE SWD #1



9590 9402 4694 8323 0119 93

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0582

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$ Total

\$ Sent

Street

City, State

Postmark
Here

OXY USA INC
PO BOX 50250
MIDLAND TX 79710

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

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

CERTIFIED MAIL®



7018 1130 0001 5497 0582
7018 1130 0001 5497 0582

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:

**RIVERHILL ENERGY CO
PO BOX 2726
MIDLAND TX 79702-2726

1919-MCCRAE SWD #1**



9590 9402 4694 8323 0119 86

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0599

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

**U.S. Postal Service™
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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	\$

Postmark
Here

Postage

\$
Total
\$
Sent

**RIVERHILL ENERGY CO
PO BOX 2726
MIDLAND TX 79702-2726**

1919-MCCRAE SWD #1

Street
City, State

PS Form 3800, April 2015 PSN 7530-02-000-3047

See Reverse for Instructions

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

CERTIFIED MAIL®



**7018 1130 0001 5497 0599
7018 1130 0001 5497 0599**

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:

**RKI EXPLORATION & PRODUCTION LLC
3500 ONE WILLIAMS CENTER
TULSA OK 74172-0135**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0119 79

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0605

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total

\$

Sent

\$

Street

City

**RKI EXPLORATION & PRODUCTION LLC
3500 ONE WILLIAMS CENTER
TULSA OK 74172-0135**

1919-MCCRAE SWD #1

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

CERTIFIED MAIL®



7018 1130 0001 5497 0605

7018 1130 0001 5497 0605

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:

ROBERT K HILLIN
PO BOX 1552
MIDLAND TX 79702

1919-MCCRAE SWD #1



9590 9402 4694 8323 0119 62

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0612

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--------------------------------------------------------------|----|
| <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 | \$ |

Postmark
Here

Postage

\$

Total P

\$

Sent To

Street

City, St

ROBERT K HILLIN
PO BOX 1552
MIDLAND TX 79702

1919-MCCRAE SWD #1

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

CERTIFIED MAIL®



7018 1130 0001 5497 0612
7018 1130 0001 5497 0612

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:

RSC RESOURCES LP
6824 ISLAND CIRCLE
MIDLAND TX 79707

1919-MCCRAE SWD #1



9590 9402 4694 8323 0119 55

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0629

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

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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--------------------------------------------------------------|----|
| <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 | \$ |

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City

RSC RESOURCES LP
6824 ISLAND CIRCLE
MIDLAND TX 79707

1919-MCCRAE SWD #1

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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

CERTIFIED MAIL®



7018 1130 0001 5497 0629

7018 1130 0001 5497 0629

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:

**SARATOGA ROYALTY CORP
PO BOX 2804
CONROE TX 77305**

1919-MCCRAE SWD #1



9590 9402 4693 8323 9916 47

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0636

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

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Total F

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Sent To

Street

City, S

Postmark
Here

**SARATOGA ROYALTY CORP
PO BOX 2804
CONROE TX 77305**

1919-MCCRAE SWD #1

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.

CERTIFIED MAIL®



7018 1130 0001 5497 0636
7018 1130 0001 5497 0636

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:

**SDX PROPERTIES INC
PO BOX 5061
MIDLAND TX 79704**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0119 48

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0643

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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



7018 1130 0001 5497 0643
7018 1130 0001 5497 0643

**U.S. Postal Service™
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 \$

Postmark

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Postmark
Here

**SDX PROPERTIES INC
PO BOX 5061
MIDLAND TX 79704**

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

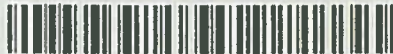
SENDER: COMPLETE THIS SECTION

- 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:

**SILVERHAIR LLC
1301 LEWIS ROAD
ARTESIA NM 88210-9438**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0119 31

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0650

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

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

☒ 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

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<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

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Total
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State
City

Postmark
Here

**SILVERHAIR LLC
1301 LEWIS ROAD
ARTESIA NM 88210-9438**

1919-MCCRAE SWD #1

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.
CERTIFIED MAIL®



7018 1130 0001 5497 0650
7018 1130 0001 5497 0650

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:

STRATA PRODUCTION CO
PO BOX 1030
ROSWELL NM 88202-1030

1919-MCCRAE SWD #1



9590 9402 4694 8323 0119 24

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0667

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

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

- ☒ 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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
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

