

6MC84-200618-C-107B 683

Revised March 23, 2017

RECEIVED: 6/18/20	REVIEWER: DM	TYPE: PLC	APP NO: pDM2017050792
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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: Advance Energy Partners Hat Mesa, LLC	OGRID Number: 372417
Well Name: Wool Head 20 State Com Pad A	API: 30-025-46468
Pool: Various	Pool Code: 97895/98033

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	
<input type="checkbox"/>	Notice Complete
<input type="checkbox"/>	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.

Debbie Moughon

 Print or Type Name

Debbie Moughon

 Signature

06/17/2020

 Date

346-444-9739

 Phone Number

dmoughon@advanceenergypartners.com

 e-mail Address

Application for Surface Pool and Lease Commingling at Wool Head 20 State Com Pad A Battery

Advance Energy Partners Hat Mesa requests NMOCD approval to surface commingle oil and gas from multiple wells and multiple pools at the Wool Head 20 State Com Pad A. Wells to be produced through this battery are shown in Table 1.

Multiple state leases included are Sections 17 and 20 of Township 21 South, Range 33 East. Total acreage is 6.89 acres. Owners are the same across all leases except for the State royalty rate on VO and VB leases.

The Central Tank Battery is located L-20-21S-33E.

Production from each well will flow into dedicated 3-phase separators. For each well the production stream will be separated into 3 independent streams, oil, gas and water.

Oil for each well is measured through dedicated turbine meters before combining into a heater and being stored in 750 bbl tanks. The oil is sold via a LACT unit or truck to Plains Pipeline. The total oil volumes will be allocated back to each well based on metered well volumes.

Gas for each well is measured through dedicated orifice meters before combining in a 2-phase separator. The gas is then sold through a Daniel senior orifice meter. The total gas sales volume will be allocated back to each well based on metered well volumes.

Gas from tank vapor recovery is compressed, metered and sold through a single dedicated orifice meter. The vapor recovery gas will be allocated back to individual wells based each well's percentage of total oil volumes.

Water for each well is measure through dedicated turbine meters. Water is then combined and stored in 750 bbl fiberglass storage tanks. Water is then moved to recycle or disposal.

Meter numbers will be provided for all wells once they are installed in the field. Meters will be proved periodically as described in 19.15.12.10 C for diverse ownership.

Production from all wells flowing into the battery are in accordance with the hyperbolic production decline presented in Order R-14299. Initial annual decline rates are expected to be above 60%.

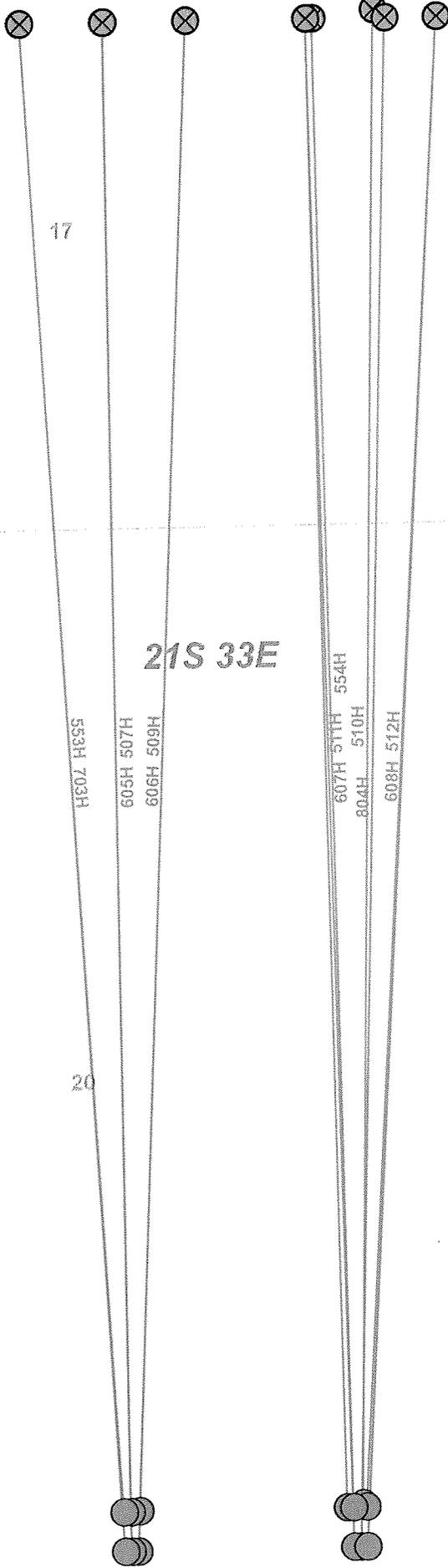
Commingling this production after well separation and measurement is the most effective means of producing these reserves. Pricing for all products will be the same with or without the commingling.

