

McClure, Dean, EMNRD

From: McClure, Dean, EMNRD on behalf of Engineer, OCD, EMNRD
Sent: Friday, November 8, 2019 5:36 PM
To: 'Tyler Moehlman'
Subject: SWD application for Kodiak SWD 1

Mr. Tyler Moehlman,

I am currently reviewing the SWD application for the Kodiak SWD 1 operated by 3Bear Field Service.

The application is including 100 feet of the Montoya in the injection interval. I will need that to be amended out; even if some of the open hole extends into the Montoya, the operator will not be allowed to inject into that horizon and will need to plug back if the Division feels that water is being taken by the Montoya.

The packer setting depth needs to be within 100 feet of the top of the injection interval. Currently it is 101 feet.

What is the proposed diameter of the open hole?

Is the planned purpose of this well commercial injection?

Part of the application states that the top of cement for the liner will be determined via calculation while another part states it will be done via logging. The application needs to be consistent that the top of cement will be determined via logging.

I need a statement confirming that there is a confining layer above the Devonian. Currently the horizon picks show the woodford shale there, but I need a statement saying that it is the upper confining layer if the operator believes that to be the case. I think we will be fine with the current statement of the Sylvan Shale being the lower confining layer, but I will consult with our geologists next week to confirm and get back to you if they do not agree.

It looks like your cross section may be showing faults in the area. I will need an induced-seismicity risk assessment performed by a qualified person for this well. This does not need to include a fault-slip model unless the operator wishes to include it for their own future security.

There are only a few of the green cards included in the application for notification. Do you have a list of everyone notified with tracking numbers demonstrating that notification had been sent?

You may send the amended packet via email to OCD.Engineer@state.nm.us and CC me as well please. The questions asked here, you can either include them in the amended packet or just respond via email, whichever you prefer. You can also just submit a sample letter of what was sent to the notified parties instead of a copy of each if you prefer; either way is fine by me.

Dean McClure
Petroleum Specialist
New Mexico Energy, Minerals and Natural Resources Department
1220 South St. Francis Drive
Santa Fe, New Mexico 87505
(505) 476-3471

LONQUIST & CO. LLC

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

AUSTIN · HOUSTON · WICHITA · DENVER · CALGARY

November 25, 2019

Attention: Dean McClure, Petroleum Specialist
New Mexico Energy, Minerals, and Natural Resources Department
Oil Conservation Division District IV
1220 South St. Francis Drive
Santa Fe, New Mexico 87505
(505) 476-3471

RE: KODIAK SWD NO. 1 AMENDED INJECTION PACKAGE

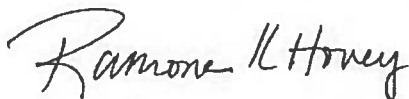
Mr. McClure

Attached for your review is an Amended Application for Authorization to Inject, Form C-108, and its supplemental documents prepared for 3Bear Field Service, LLC's (3Bear") Kodiak SWD No. 1. This amended package is being presented to address the requested items provided by the Oil Conservation Division. Herein, you will find the following items:

- An adjusted Injection Interval removing the top 100 feet of the Montoya formation
- An adjusted packer setting depth at 14,651 feet, which now places the packer 100 feet from the top of the Injection Interval
- A proposed diameter of the open hole injection interval of 6-1/2-inches
- A determination that the purpose of this well is commercial injection
- Clarification that the cemented liner section of the wellbore will be determined via logging
- A Confining Layer Statement containing the Devonian-Silurian Injection Interval
- An Induced Seismicity Risk Assessment performed by a qualified person
- Proof of notice to all affected parties

Any questions should be directed towards 3Bear Field Service, LLC's agent Lonquist & Co., LLC.

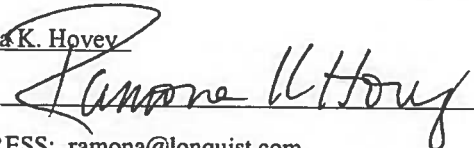
Regards,



Ramona K. Hovey
Senior 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: 3Bear Field Services, LLC
ADDRESS: 415 W. Wall St., Suite 1212
CONTACT PARTY: Mike Solomon PHONE: 303-862-3962
- 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 K. Hovey TITLE: Consulting Engineer – Agent for 3Bear Field Service
SIGNATURE:  DATE: 11/22/2019
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: _____

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: 3Bear Field Services, LLC

WELL NAME & NUMBER: Kodiak SWD No. 1

WELL LOCATION: 736 FSL & 771' FWL
FOOTAGE LOCATION

M
UNIT LETTER

8 SECTION 19S TOWNSHIP 33E RANGE

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 26.000"
Cemented with: 328 sacks
Top of Cement: surface

Casing Size: 20.00"
or 361 ft³
Method Determined: circulation

Intermediate Casing

Hole Size: 17.500"
Cemented with: 1,374 sacks
Top of Cement: surface

Casing Size: 13.375"
or 1,752 ft³
Method Determined: circulation

Production Casing

Hole Size: 12.250"
Cemented with: 2,079 sacks
Top of Cement: surface

Casing Size: 9.625"
or 4,548 ft³
Method Determined: circulation

Liner

Hole Size: 8.500"
Cemented with: 703 sacks
Top of Cement: 7,440'
Total Depth: 14,751'

Casing Size: 7.625"
or 850 ft³
Method Determined: logged

Injection Interval
14,751 feet to 16,400 feet
(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 5.5", 17 lb/ft. HCL-80, BTC from 0' – 14,651'

Lining Material: Duoline

Type of Packer: 7-5/8" X 5-1/2" Permanent Packer with High Temperature Elastomer and Full Inconel 925 Trim

Packer Setting Depth: 14,651'

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: Silurian-Devonian Disposals (Pool Code: 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:

Yates-Seven Rivers: 3,487'

Delaware: 5,714'

Bone Spring: 7,723'

Wolfcamp: 10,771'

Strawn: 12,093'

Atoka: 12,470'



3Bear Field Services, LLC

Kodiak SWD No. 1

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1.

Well information	
Lease Name	Kodiak SWD
Well No.	1
Location	S-8 T-19S R-33E
Footage Location	736' FSL & 771' FWL

2.

a. Wellbore Description

Casing Information				
Type	Conductor	Intermediate	Intermediate 2	Production Liner
OD	20"	13-3/8"	9-5/8"	7-5/8"
WT	0.876"	0.76"	0.79"	0.5"
ID	19.124"	12.615"	8.835"	6.625"
Drift ID	18.936"	12.459"	8.679"	6.5"
COD	21"	14.375"	10.625"	7.625"
Weight	94 lb/ft	54.5 lb/ft	40 lb/ft	39 lb/ft
Grade	H-40 STC	J-55 BTC	HCL-80 BTC	P-110 UFJ
Hole Size	26"	17.5"	12.25"	8.5"
Depth Set	120'	1,580'	7,740'	7,440'-14,751'

Note: The openhole section, from the base of the production liner to total depth (TD) of 16,400' will be drilled with a 6-1/2" bit.

b. Cementing Program

Cement Information				
Casing String	Surface	Intermediate	Production	Liner
Lead Cement	Class H	HalCem	Stage 1: NeoCem Stage 2: NeoCem Stage 3: ExtendaCem	VERSACEM w/ gas migration control additives
Lead Cement Volume	328 sks	1,017 sks	Stage 1: 375 sks Stage 2: 782 sks Stage 3: 375 sks	703 sks
Tail Cement	-	HalCem	Stage 1: HalCem Stage 2: HalCem	Halcem
Tail Cement Volume	-	357 sks	Stage 1: 500 sks Stage 2: 47 sks	
Cement Excess	100%	100%	100%	50%
TOC	Surface	Surface	Surface	7,340'
Method	Circulate to Surface	Circulate to Surface	Circulate to Surface	Logged

3. Tubing Description

OD	5.5"
WT	0.304"
ID	4.892"
Drift ID	4.767"
Weight	17 lb/ft
Grade	HCL-80 BTC
Depth Set	0'-14,651'

Tubing will be lined with Duoline.