\$

Sent

\$

State

City:

Postmark
Here

STRATA PRODUCTION CO
PO BOX 1030
ROSWELL NM 88202-1030

1919-MCCRAE SWD #1

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

CERTIFIED MAIL®



7018 1130 0001 5497 0667
7018 1130 0001 5497 0667

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:

**TENSTRIKE OIL & GAS INC
PO BOX 418
SANGER TX 76266**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0119 17

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0674

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

- ☒ 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

CERTIFIED MAIL



7018 1130 0001 5497 0674
7018 1130 0001 5497 0674

**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)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

Street

City

State

Zip

**TENSTRIKE OIL & GAS INC
PO BOX 418
SANGER TX 76266**

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

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:

TE-RAY RESOURCES INC
1105 SOVERGEIGN ROW UNIT C
OKLAHOMA CITY OK 73108

1919-MCCRAE SWD #1



9590 9402 4694 8323 0119 00

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0681

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

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

☒ 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☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$Postmark
Here

Postage

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City

TE-RAY RESOURCES INC
1105 SOVERGEIGN ROW UNIT C
OKLAHOMA CITY OK 73108

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-0017

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1. Article Addressed to:

**THOMAS A CROW, TRUSTEE
8210 LOUISIANA BLVD NE STE B
ALBUQUERQUE NM 87113-1761**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0118 94

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0698

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

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A. Signature

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☐ Agent

☐ Addressee

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C. Date of Delivery

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- ☐ 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

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- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent i

Street

City, z

**THOMAS A CROW, TRUSTEE
8210 LOUISIANA BLVD NE STE B
ALBUQUERQUE NM 87113-1761**

1919-MCCRAE SWD #1

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PS Form 3800, April 2015 PSN 7530-02-000-9047

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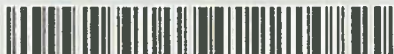
SENDER: COMPLETE THIS SECTION

- 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:

TOM P STEPHENS TRUST
3707 CAMP BOWIE BLVD STE 220
FT WORTH TX 76107-3330

1919-MCCRAE SWD #1



9590 9402 4694 8323 0118 87

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0704

COMPLETE THIS SECTION ON DELIVERY

A. Signature

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☐ 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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

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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

\$

Per

Size

City

TOM P STEPHENS TRUST
3707 CAMP BOWIE BLVD STE 220
FT WORTH TX 76107-3330

1919-MCCRAE SWD #1

Postmark
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PS Form 3800, April 2015 PSN 7530-02-000-6047

See Reverse for Instructions

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1. Article Addressed to:

**WPX ENERGY PERMIAN LLC
3500 ONE WILLIAMS CENTER STE 4400
TULSA OK 74172-0135**

1919-MCCRAE SWD #1



9590 9402 4694 8323 0118 70

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0711

COMPLETE THIS SECTION ON DELIVERY

A. Signature

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☐ 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

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

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☐ 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

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

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☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

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Net

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\$

City

**WPX ENERGY PERMIAN LLC
3500 ONE WILLIAMS CENTER STE 4400
TULSA OK 74172-0135**

1919-MCCRAE SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

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- 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:

ZPZ DELAWARE I LLC
2000 POST OAK BLVD STE 100
HOUSTON TX 77056-4497

1919-MCCRAE SWD #1



9590 9402 4694 8323 0118 63

2. Article Number (Transfer from service label)

7018 1130 0001 5497 0728

COMPLETE THIS SECTION ON DELIVERY

A. Signature

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☐ 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

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

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- | | |
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| <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

\$

Sent

Street

City, State

Zip

ZPZ DELAWARE I LLC
2000 POST OAK BLVD STE 100
HOUSTON TX 77056-4497

1919-MCCRAE SWD #1

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Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

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CALGARY

www.lonquist.com

March 21, 2019

Abraxas Petroleum Corporation
P.O. Box 17385, San Antonio, TX 78217

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's McCrae SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

According to the New Mexico Oil Conservation Division, surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date in which this application was mailed to them.

Any questions should be directed towards Solaris Water Midstream LLC's agent, Lonquist & Co., LLC.

Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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HOUSTON

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WICHITA
CALGARY

www.lonquist.com

March 21, 2019

Abuelo, LLC
21 Crook Drive, Artesia, NM 88210-9227

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's McCrae SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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WICHITA
CALGARY

www.lonquist.com

March 21, 2019

AGS Resources 2007 LLLP
4400 S. Federal Blvd., Englewood, CO 80110

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



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Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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CALGARY

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March 21, 2019

Asher Resources
100 Sandau Road, Suite 300, San Antonio, TX 78216-3635

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



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Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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March 21, 2019

Bill Seltzer
214 W. Texas Street, #507, Midland, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's McCrae SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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March 21, 2019

Black Mountain Operating, LLC
500 Main Street, Suite 500, Fort Worth, TX 76102

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's McCrae SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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March 21, 2019

BP PRODUCTION CORPORATION
501 WestLake Park Boulevard, Houston, TX 77079

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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March 21, 2019

Brooke Wilson
P.O. Box 986, Carlsbad, NM 88211-0986

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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WICHITA
CALGARY

www.lonquist.com

March 21, 2019

Bureau of Land Management
620 E Greene Street Carlsbad, NM 88220

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's McCrae SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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ADVISORS

WICHITA
CALGARY

www.lonquist.com

March 21, 2019

C & J Investment Company
101 E. Lohman, Las Cruces, NM 88001

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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ENERGY
ADVISORS

WICHITA
CALGARY

www.lonquist.com

March 21, 2019

Chi Energy, Inc.
P.O. Box 1799, Midland, TX 79702

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's McCrae SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

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Regards,



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Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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ENERGY
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WICHITA
CALGARY

www.lonquist.com

March 21, 2019

Chi Operating, Inc.
212 N. Main Street, #212, Midland, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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HOUSTON

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ENERGY
ADVISORS

WICHITA
CALGARY

www.lonquist.com

March 21, 2019

Chisholm Energy Agent, Inc.
801 Cherry Street, Suite 1200 Unit 20, Fort Worth, TX 76102-6825

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

AUSTIN
HOUSTON

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

WICHITA
CALGARY

www.lonquist.com

March 21, 2019

Chisholm Energy Operating, LLC
801 Cherry Street, Suite 1200 Unit 20, Fort Worth, TX 76102-6825

Subject: McCrae SWD No. 1 Authorization to Inject

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Regards,



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Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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HOUSTON

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

WICHITA
CALGARY

www.lonquist.com

March 21, 2019

Clifton E. Shumate
1608 Northridge Road, Arlington, TX 76012

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Any questions should be directed towards Solaris Water Midstream LLC's agent, Lonquist & Co., LLC.

Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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March 21, 2019

COG Operating, LLC
600 W. Illinois Ave., Midland, TX 79701-4882

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Colgate Operating, LLC
303 West Wall Street, Suite 700, Midland, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Colgate Production, LLC
303 West Wall Street, Suite 700, Midland, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Concho Oil & Gas, LLC
550 West Texas Avenue, Suite 100, Midland, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



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Regulatory Manager
Lonquist & Co., LLC

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March 21, 2019

Cy Operating Company, Inc.
P.O. Box 418, Sanger, TX 76266

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

D.H. Essex Agency Account
303 West Wall Street, #902, Midland, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

D.W. Underwood
505 N. Bigspring, #100, Midland, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Devon Energy Production Company, LP
333 W. Sheridan Ave., Oklahoma City, OK 73102-5010

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Dominion Oklahoma Texas Exploration & Production, Inc.
14000 Quail Springs Parkway, Suite 600, Oklahoma City, OK 73134

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



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Regulatory Manager
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March 21, 2019

Elizabeth M. Locker
1610 Gulf, Midland, TX 79705

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

ENDURO OPERATING LLC
777 MAIN ST. STE 800, FORT WORTH 76102

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

EOG Resources, Inc.
P.O. Box 4362, Houston, TX 77210-4362

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

EOG Y Resources, Inc.
105 S. 4th Street, Artesia, NM 88210-2177

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Ergodic Resources, LLC
P.O. Box 2021, Roswell, NM 88202-2021

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Fasken Acquisitions 02, Ltd.
303 West Wall Avenue, Suite 1800, Midland, TX 79701-5106

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Fasken Land and Minerals, Ltd.
303 West Wall Avenue, Suite 1800, Midland, TX 79701-5106

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Hanagan Oil Properties, Inc.
P.O. Box 430, Roswell, NM 88202-0430

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Harley Winston and Carol Janette Ballard
1819-2 N. Canal, Carlsbad, NM 88220