Advance requests the option to include future wells from the identified leases and pools.

Table 1 Pad A
Wells to Commingle

API	Well Name	Location	Pool Code/Name	Oil (BPD)	Gravity	Gas (MMSCFD)	BTU
1	30-025-46491 Wool Head 20 State Com 511H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	790	44	775	1332
2	30-025-46490 Wool Head 20 State Com 510H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	630	44	865	1359
3	30-025-46492 Wool Head 20 State Com 512H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	595	44	958	1332
4	30-025-46483 Wool Head 20 State Com 554H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	856	44	1392	1391
5	30-025-46328 Wool Head 20 State Com 608H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	1500	47	2000	1250
6	30-025-46329 Wool Head 20 State Com 607H	L-20-21S-33E	WC-025 G-10 S2133280;Wolfcamp	1500	46	2000	1250
7	30-025-46327 Wool Head 20 State Com 804H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	1200	46-48	1500	1250

Rates for wells are estimated based on type curves.



21S 33E

1,100 Feet

ADVANCE
ENERGY PARTNERS

- Well Location
- Well End Point
- Well Line

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-8181 Fax: (575) 393-0720

DISTRICT II
811 S. First St., Artesia, NM 88210
Phone (575) 746-1283 Fax: (505) 746-9720

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3480 Fax: (505) 476-3482

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised August 4, 2011

Submit one copy to appropriate
District Office

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number	Pool Code	Pool Name
Property Code	Property Name WOOL HEAD 20 STATE COM	Well Number 510H
OGRID No.	Operator Name ADVANCE ENERGY PARTNERS HAT MESA	Elevation 3728'