4. Packer Description

7-5/8" x 5-1/2" TCPC Permanent Packer with High Temp Elastomer and Full Inconel 925 trim, will be set at a depth of 14,651'.

B. Completion Information

1. Injection Formation: Devonian, Fusselman

2. Gross Injection Interval: 14,751' – 16,400'

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
Yates-Seven Rivers	3,487'
Delaware	5,714'
Bone Spring	7,723'
Wolfcamp	10,771'
Strawn	12,093'
Atoka	12,470'

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 Injection:

Average Volume: 20,000 BPD

Maximum Volume: 25,000 BPD

The proposed Kodiak SWD No. 1 will be utilized as a commercial injection salt water disposal well.

2. Closed System
3. Anticipated Injection Pressure:

Average Injection Pressure: 2,213 PSI (surface pressure)

Maximum Injection Pressure: 2,950 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 Bone Spring and Wolfcamp formations. Attached are produced water sample analyses taken from the closest wells that feature samples from the Delaware, Bone Spring, Wolfcamp, and Strawn formations.

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 Kodiak 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: Devonian-Silurian Formation

Formation	Depth
Rustler	1,369'
Salado	1,570
Yates	3,107'
Seven Rivers	3,487'
Delaware	5,714'
Bone Spring	7,723'
Wolfcamp	10,771'
Strawn	12,093'
Atoka	12,470'
Morrow	13,409'
Mississippian Lime	14,028'
Woodford	14,607'
Devonian	14,751'

B. Underground Sources of Drinking Water

Within 1-mile of the proposed Kodiak SWD No. 1 location, there is one water well. The water well has been reported of having a depth of 110 ft. Water wells in the surrounding area have an average depth of 265 ft and an average water depth of 182 ft.

IX. Proposed Stimulation Program

No stimulation program planned.

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. It shall be noted that the top of cement for the liner will be determined through logging the liner section upon completion of running casing.

XI. Chemical Analysis of Fresh Water Wells

Attached is a map of all water wells that exist within one mile of the well location. One water well lies within a 1-mile radius of the Kodiak SWD No. 1. A Water Right Summary from the New Mexico Office of the State Engineer is attached for water well CP-00810-POD1. Water samples for the CP-00810-POD1 were attempted to be retrieved but the sample test was a dry run.

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 3BEAR FIELD SERVICES, LLC 415 W. WALL ST., STE 1212 MIDLAND, TEXAS 79701		² OGRID Number 372603
		³ API Number 30-015-TBD
⁴ Property Code	⁵ Property Name KODIAK 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
M	8	19S	33E		736	S	771	W	LEA

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 3,655.32
¹⁶ Multiple N	¹⁷ Proposed Depth 16,400'	¹⁸ Formation Devonian, Fusselman,	¹⁹ Contractor TBD	²⁰ Spud Date ASAP
Depth to Ground water 110'		Distance from nearest fresh water well 154'		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
Conductor	26"	20"	94 lb/ft	120'	328	Surface
Intermediate 1	17-1/2"	13-3/8"	54.5 lb/ft	1,580'	1,374	Surface
Intermediate 2	12-1/4"	9-5/8"	40 lb/ft	7,740'	2,079	Surface
Production Liner	8-1/2"	7-5/8"	39 lb/ft	7,440'-14,751'	703	7,440'
Tubing	6-1/2"	5.5"	17 lb/ft	14,651'		

Casing/Cement Program: Additional Comments

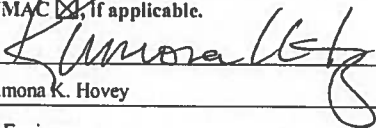
See attached schematic.

²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Hydraulic/Blinds, Pipe	10,000 psi	8,000 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:



Printed name: Ramona K. Hovey

Title: Consulting Engineer

E-mail Address: ramona@lonquist.com

Date: November 22, 2019

Phone: 512-600-1777

OIL CONSERVATION DIVISION

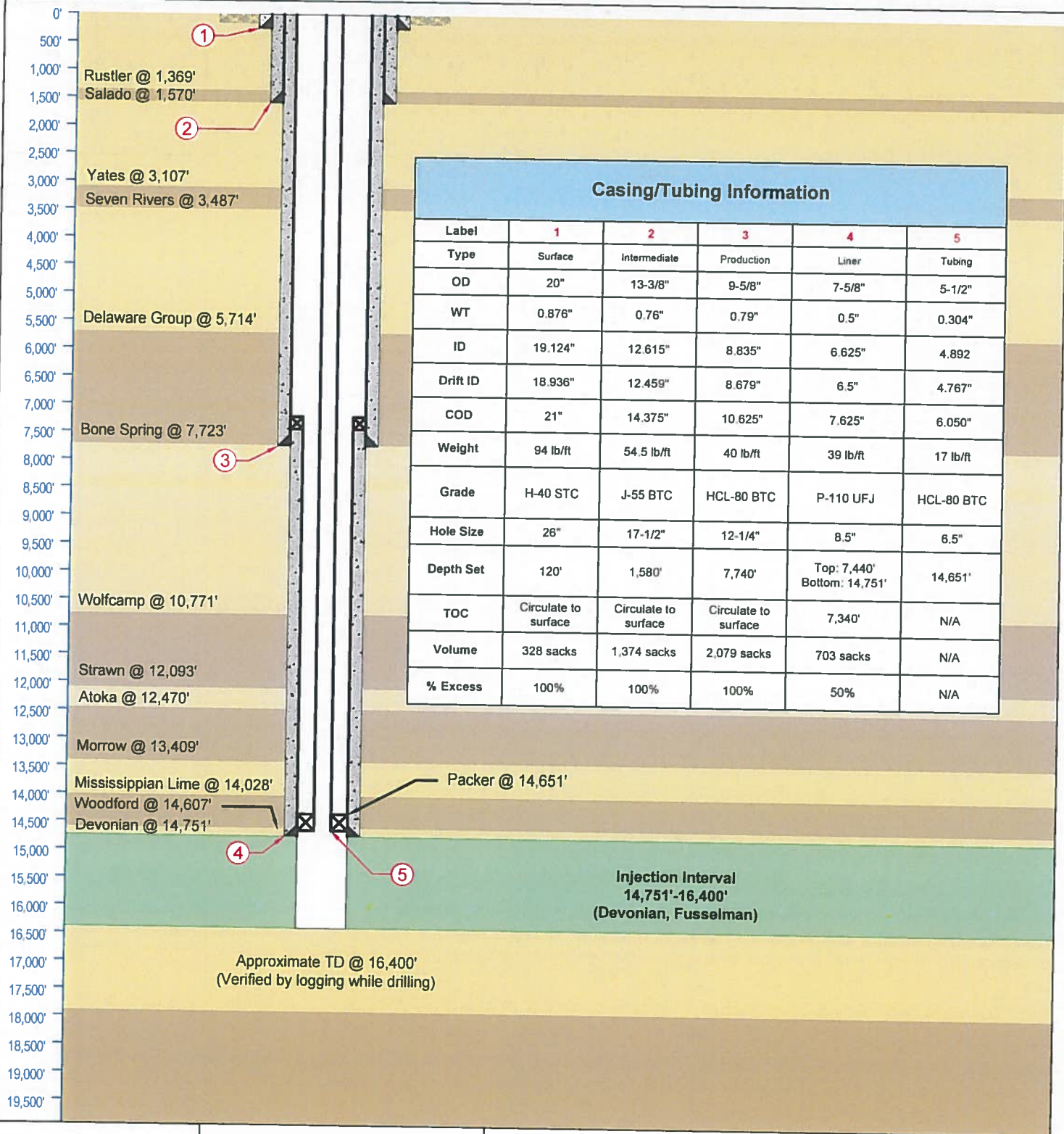
Approved By:

Title:

Approved Date:

Expiration Date:

Conditions of Approval Attached



LONQUIST & CO. LLC

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

HOUSTON | CALGARY
AUSTIN | WICHITA | DENVER

Texas License F-9147

12912 Hill Country Blvd. Ste F-200
Austin, Texas 78738
Tel: 512.732.9812
Fax: 512.732.9816

3Bear Field Services, LLC

Country: USA

Location:

API No: NA

NMOCD District No: 1

Drawn: TFM

Rev No: 1

Kodiak SWD No. 1

State/Province: New Mexico

Site: 2,291 FNL 841 FWL

Field:

Project No: 1773

Reviewed:

Notes: Amended injection interval and tubing depth

County/Parish: Lea

Survey: S17-T19S-R33E

Well Type/Status: SWD

Date: 11/20/2019

Approved:

LONQUIST & CO. LLC

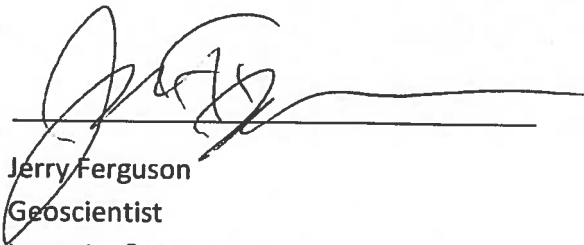
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INJECTION INTERVAL CONFINING LAYERS – KODIAK SWD NO. 1

The Devonian-Silurian injection interval for the proposed Kodiak SWD No. 1 is contained by upper and lower confining layers. The upper confining layer is the Woodford Shale, which is approximately 144 feet thick on top of the Devonian Formation. The lower confining layer is the Sylvan Shale equivalent, which serves as a boundary between the Montoya and Fusselman. This shale layer provides a basal region for the injection interval of the Devonian and Fusselman formations. The low permeability nature of both the Woodford and Sylvan Shale equivalent would provide the Devonian and Fusselman formations appropriate confinement for saltwater disposal during the life of the well.



Jerry Ferguson
Geoscientist
Lonquist & Co., LLC
November 20, 2019

Project: 3Bear Field Services, LLC
Kodiak SWD No. 1

**Seismicity and Faults in the Vicinity of the Proposed 3Bear Field Services, LLC
Kodiak SWD No. 1 Devonian Disposal well in Lea County, New Mexico**

The proposed well is located in Lea County, Townships 20 South, Range 33 East, 33 miles west of Hobbs, New Mexico in the Northwest Shelf area of the Delaware Basin.

Seismicity:

Historically, the area near the proposed Devonian disposal well has not seen any major seismic activity. A search of the USGS Earthquake Hazards Program Earthquake Catalog revealed the nearest event to be located 30 miles southwest of the proposed location, where a magnitude 3.1 earthquake was recorded on March 18, 2012 at a depth of 5 kilometers. Review of the USGS Earthquake Hazard map indicates a very low risk of seismic activity. The USGS surface geologic map of the area shows no Quaternary-aged faulting, also indicating no recent tectonic activity. In addition to a search of the USGS Earthquake Hazards Program Earthquake Catalog, a seismic event research was conducted on the Bureau of Economic Geology's Seismic Monitoring Program, TexNet. TexNet's seismic history dates from January 1, 2017 to present date. A 15-kilometer radius of investigation detected no seismic events during this time period.

Faulting:

The USGS subsurface geologic map, a USGS published Devonian structure map, and subscription Geomap regional subsurface structure maps at the Yates, Strawn Lime and Devonian levels were reviewed for faults. The nearest fault was mapped at the Siluro-Devonian level approximately 1.5 miles northeast of the proposed location. The fault has a throw of 200' and is nonexistent at the Yates and Strawn levels.

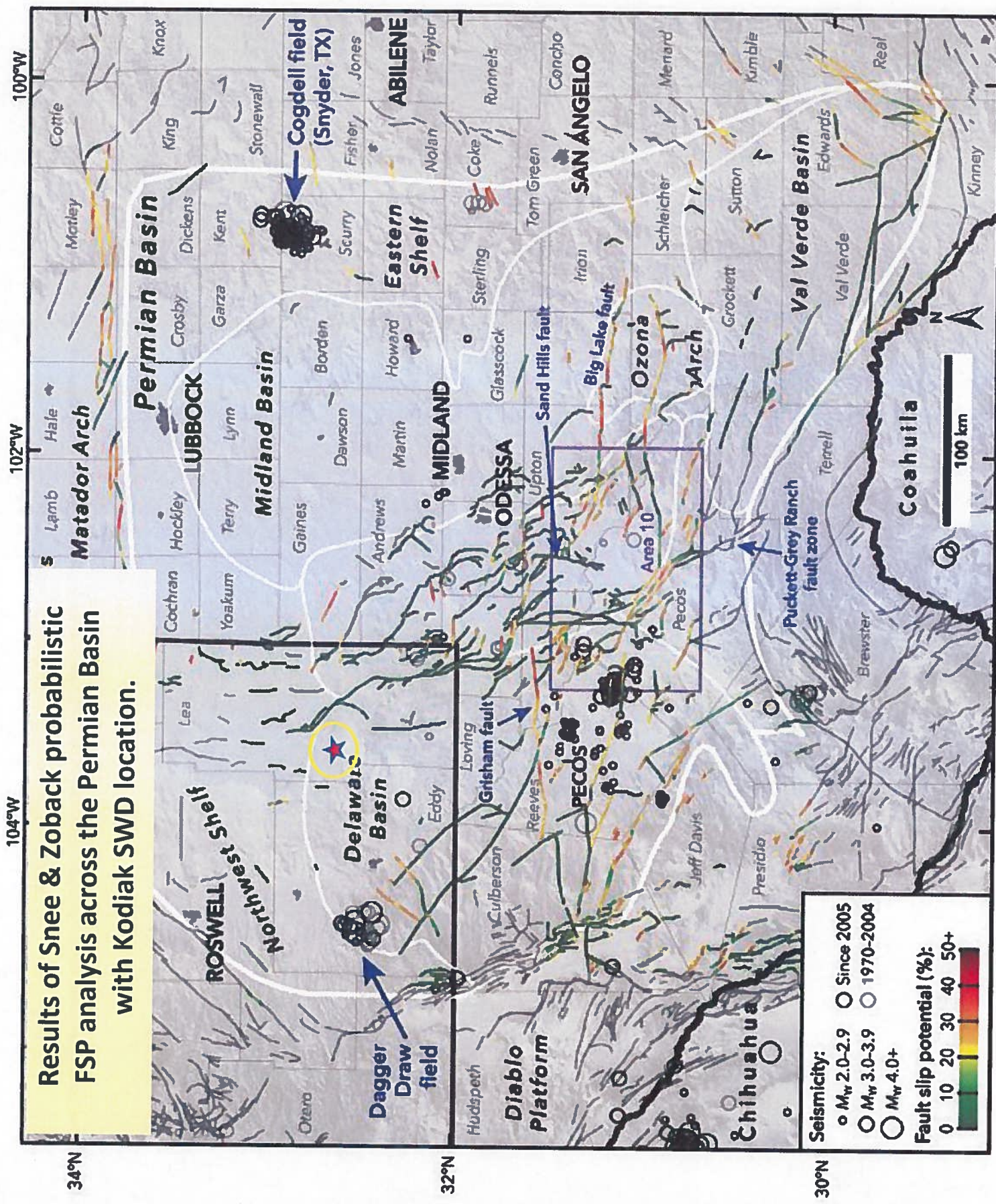
The Snee and Zoback paper "State of Stress in the Permian Basin, Texas and New Mexico: Implications for induced seismicity" was also reviewed to evaluate the presence of faults and fault slip potential risk. These regional maps show the closest fault 8 miles from the proposed well. Faulting in the New Mexico portion of the Delaware Basin generally shows less than a 10% probability of fault slip movement.