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Harold D. Justice
1005 De Bremond Drive, Roswell, NM 88201

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Hayes Revocable Trust
3608 Meadowridge Lane, Midland, TX 79707

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Hillin Production Company
P.O. Box 152, Odessa, TX 79760

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Hutchings Oil Company
P.O. Box 1216, Albuquerque, NM 87102-1216

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

J.C. Williamson
P.O. Box 16, Midland, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

James L. Alford, Jr.
P.O. Box 489, McComb, MS 39648

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

JCI Investments, LLC
P.O. Box 1048, Pentwater, MI 49449

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's McCrae SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

According to the New Mexico Oil Conservation Division, surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date in which this application was mailed to them.

Any questions should be directed towards Solaris Water Midstream LLC's agent, Lonquist & Co., LLC.

Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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March 21, 2019

JM Bryan Oil, LLC
P.O. Box 839, Graham, TX 76450

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

JTI, Inc.
5801 E. 41st Street, #603, Tulsa, OK 74135

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Kennedy Minerals, Ltd.
550 W. Texas, #1225, Midland, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

LLJ Ventures, LLC DBA MARKER OIL & GAS
P.O. BOX 3188, ROSWELL, NM 88202

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Loco Hills Productions Company, LLC
P.O. Box 779, Artesia, NM 88211-0779

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Marathon Oil Company
5555 San Felipe Street, Houston, TX 77056-2701

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Marathon Oil Permian, LLC
5555 San Felipe Street, Houston, TX 77056-2701

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Mark T. Owen
P.O. Box 1799, Midland, TX 79702

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



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March 21, 2019

Maurice Mordka
1800 N. Grady, Tucson, AZ 85715-4510

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

McCombs Energy, LLC
5599 San Felipe Street, Suite 1200, Houston, TX 77056

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



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March 21, 2019

MEWBOURNE OIL CO.
P.O. BOX 5270, HOBBS, NM 88241

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Midwest Resources 2008-1 Oil & Gas Income Limited Partnership
P.O. Box 76, Elm Grove, WI 53122

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

NADEL AND GUSSMAN PERMIAN, LLC
601 N MARIENFELD, SUITE 508, MIDLAND, TX 79701

Subject: McCrae SWD No. 1 Authorization to Inject

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CALGARY

www.lonquist.com

March 21, 2019

New Mexico State Land Office
310 Old Sante Fe Trail Sante Fe, NM 87501

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Nightengale Petroleum Properties, Inc.
3033 Fredna Place, Midland, TX 79707

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

OIL CONSERVATION DIVISION DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

OIL CONSERVATION DIVISION DISTRICT IV
1220 S ST FRANCIS DR, SANTA FE, NM 87505

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Orion OG Properties
P.O. Box 2523, Roswell, NM 88202

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Oxy USA WTP Limited Partnership
5 Greenway Plaza, Suite 110, Houston, TX 77046

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Oxy USA WTP Limited Partnership
6 Desta Drive #6000, Midland, TX 79705-5505

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Oxy USA, Inc.
5 Greenway Plaza, Suite 110, Houston, TX 77046

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Oxy USA, Inc.
P.O. Box 50250, Midland, TX 79710

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Oxy Y-1 Company
5 Greenway Plaza, Suite 110, Houston, TX 77046

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Riverhill Energy Company
P.O. Box 2726, Midland, TX 79702-2726

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Any questions should be directed towards Solaris Water Midstream LLC's agent, Lonquist & Co., LLC.

Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

AUSTIN
HOUSTON

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CALGARY

www.lonquist.com

March 21, 2019

RKI Exploration & Production, LLC
3500 One Williams Center, Tulsa, OK 74172-0135

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Robert K. Hillin
P.O. Box 1552, Midland, TX 79702

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

RSC Resources, L.P.
6824 Island Circle, Midland, TX 79707

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Saratoga Royalty Corporation
P.O. Box 2804, Conroe, TX 77305

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

SDX Properties, Inc.
P.O. Box 5061, Midland, TX 79704

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Silverhair, LLC
1301 Lewis Rd., Artesia, NM 88210-9438

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Strata Production Company
P.O. Box 1030, Roswell, NM 88202-1030

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Tenstrike Oil & Gas, Inc.
P.O. Box 418, Sanger, TX 76266

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Te-Ray Resources, Inc.
1105 Sovereign Row, Unit C, Oklahoma City, OK 73108