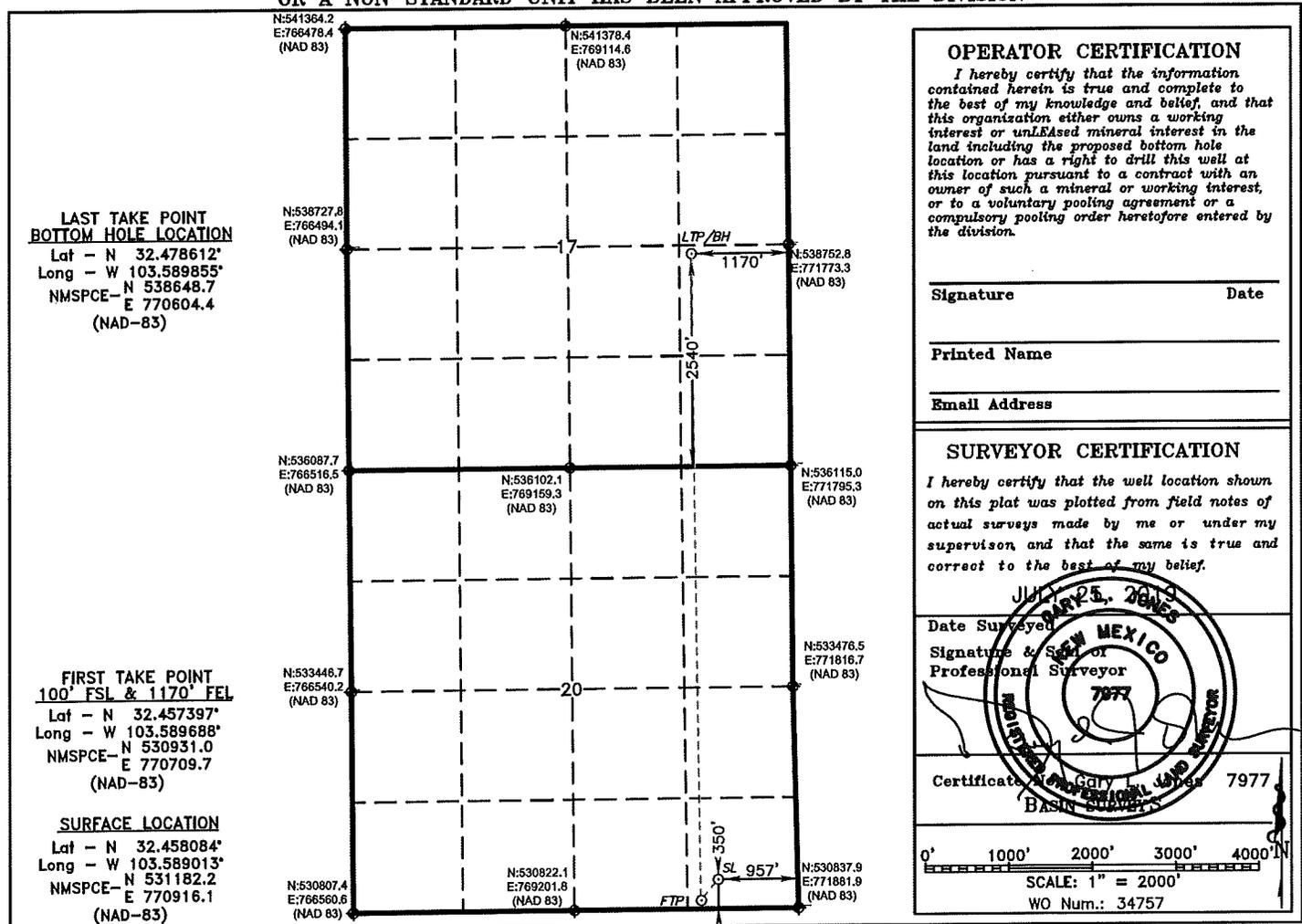
Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
P	20	21 S	33 E		350	SOUTH	957	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
I	17	21 S	33 E		2540	SOUTH	1170	EAST	LEA
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



DISTRICT I
1626 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) 746-1283 Fax: (575) 746-9720

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
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1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number	Pool Code	Pool Name
	97895	WC-025 G-08 S213304D;BONE SPRING
Property Code	Property Name	Well Number
325948	WOOL HEAD 20 STATE COM	511H
OGRID No.	Operator Name	Elevation
372417	ADVANCE ENERGY PARTNERS HAT MESA	3728'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
P	20	21 S	33 E		350	SOUTH	957	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
I	17	21 S	33 E		2540	SOUTH	990	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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**LAST TAKE POINT
BOTTOM HOLE LOCATION**
Lat - N 32.478612°
Long - W 103.589272°
NMSPC - N 538650.1
E 770784.1
(NAD-83)

**FIRST TAKE POINT
100' FSL & 990' FEL**
Lat - N 32.457397°
Long - W 103.589106°
NMSPC - N 530932.1
E 770889.3
(NAD-83)

SURFACE LOCATION
Lat - N 32.458084°
Long - W 103.589013°
NMSPC - N 531182.2
E 770916.1
(NAD-83)

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.