The distance from the proposed wells to the closest mapped faults yields an extremely low probability that the faults will become critically stressed by injection into the referenced wells.

Jerry D. Ferguson

Jerry D. Ferguson

Geoscience Manger, Lonquist & Co. LLC



Results of Snee & Zoback probabilistic
FSP analysis across the Permian Basin
with Kodiak SWD location.

Seismicity:

- M_w 2.0-2.9 ○ Since 2005
- M_w 3.0-3.9 ○ 1970-2004
- M_w 4.0+

Fault slip potential (%):

0 10 20 30 40 50+

UNITED STATES GEOLOGICAL SURVEY
15 KM SEISMIC EVENT SEARCH (1900 – 2019)

Basic Options

Magnitude

☐ 2.5+

☐ 4.5+

☒ Custom

Minimum

2

Maximum

Date & Time

☐ Past 7 Days

☐ Past 30 Days

☒ Custom

Start (UTC)

1900-01-01 00:00:00

End (UTC)

2019-11-21 23:59:59

Geographic Region

☐ World

☐ Conterminous U.S.¹

☒ Custom

Custom Circle

- 32.669561 Latitude
- -103.691277 Longitude
- 15 Radius (km)

Draw Rectangle on Map

Advanced Options

Geographic Region

Decimal degree coordinates. North must be greater than South. East must be greater than West.

North

West

East

South

Depth (km)

Minimum

Maximum

Azimuthal Gap

Minimum

Maximum

Circle

Center Latitude

32.669561

Outer Radius (km)

15

Center Longitude

-103.691277

Review Status

☒ Any

☐ Automatic

☐ Reviewed

Caution

X

The current selection does not currently include any earthquakes.

Earthquakes happen around the world all the time. Change your options to view more earthquakes.

Continue

UNITED STATES GEOLOGICAL SURVEY
25 KM SEISMIC EVENT SEARCH (1900 – 2019)

Basic Options

Magnitude

☐ 2.5+

☐ 4.5+

☒ Custom

Minimum

2

Maximum

Date & Time

☐ Past 7 Days

☐ Past 30 Days

☒ Custom

Start (UTC)

1900-01-01 00:00:00

End (UTC)

2019-11-21 23:59:59

Geographic Region

☐ World

☐ Conterminous U.S.¹

☒ Custom

Custom Circle

- 32.669561 Latitude
- -103.691277 Longitude
- 25 Rad us (km)

Draw Rectangle on Map

Advanced Options

Geographic Region

Decimal degree coordinates North must be greater than South. East must be greater than West.

North

West

East

South

Depth (km)

Minimum

Maximum

Azimuthal Gap

Minimum

Maximum

Circle

Center Latitude

32.669561

Center Longitude

-103.691277

Outer Radius (km)

25

Review Status

☒ Any

☐ Automatic

☐ Reviewed

⚠ Caution

X

The current selection does not currently include any earthquakes.

Earthquakes happen around the world all the time. Change your options to view more earthquakes.

Continue

UNITED STATES GEOLOGICAL SURVEY
50 KM SEISMIC EVENT SEARCH (1900 – 2019)

Basic Options

Magnitude

☐ 2.5+

☐ 4.5+

☒ Custom

Minimum

2

Maximum

Date & Time

☐ Past 7 Days

☐ Past 30 Days

☒ Custom

Start (UTC)

1900-01-01 00:00:00

End (UTC)

2019-11-21 23:59:59

Geographic Region

☐ World

☐ Conterminous U.S.¹

☒ Custom

Custom Circle

- 32.669561 Latitude
- -103.691277 Longitude
- 50 Radius (km)

Draw Rectangle on Map

Advanced Options

Geographic Region

Decimal degree coordinates. North must be greater than South. East must be greater than West.

North

West

East

South

Circle

Center Latitude

32.669561

Outer Radius (km)

50

Center Longitude

-103.691277

Depth (km)