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

Thomas A. Crow, Trustee
8210 Louisiana Blvd. NE, Suite B, Albuquerque, NM 87113-1761

Subject: McCrae SWD No. 1 Authorization to Inject

To Whom It May Concern:

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March 21, 2019

Tom P. Stephens Trust
3707 Camp Bowie Blvd., Suite 220, Fort Worth, TX 76107-3330

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

WPX ENERGY PERMIAN, LLC
3500 ONE WILLIAMS CENTER, STE 4400, TULSA, OK 74172-0135

Subject: McCrae SWD No. 1 Authorization to Inject

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March 21, 2019

ZPZ Delaware I, LLC
2000 Post Oak Blvd., Suite 100, Houston, TX 77056-4497

Subject: McCrae SWD No. 1 Authorization to Inject

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Regulatory Manager
Lonquist & Co., LLC

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steve@lonquist.com

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No
- II. OPERATOR: Solaris Water Midstream, LLC
ADDRESS: 701 Tradewinds Blvd., Suite C, Midland, TX 79706
CONTACT PARTY: Whitney McKee PHONE: 432-203-9020
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Ramona Hovey TITLE: Consulting Engineer – Agent for Solaris Water Midstream
SIGNATURE: Ramona Hovey DATE: 3/21/2019
E-MAIL ADDRESS: ramona@lonquist.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

III. WELL DATA

- A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

- B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

OPERATOR: Solaris Water Midstream, LLCWELL NAME & NUMBER: McCrae SWD No. 1WELL LOCATION: 885' FNL 925' FEL
FOOTAGE LOCATIONA
UNIT LETTER33
SECTION19S

TOWNSHIP

28E

RANGE

WELLBORE SCHEMATICWELL CONSTRUCTION DATASurface CasingHole Size: 18.125"Cemented with: 308 sxTop of Cement: surfaceCasing Size: 16.00"or _____ ft³Method Determined: circulationIntermediate CasingHole Size: 14.750"Cemented with: 462 sxTop of Cement: surfaceCasing Size: 13.375"or _____ ft³Method Determined: circulationProduction CasingHole Size: 12.250"Cemented with: 2,905 sxTop of Cement: surfaceCasing Size: 9.625"or _____ ft³Method Determined: circulationLinerHole Size: 8.500"Cemented with: 459 sxTop of Cement: 9.724'Total Depth: 14.294'Casing Size: 7.625"or _____ ft³Method Determined: calculationInjection Interval12.494 feet to 14.294 feet

(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 5.5", 20 lb/ft, HCL-80, BTC from 0' - 9,674' and 5", 18 lb/ft, HCL-80, LTC from 9,674' - 12,444'
 Lining Material: Duoline

Type of Packer: Nickel Plated Double Grip Retrievable Packer or Equivalent

Packer Setting Depth: 12,444'

Other Type of Tubing/Casing Seal (if applicable): _____

Additional Data

1. Is this a new well drilled for injection? X Yes No

If no, for what purpose was the well originally drilled?

2. Name of the Injection Formation: Devonian, Fusselman

3. Name of Field or Pool (if applicable): SWD; Devonian-Silurian 97869

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used.

No, new drill.

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Bone Spring: 4,044'

Wolfcamp: 8,894'

Strawn: 9,944'

Atoka: 10,294'

Morrow: 10,494'



Solaris Water Midstream, LLC

McCrae SWD No. 1

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1.

Well information	
Lease Name	McCrae SWD
Well No.	1
Location	S-33 T-19S R-28E
Footage Location	885' FNL & 925' FEL

2.

a. Wellbore Description

Casing Information				
Type	Surface	Intermediate	Production	Liner
OD	16"	13.375"	9.625"	7.625"
WT	0.495"	0.48"	0.545"	0.500"
ID	15.010"	12.415"	8.535"	6.625"
Drift ID	14.822"	12.259"	8.379"	6.500"
COD	17.000"	13.375"	10.625"	7.625"
Weight	84 lb/ft	68 lb/ft	53.5 lb/ft	39 lb/ft
Grade	J-55 BTC	L-80, EZ-GO FJ3	HCP-110 BTC	Q-125 EZ-GO FJ3
Hole Size	18.125"	14.75"	12.25"	8.5"
Depth Set	614'	2,594'	9,924'	9,724'-12,494'