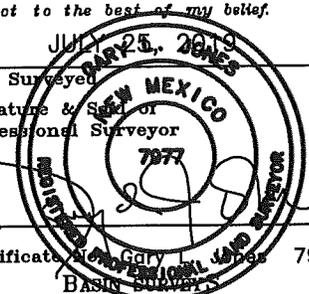
Signature _____ Date _____

Printed Name _____

Email Address _____

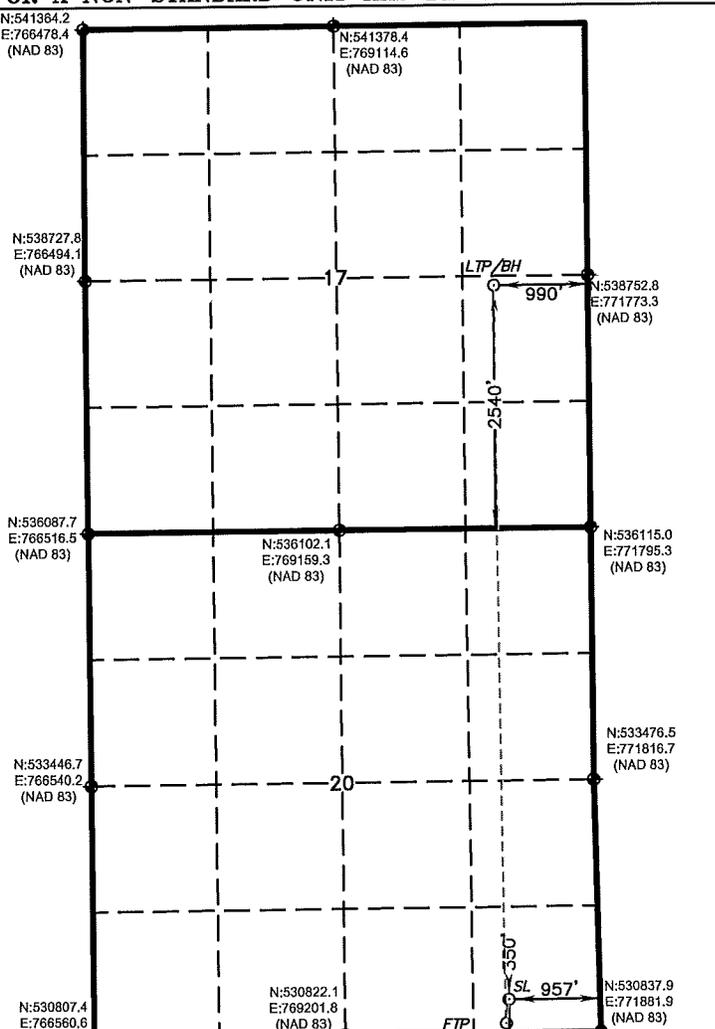
SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date Surveyed: JUL 25, 2019

Signature & Seal of Professional Surveyor: 

Certificate No. 7977

Scale: 1" = 2000'
WO Num.: 34757



DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax: (575) 393-0720

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number	Pool Code	Pool Name
325948	97895	WC-025 G-08 S213304D;BONE SPRING
Property Code	Property Name	Well Number
372417	WOOL HEAD 20 STATE COM	512H
OGRID No.	Operator Name	Elevation
	ADVANCE ENERGY PARTNERS HAT MESA	3726'