Minimum

Maximum

Azimuthal Gap

Minimum

Maximum

Review Status

☒ Any

☐ Automatic

☐ Reviewed

Search Results

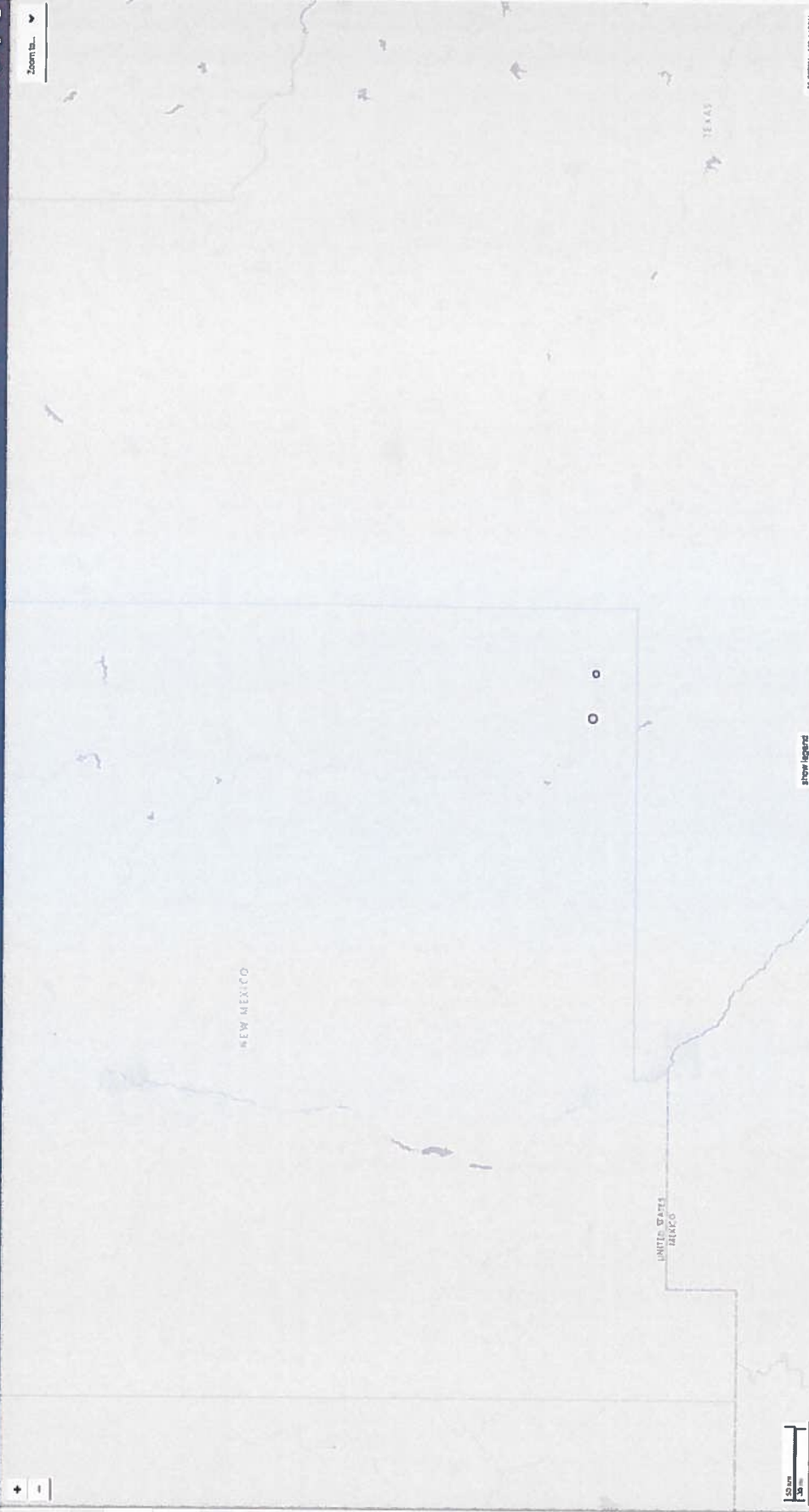
2 of 2 earthquakes in map area.

Click for more information

3.1	New Mexico	2012-05-18 10:57:22 (UTC)	5.0 km
2.9	New Mexico	1984-12-04 20:26:26 (UTC)	5.0 km

Didn't find what you were looking for?

- Check your [spelling](#).
- [Wider earthquakes](#) are included on the map and list.
- [Find something not shown?](#) [Report it here](#).



show legend

35.827°N 106.147°W

BUREAU OF ECONOMIC GEOLOGY
THE UNIVERSITY OF TEXAS AT AUSTIN
15 KM SEISMIC EVENT SEARCH (2017 – 2019)

Earthquakes

☒ Final ☐ Preliminary

☒ 1.5 < Magnitude <= 2.0

☒ 2.0 < Magnitude <= 2.5

☒ 2.5 < Magnitude <= 3.0

☒ 3.0 < Magnitude <= 3.5

☒ 3.5 < Magnitude <= 4

☒ 4 < Magnitude <= 5.5

☒ Magnitude > 5.5

Stations

☒ TexNet Permanent

☒ TexNet Portable

☒ Temporary

☒ Other Networks

Seismic Regions

☒ Require Focal Mechanism?

Earthquake Magnitude

☒ Lock Magnitude

Date Range

SELECT DATE RANGE

Manual Area of Interest

Note: Longitude in Texas ranges from approximately -107 degrees to -93 degrees.

Rectangular AOI

Latitude Max

Longitude Min

Latitude Min

Longitude Max

SUBMIT RECTANGLE

Circular AOI

Center Latitude

Center Longitude

Radius

Radius Units ☒ Kilometers ☐ Miles

SELECT CIRCLE

☒ Magnitude > 5.5

Stations

☒ TexNet Permanent

☒ TexNet Portable

☒ Temporary

☒ Other Networks

☒ Seismic Regions

☐ Require Focal Mechanism?

Earthquake Magnitude

☐ Lock Magnitude

Date Range

SELECT DATE RANGE...

Earliest Date

1/1/2017

Latest Date

11/21/2019

Did you feel an earthquake? You can report it to USGS [here](#).