b. Cementing Program

Cement Information					
Casing String	Conductor	Surface	Intermediate	Production	Liner
Lead Cement	EXTENDACEM™	HALCEM™	HALCEM™	HALCEM™	NeoCem™
Lead Cement Volume (sacks)	249	271	462	Stage 1: 1,260 Stage 2: 1,034 Stage 3: 611	459
Lead Cement Density (ft3/sack)	1.694	1.342	1.685	Stage 1: 1.232 Stage 2: 1.713 Stage 3: 1.777	1.418
Tail Cement	-	HALCEM™	-	-	-
Tail Cement Volume (sacks)	-	37	-	-	-
Tail Cement Density (ft3/sack)	-	1.342	-	-	-
Cement Excess	0%	50%	30%	50%, 50%, 50%	50%
Total Sacks	249	308	462	2,905	459
TOC	Surface	Surface	Surface	Surface	9,724'
Method	Circulate to Surface	Circulate to Surface	Circulate to Surface	Circulate to Surface	Logged

3. Tubing Description

Tubing Information	
OD	5.5" 5.0"
WT	0.361" 0.362"
ID	4.778" 4.276"
Drift ID	4.653" 4.151"
COD	6.050" 5.563"
Weight	20 lb/ft 18 lb/ft
Grade	HCL-80 BTC HCL-80 LTC
Depth Set	0-9,674' 9,674'-12,444'

Tubing will be lined with Duoline.

4. Packer Description

Nickel Plated Double Grip Retrievable Packer or Equivalent

B. Completion Information

1. Injection Formation: Devonian, Fusselman

2. Gross Injection Interval: 12,494'-14,294'

Completion Type: Open Hole

3. Drilled for injection.

4. See the attached wellbore schematic.

5. Oil and Gas Bearing Zones within area of well:

Formation	Depth
Bone Spring	4,044'
Wolfcamp	8,894'
Strawn	9,944'
Atoka	10,294'
Morrow	10,494'

VI. Area of Review

No wells within the area of review penetrate the proposed injection zone.

VII. Proposed Operation Data

1. Proposed Daily Rate of Fluids to be Injected:

Average Volume: 30,000 BPD

Maximum Volume: 40,000 BPD

2. Closed System

3. Anticipated Injection Pressure:

Average Injection Pressure: 1,874 PSI (surface pressure)

Maximum Injection Pressure: 2,499 PSI (surface pressure)

4. The injection fluid is to be locally produced water. It is expected that the source water will predominantly be from the Artesia, Bone Spring, and Morrow formations. Attached are produced water sample analyses taken from the closest wells that feature samples from the Artesia, Bone Spring, Delaware, Morrow, Queen, San Andreas, Seven Rivers, Wolfcamp, and Yeso.
5. The disposal interval is non-productive. No water samples are available from the surrounding area.

VIII. Geological Data

Devonian Formation Lithology:

The Devonian formation is a dolomitic ramp carbonate that occurs below the Woodford shale and above the Fusselman formation. Strata found in the Devonian formation include two major groups, the Wristen Buildups and the Thirtyone Deepwater Chert, with the Wristen being more abundant. The Wristen Groups is composed of mixed limestone and dolomites with mudstone to grainstone and boundstone textures. Porosity in the Wristen group is a result of both primary and secondary development. Present are moldic, vugular, karstic (including collapse breccia) features that allow for higher porosities and permeabilities. The Thirtyone Formation contains two end-member reservoir facies, skeletal packstones/grainstones and spiculitic chert, with most of the porosity and permeability found in the coarsely crystalline cherty dolomite. These particular characteristics allow for this formation to be a tremendous Salt Water Disposal horizon.

Fusselman Formation Lithology:

The Silurian/Ordovician Fusselman Formation is stratigraphically below the Wristen Group and is above and separated from the Montoya Formation by the Sylvan Shale. The Sylvan Shale is the lower confining layer for the proposed McCrae SWD No. 1 well. Fusselman facies include a laminated skeletal wackestone in the upper part and a buildup complex in the lower part composed of ooid and bryozoan grainstones. These grainstones can also be potentially prolific zones for disposal.