Surface Location

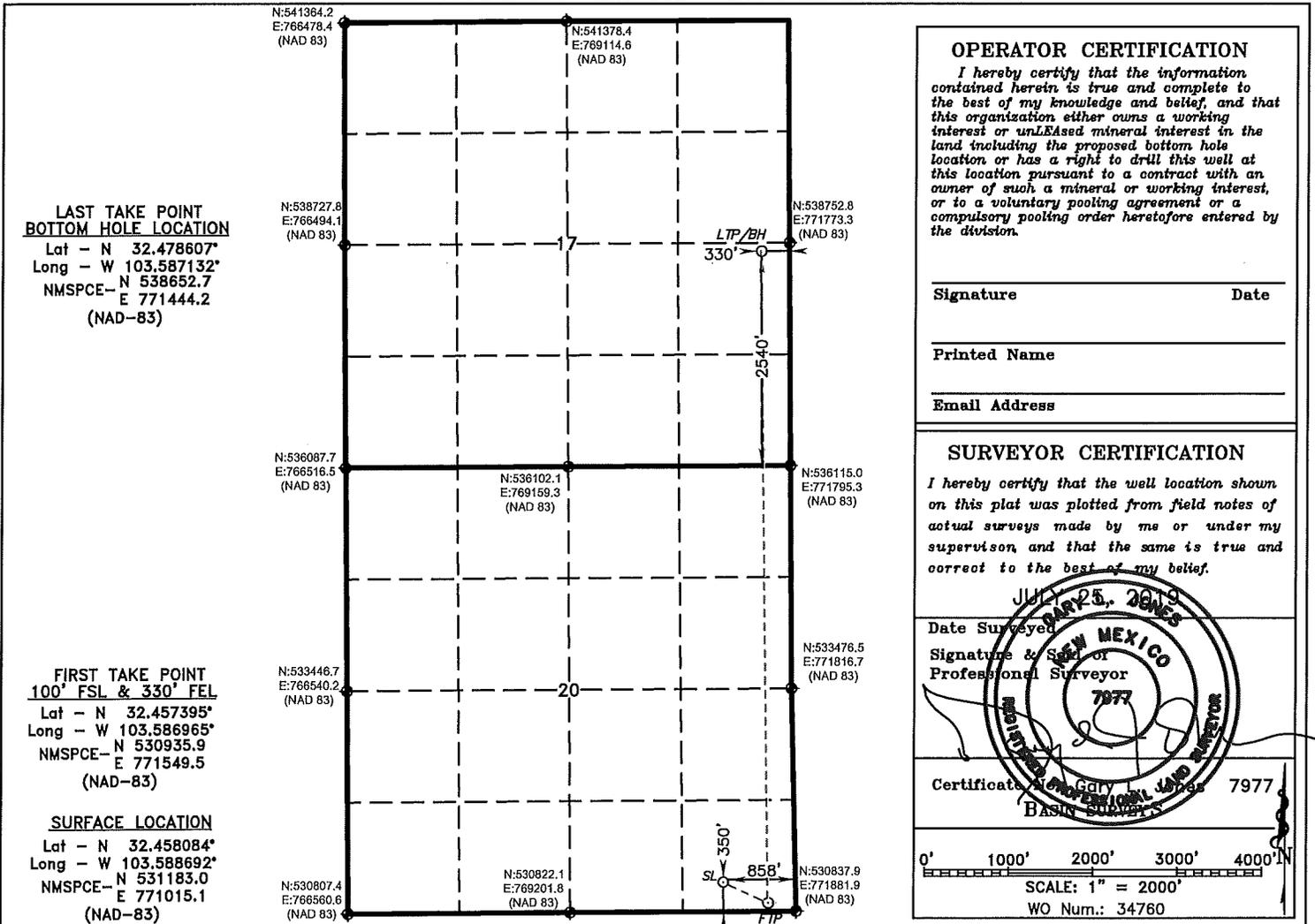
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
P	20	21 S	33 E		350	SOUTH	858	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
I	17	21 S	33 E		2540	SOUTH	330	EAST	LEA

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



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1625 N. French Dr., Hobbs, NM 88240
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DISTRICT III
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WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number 30-025-46483	Pool Code 97895	Pool Name WC-025 G08 S213304D;BONE SPRING
Property Code 325948	Property Name WOOL HEAD 20 STATE COM	Well Number 554H
OGRID No. 372417	Operator Name ADVANCE ENERGY PARTNERS HAT MESA	Elevation 3727'