IMPORTANT INFORMATION

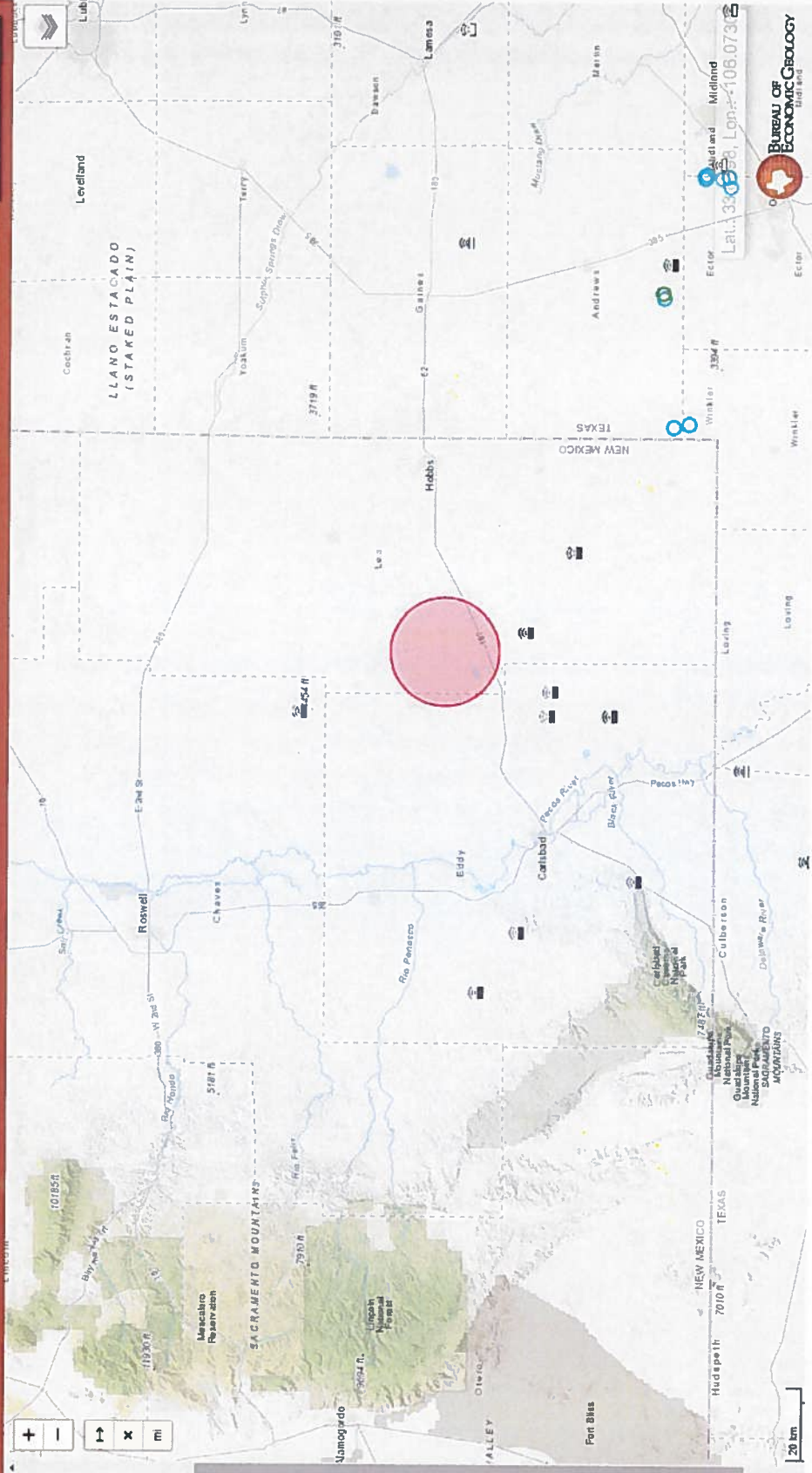
CONTACT US

AREA OF INTEREST

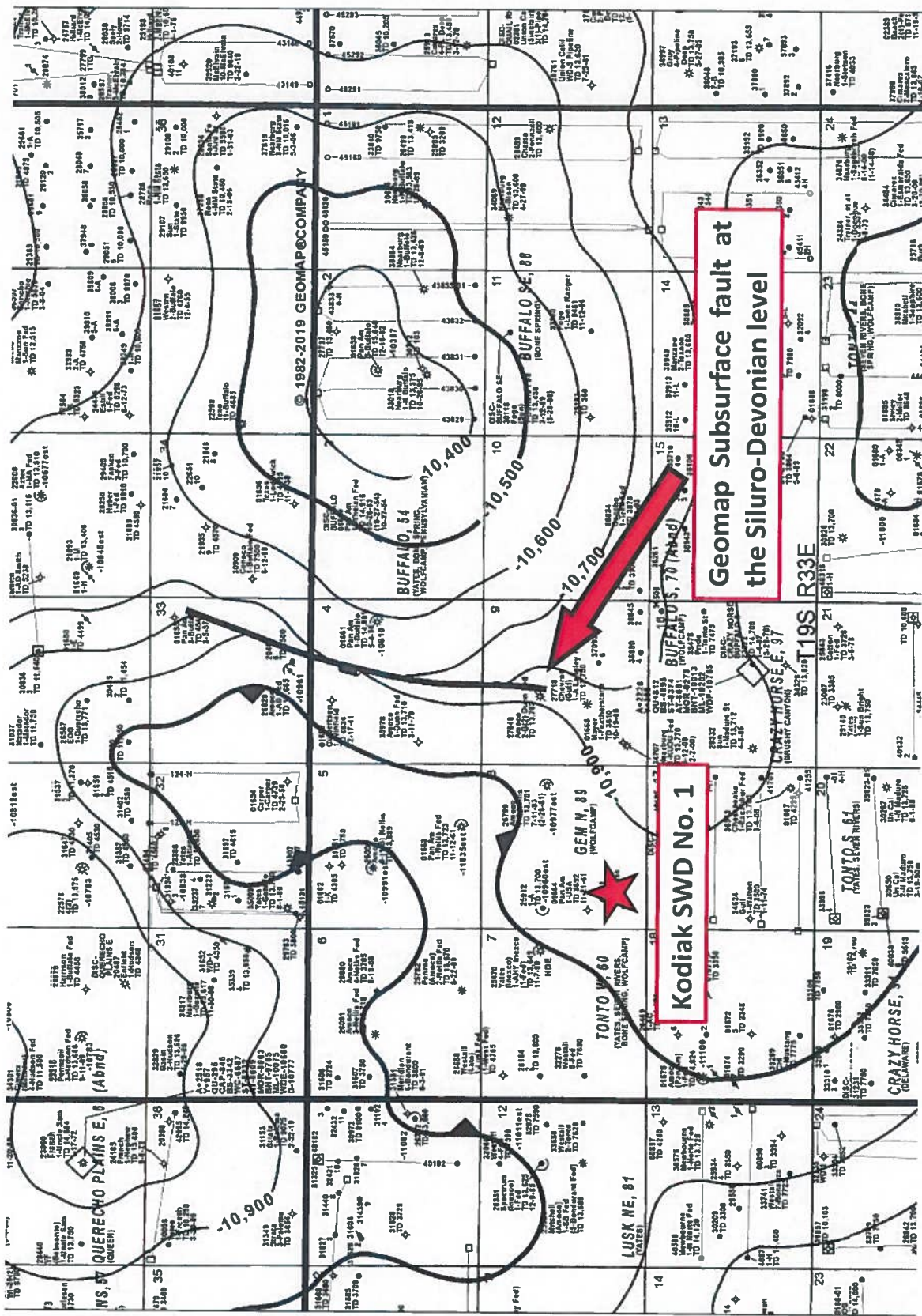
DOWNLOAD DATA

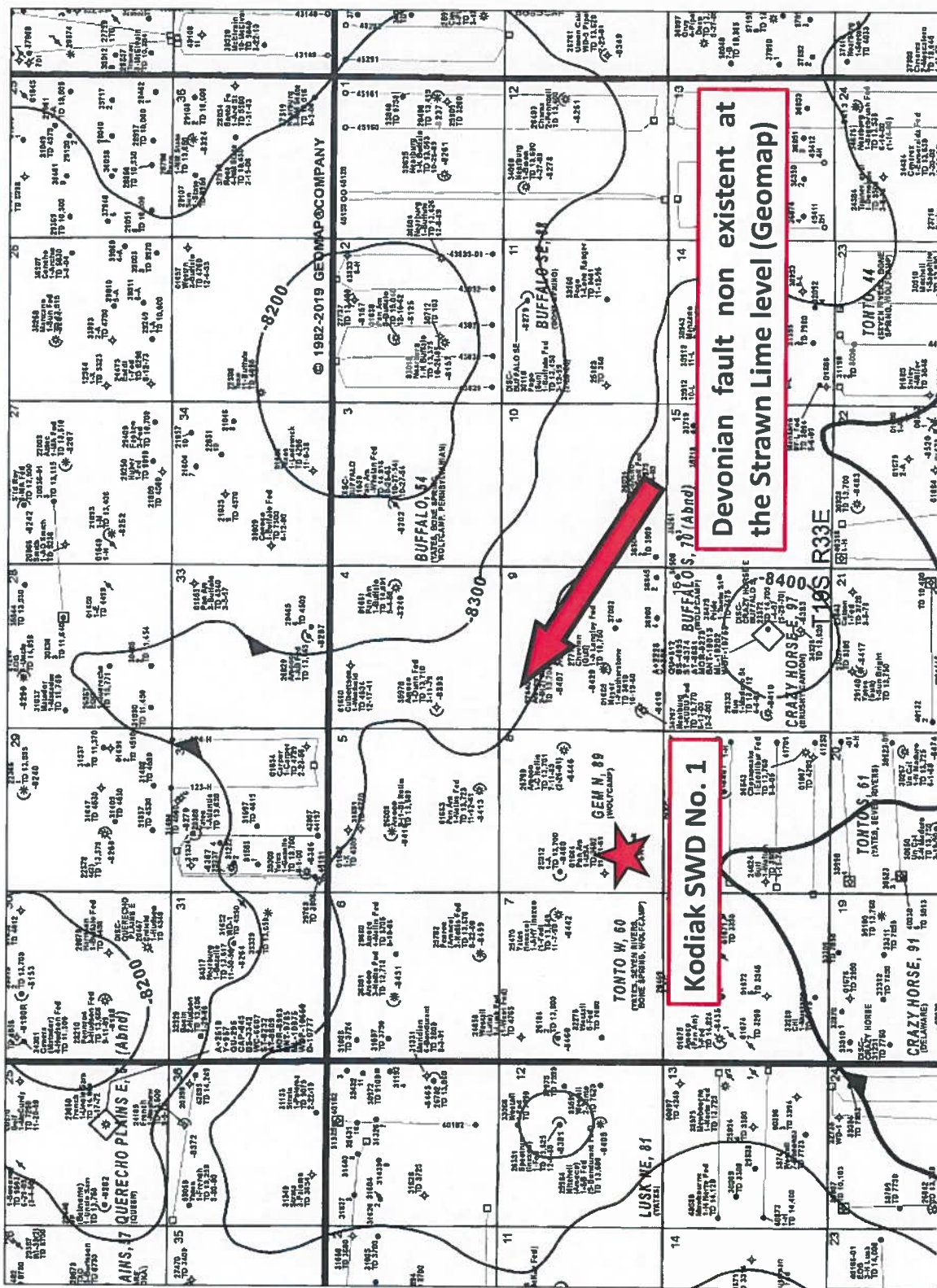
STATION LIST

SHOW TABLE





GEOMAP SILURO-DEVONIAN FAULT MAP


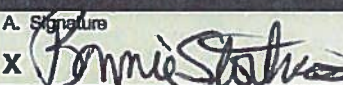






Kodiak SWD No. 1					
3 Bear Energy LLC					
TRACT ID	COUNTY CLERK	MAILING ADDRESS	TRACKING #	DATE SHIPPED	DATE RECEIVED
	OIL CONSERVATION DIVISION DISTRICT I	1625 N FRENCH DRIVE, HOBBS, NM 88240	USPS - 7017 2680 0000 7062 9210	11/31/18	11/16/2018
	SURFACE LANDOWNER	MAILING ADDRESS			
	KENNETH SMITH INC	267 SMITH RANCH ROAD, HOBBS, NM 88240	USPS - 7017 2680 0000 7062 8855	11/31/18	11/16/2018
	OFFSET OPERATORS	MAILING ADDRESS			
	LEGACY RESERVES OPERATING LP	303 W. WALL SUITE 7500, MIDLAND, TX 79701	USPS - 7017 2680 0000 7062 9326	11/31/18	11/16/2018
	CHISHOLM ENERGY OPERATING LLC	801 CHERRY STREET, FORT WORTH, TX 76102	USPS - 7017 2680 0000 7062 9098	11/31/18	11/16/2018
	COG OPERATING LLC	600 W ILLINOIS AVE, MIDLAND, TX 79701	USPS - 7017 2680 0000 7062 8954	11/31/18	11/16/2018
	EOG Y RESOURCES INC	104 S 4TH STREET, ARTESIA, NM 88210	USPS - 7017 2680 0000 7062 8947	11/31/18	11/16/2018
	MEWBOURNE OIL CO	PO BOX 5270, HOBBS, NM 88241	USPS - 7017 2680 0000 7062 8893	11/31/18	11/16/2018
	YATES ENERGY CORP	PO BOX 2323, ROSWELL, NM 88202	USPS - 7017 2680 0000 7062 9104	11/31/18	11/16/2018
	MINERAL LESSEE	MAILING ADDRESS			
	CONOCO PHILLIPS CO	PO BOX 7500, BARTLESVILLE, OK 74005	USPS - 7017 2680 0000 7062 8916	11/31/18	11/16/2018
	OCCIDENTAL PERMIAN LP	5 E GREENWAY PLAZA #110, HOUSTON TX 77046	USPS - 7017 2680 0000 7062 8886	11/31/18	11/16/2018
	CHEVRON MIDCONTINENT LP	6301 DEAUVILLE, MIDLAND, TX 79706	USPS - 7017 2680 0000 7062 9319	11/31/18	11/19/2018
	JUDITH A WEST	PO BOX 1948, CULLMAN AL 35056	USPS - 7017 2680 0000 7062 8824	11/31/18	11/23/2018
	LOS SIETE EXPL. INC	200 W 1ST STREET #648, ROSWELL, NM 88201	USPS - 7017 2680 0000 7062 8879	11/31/18	See attached affidavit
	SEALY H CAVIN INC	PO BOX 1125, ROSWELL, NM 88201	USPS - 7017 2680 0000 7062 9128	11/31/18	11/16/2018
	CRESON PAUL	PO BOX 7127, DALLAS, TX 75209	USPS - 7017 2680 0000 7062 9135	11/31/18	See attached affidavit
	GEORGE L SCOTT III	200 W 1ST STREET #648, ROSWELL, NM 88201	USPS - 7017 2680 0000 7062 8817	11/31/18	See attached affidavit
	SHEARN MICHAEL SAUNDERS JR	PO BOX 92348, AUSTIN, TX 78709	USPS - 7017 2680 0000 7062 9142	11/31/18	11/29/2018