A. Injection Zone: Siluro-Devonian Formation

Formation	Depth
Salado (Top of Salt)	594'
Salado (Bottom of Salt)	844'
Yates	1,194'
Seven Rivers	1,269'
Queen	1,784'
Grayburg	2,144'
San Andreas	2,544'
Delaware Mountain Group	3,069'
Bone Spring	4,044'
Bone Spring 1 st Sand	5,294'
Bone Spring 2 nd Sand	6,444'
Bone Spring 3 rd Sand	7,944'
Wolfcamp	8,894'
Cisco	9,774'
Strawn	9,944'
Atoka	10,294'
Morrow	10,494'
Barnett	11,194'
Devonian	12,494'

B. Underground Sources of Drinking Water

No water wells exist within a one-mile radius of the proposed well. Water wells outside a one-mile radius in the surrounding area have an average depth of 180 feet and an average water depth of 113 feet generally producing from the Capitan Basin. The upper Rustler may also be another USDW and will be protected.

IX. Proposed Stimulation Program

50,000 gallon acid job

X. Logging and Test Data on the Well

There are no logs or test data on the well. During the process of drilling and completion resistivity, gamma ray, and density logs will be run.

XI. Chemical Analysis of Fresh Water Wells

Because there are no water wells that exist within a one-mile radius of the proposed well, chemical analysis of fresh water wells was not retrieved for the proposed well.

0' 500' 1000' 1500' 2000'

SCALE: 1" = 1000'

WO Num.: 34227

District I1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720**District II**811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720**District III**1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170**District IV**1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462**State of New Mexico****Energy Minerals and Natural Resources****Oil Conservation Division****1220 South St. Francis Dr.****Santa Fe, NM 87505**Form C-101
Revised July 18, 2013☐ AMENDED REPORT**APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

¹ Operator Name and Address SOLARIS WATER MIDSTREAM, LLC 701 TRADEWINDS BLVD., SUITE C MIDLAND, TX 79706		² OGRID Number 371643
		³ API Number TBD
⁴ Property Code	⁵ Property Name McCRAE SWD	⁶ Well No. 1

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
A	33	19S	28E		885	N	925	E	EDDY

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
-	-	-	-	-	-	-	-	-	-

⁹ Pool Information

Pool Name SWD: Devonian-Silurian	Pool Code 97869
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Additional Well Information

¹¹ Work Type N	¹² Well Type SWD	¹³ Cable/Rotary R	¹⁴ Lease Type Private	¹⁵ Ground Level Elevation 3,361'
¹⁶ Multiple N	¹⁷ Proposed Depth 14,294'	¹⁸ Formation Silurian-Devonian	¹⁹ Contractor TBD	²⁰ Spud Date ASAP
Depth to Ground water 62.5'		Distance from nearest fresh water well 1.25 miles		Distance to nearest surface water >1 mile

☒ We will be using a closed-loop system in lieu of lined pits**²¹ Proposed Casing and Cement Program**

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	18.125"	16"	84 lb/ft	614'	308	Surface
Intermediate	14.75"	13.375"	68 lb/ft	2,594'	462	Surface
Production	12.25"	9.625"	53.5 lb/ft	9,924'	2,905	Surface
Liner	8.5"	7.625"	39 lb/ft	9,724' - 12,494'	459	9,724'
Tubing		5.5" & 5"	20 lb/ft & 18 lb/ft	0' - 9,674' & 9,674' - 12,444'	N/A	

Casing/Cement Program: Additional Comments

See attached schematic.

²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Hydraulic Blinds, Pipe	8,000 psi	10,000 psi	TBD - Schaffer Cameron

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
I further certify that I have complied with 19.15.14.9 (A) NMAC ☐ and/or 19.15.14.9 (B) NMAC ☒, if applicable.
Signature: *Ramona K Hovey*

Printed name: Ramona Hovey

Title: Consulting Engineer

E-mail Address: ramona@lonquist.com

Date: March 21, 2018

Phone: 512-600-1777

OIL CONSERVATION DIVISION

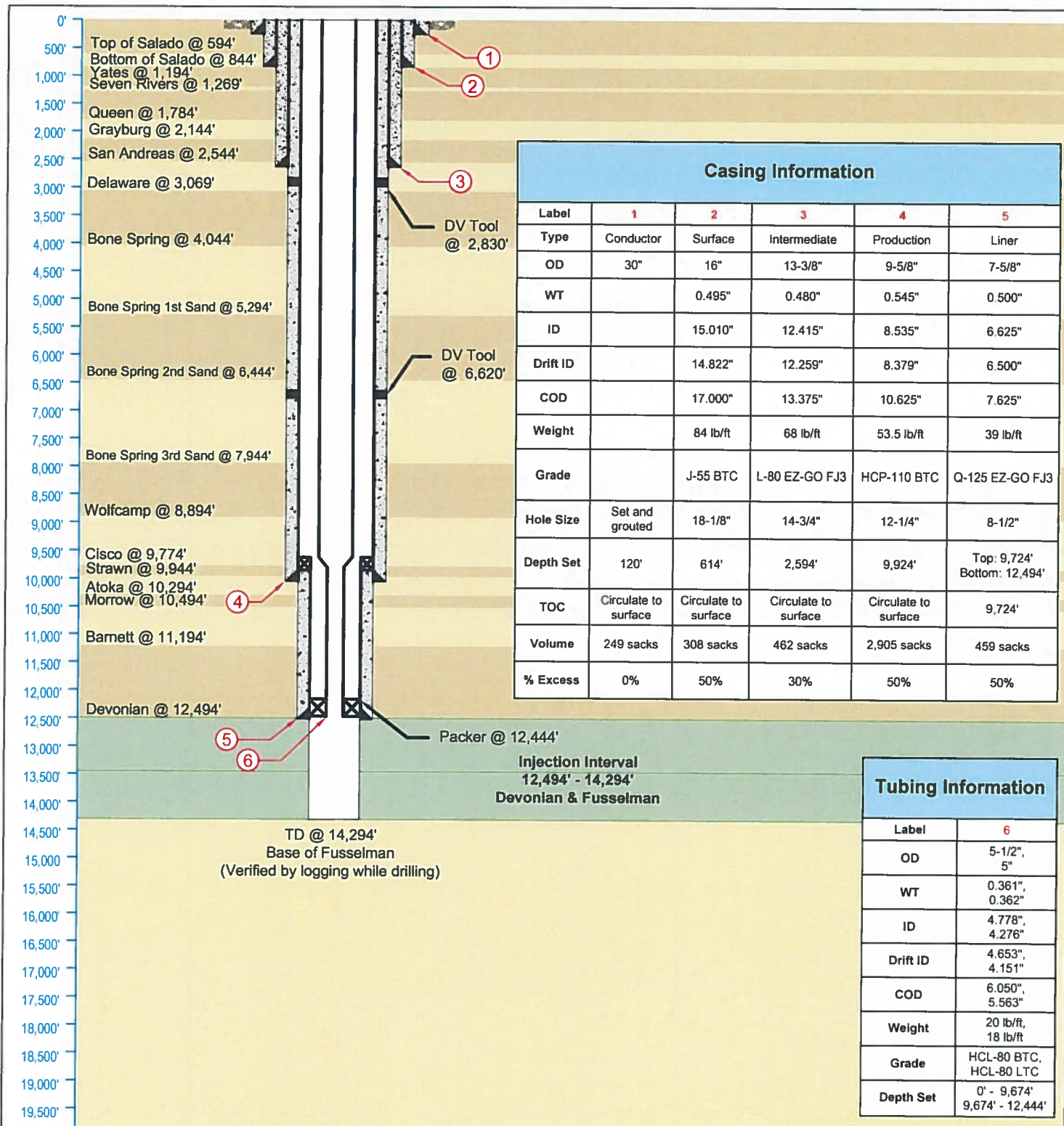
Approved By:

Title:

Approved Date:

Expiration Date:

Conditions of Approval Attached



LONQUIST & CO. LLC PETROLEUM ENGINEERS ENERGY ADVISORS HOUSTON CALGARY AUSTIN WICHITA DENVER	Solaris Water Midstream, LLC		McCrae SWD No. 1	
	Country: USA	State/Province: New Mexico	County/Parish: Eddy	
	Location:	Site: 885' FNL & 925' FEL	Survey: S33-T19S-R28E	
	API No: NA	Field: Devonian-Silurian (Code: 97869)	Well Type/Status: SWD	
	Texas License F-9147	Project No: 1919	Date: 3/20/2019	
12912 Hill Country Blvd. Ste F-200 Austin, Texas 78738 Tel: 512.732.9812 Fax: 512.732.9816	NMOCD District No: 2	Drawn: TFM	Reviewed:	
	Rev No: 1	Notes:	Approved:	