	DELMAR HUDSON LEWIS	616 TEXAS STREET, FT WORTH, TX 76102	USPS - 7017 2680 0000 7062 8978	11/31/18	11/16/2018
	LINDY'S LIVING TRUST	616 TEXAS STREET, FT WORTH, TX 76102	USPS - 7017 2680 0000 7062 8985	11/31/18	11/16/2018
	ZORRO PARTNERS LTD	616 TEXAS STREET, FT WORTH, TX 76102	USPS - 7017 2680 0000 7062 9159	11/31/18	11/16/2018
	JAVELINA PARTNERS	616 TEXAS STREET, FT WORTH, TX 76102	USPS - 7017 2680 0000 7062 8992	11/31/18	11/16/2018
	EDWARD R HUDSON TRUST 4	616 TEXAS STREET, FT WORTH, TX 76102	USPS - 7017 2680 0000 7062 9173	11/31/18	11/21/2018
	FROST BANK TRUSTEE JT HUDSON FBO JT ARD	PO BOX 1600, SAN ANTONIO TX 78296	USPS - 7017 2680 0000 7062 8862	11/31/18	11/15/2018

Proofs of all returned notices are provided in this amended application. For the three (3) notices that were not returned, please see public notice affidavit that was run in the Hobbs News Sun on 11/22/2019.

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 style="text-align: center;">CHEVRON MIDCONTINENT LP 6301 DEAUVILLE MIDLAND, TX 79706</p> <p style="text-align: center;">1773-KODIAK #1</p> <div style="text-align: center;">  9590 9402 4057 8079 2003 01 </div> <p>2. Article Number (Transfer from service label) 7017 2680 0000 7062 9319</p>	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Chal Carranza 11/19/18</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</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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 style="text-align: center;">EDWARD R HUDSON TRUST 4 616 TEXAS STREET FT WORTH, TX 76102</p> <p style="text-align: center;">1773-KODIAK #1</p> <div style="text-align: center;">  9590 9402 4057 8079 2000 97 </div> <p>2. Article Number (Transfer from service label) 7017 2680 0000 7062 9173</p>	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Bonnie Stockton 11/20/18</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</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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 style="text-align: center;">SHEARN MICHAEL SAUNDERS JR PO BOX 92349 AUSTIN TX 78709</p> <p style="text-align: center;">1773-KODIAK #1</p> <div style="text-align: center;">  9590 9402 4057 8079 2001 10 </div> <p>2. Article Number (Transfer from service label) 7017 2680 0000 7062 9142</p>	<p>A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery D. MAJORGA 11-29-18</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</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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:

JUDITH A WEST
PO BOX 1948
CULLMAN, AL 35056

1773-KODIAK #1



9590 9402 4057 8079 2007 14

2. Article Number (Transfer from service label)

7017 2680 0000 7062 8824

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

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:

CHISHOLM ENERGY OPERATING LLC
801 CHERRY STREET
FT WORTH TX 76102

1773-KODIAK #1



9590 9402 4057 8079 2001 65

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9098

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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- 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:

CONOCO PHILLIPS CO
PO BOX 7500
BARTLESVILLE OK 74005

1773-KODIAK #1



9590 9402 4057 8079 2005 47

2. Article Number (Transfer from service label)

7017 2680 0000 7062 8916

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)


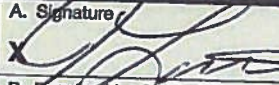
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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>OIL CONSERVATION DIVISION DISTRICT 1 1625 N FRENCH DRIVE HOBBS, NM 88240</p> <p>1773-KODIAK #1</p>  <p>9590 9402 4057 8079 2001 72</p> <p>2. Article Number (Transfer from service label)</p> <p>7017 2680 0000 7062 9210</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Plattman</p> <p>C. Date of Delivery 11-16-18</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

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<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>KENNETH SMITH INC 257 SMITH RANCH ROAD HOBBS, NM 88240</p> <p>1773-KODIAK #1</p>  <p>9590 9402 4057 8079 2006 84</p> <p>2. Article Number (Transfer from service label)</p> <p>7017 2680 0000 7062 8855</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Plattman</p> <p>C. Date of Delivery 11-16-18</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


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<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>EOG Y RESOURCES INC 105 S 4TH STREET, ARTESIA, NM 88210</p> <p>1773-KODIAK #1</p>  <p>9590 9402 4057 8079 2005 16</p> <p>2. Article Number (Transfer from service label)</p> <p>7017 2680 0000 7062 8947</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) NANCY FRANCO</p> <p>C. Date of Delivery NOV 16 2018</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>184 S 4th</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

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<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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">YATES ENERGY CORP PO BOX 2323 ROSWELL NM 88202</p> <p style="text-align: center;">1773-KODIAK #1</p>	<p>B. Received by (Printed Name) <i>W. Eldridge</i></p> <p>C. Date of Delivery <i>11-16-18</i></p>
<p>2. Article Number (Transfer from service label) 7017 2680 0000 7062 9104</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 style="text-align: center;"> 9590 9402 4057 8079 2001 58</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input checked="" type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>

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

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">MEWBORNE OIL CO PO BOX 5270 HOBBS NM 88241</p> <p style="text-align: center;">1773-KODIAK #1</p>	<p>B. Received by (Printed Name) <i>W. Eldridge</i></p> <p>C. Date of Delivery <i>11-16-18</i></p>
<p>2. Article Number (Transfer from service label) 7017 2680 0000 7062 8893</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 style="text-align: center;"> 9590 9402 4057 8079 2006 46</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input checked="" type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>

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

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<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 X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">COG OPERATING LLC 600 W ILLINOIS AVE MIDLAND, TX 79701 1773-KODIAK #1</p>	<p>B. Received by (Printed Name) <i>J. Perkins</i></p> <p>C. Date of Delivery <i>11-16-18</i></p>
<p>2. Article Number (Transfer from service label) 7017 2680 0000 7062 8954</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 style="text-align: center;"> 9590 9402 4057 8079 2005 09</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input checked="" type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>

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

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:

FROST BANK TRUSTEE JT HUDSON
FBO JT ARD
PO BOX 1600
SAN ANTONIO, TX 78296
1773-KODIAK #1



9590 9402 4057 8079 2006 77

2. Article Number (Transfer from service label)

7017 2680 0000 7062 8862

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)

R. Sober

C. Date of Delivery

11-15-18

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

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:

ZORRO PARTNERS LTD
616 TEXAS STREET
FT WORTH, TX 76102
1773-KODIAK #1



9590 9402 4057 8079 2001 03

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9159

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)

Staci Gilbert

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

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:

DELMAR HUDSON LEWIS
616 TEXAS STREET
FT WORTH, TX 76102
1773-KODIAK#1



9590 9402 4057 8079 2004 86

2. Article Number (Transfer from service label)

7017 2680 0000 7062 8978

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)

Staci Gilbert

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>LEGACY RESERVES OPERATING LP 303 W WALL, STE 7500 MIDLAND, TX 79701</p> <p>1773-KODIAK #1</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2680 0000 7062 9326</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>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>LINDY'S LIVING TRUST 616 TEXAS STREET FT WORTH, TX 76102</p> <p>1773-KODIAK#1</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2680 0000 7062 8985</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>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>JAVELINA PARTNERS 616 TEXAS STREET FT WORTH, TX 76102</p> <p>1773-KODIAK#1</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2680 0000 7062 8992</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>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

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 type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">OCCIDENTAL PERMIAN LP 5 E GREENWAY PLAZA #110 HOUSTON, TX 77046</p> <p style="text-align: center;">1773-KODIAK #1</p>  <p style="text-align: center;">9590 9402 4057 8079 2006 53</p>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) <p style="text-align: center;">7017 2680 0000 7062 8886</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center;"><i>James E Beard</i> JAMES BEARD</p>	
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	

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<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 type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">SEALY H CAVIN INC PO BOX 1125 ROSWELL, NM 88201</p> <p style="text-align: center;">1773-KODIAK #1</p>  <p style="text-align: center;">9590 9402 4057 8079 2001 34</p>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) <p style="text-align: center;">7017 2680 0000 7062 9128</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center;">NOV 19 2010 U.S. MAIL</p>	
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	

Affidavit of Publication


STATE OF NEW MEXICO
COUNTY OF LEA

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

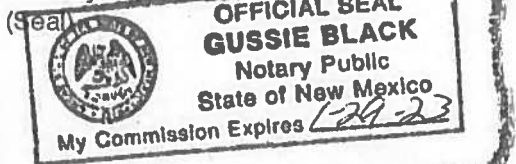
Beginning with the issue dated
November 22, 2019
and ending with the issue dated
November 22, 2019.


Publisher

Sworn and subscribed to before me this
22nd day of November 2019.


Business Manager

My commission expires
January 29, 2023



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

LEGAL NOTICE NOVEMBER 22, 2019

To Los Siete Expl. Inc and George L. Scott III, whose last known address was 200 W 1st St #848, Roswell, NM 88201 and to Paul Creson, whose last known address was P.O. Box 7127, Dallas, TX 75209, 3Bear Field Services LLC, 415 W. Wall St., Suite 1212, Midland, Texas 79701, is filing Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division for administrative approval for its salt water disposal well Kodiak SWD No. 1. The proposed well will be located at 738' FSL & 771' FWL in Section 8, Township 19S, Range 33E in Lea County, New Mexico. Disposal water will be sourced from area production, and will be injected into the Devonian-Silurian Formation (determined by offset log analysis) through an open hole completion between an applied for top of 14,751' feet to a maximum depth of 18,400' feet. The maximum surface injection pressure will not exceed 2,950 psi with a maximum rate of 25,000 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) 600-1777. #34896

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LONQUIST & CO., LLC
12912 HILL COUNTRY BLVD, STE F200
AUSTIN, TX 78738