Surface Location

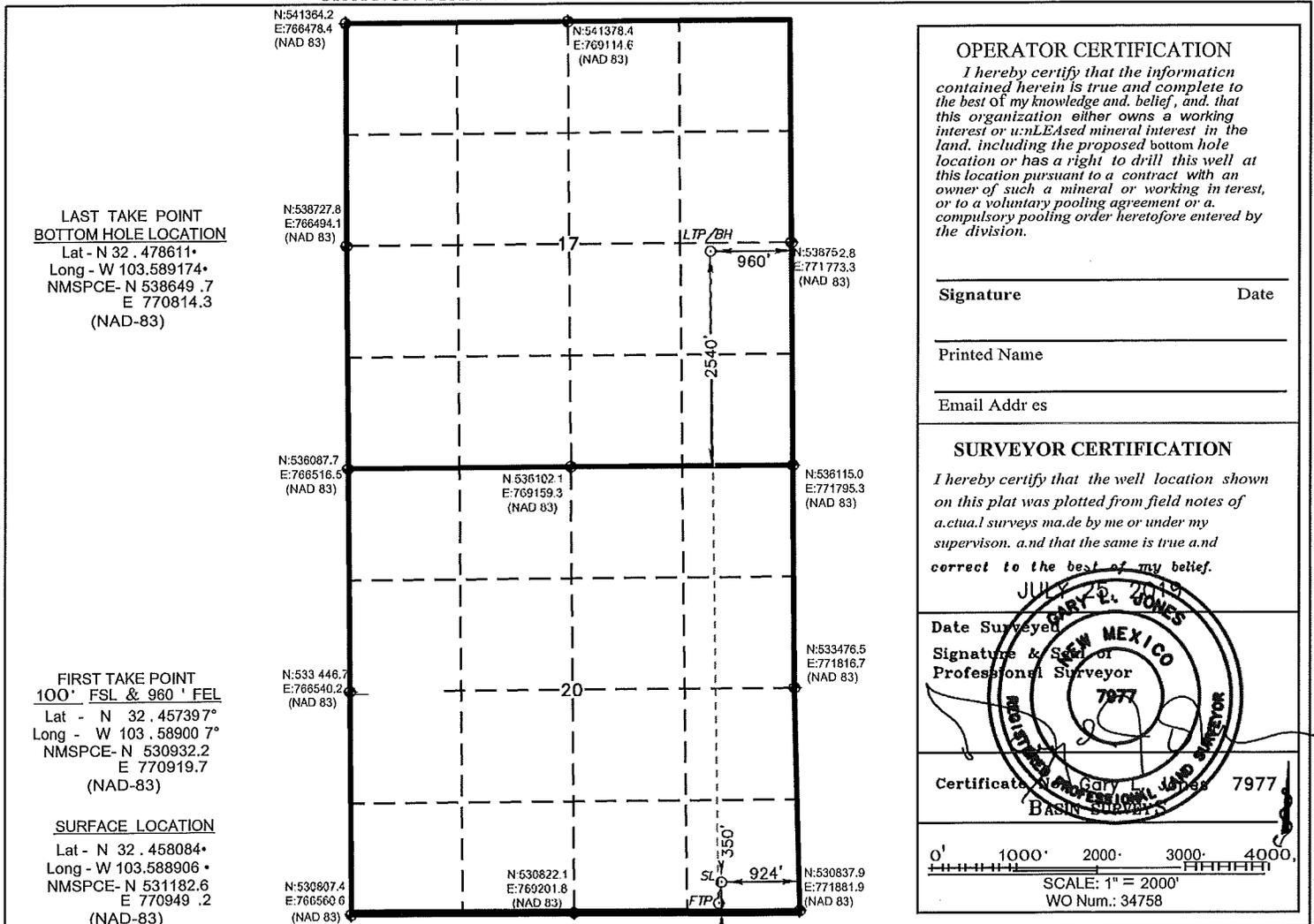
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
p	20	21 S	33 E		350	SOUTH	924	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
I	17	21 S	33 E		2540	SOUTH	660	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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DISTRICT I
1825 N. French Dr., Hobbs, NM 88240
Phone (505) 893-8161 Fax: (505) 893-0720

DISTRICT II
811 S. First St., Artesia, NM 88210
Phone (505) 746-1283 Fax: (505) 748-9720

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 354-5178 Fax: (505) 354-5176

DISTRICT IV
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Phone (505) 476-3460 Fax: (505) 476-3458

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

OCD - HOBBS
07/31/2019

WELL LOCATION AND ACREAGE DEDICATION PLAN AMENDED REPORT

API Number	Pool Code	Pool Name
	97895	WC-025 G-08 S213304D;BONE SPRING
Property Code	Property Name	Well Number
325948	WOOL HEAD 20 STATE COM	608H
OGRD No.	Operator Name	Elevation
372417	ADVANCE ENERGY PARTNERS HAT MESA	3721'

Surface Location

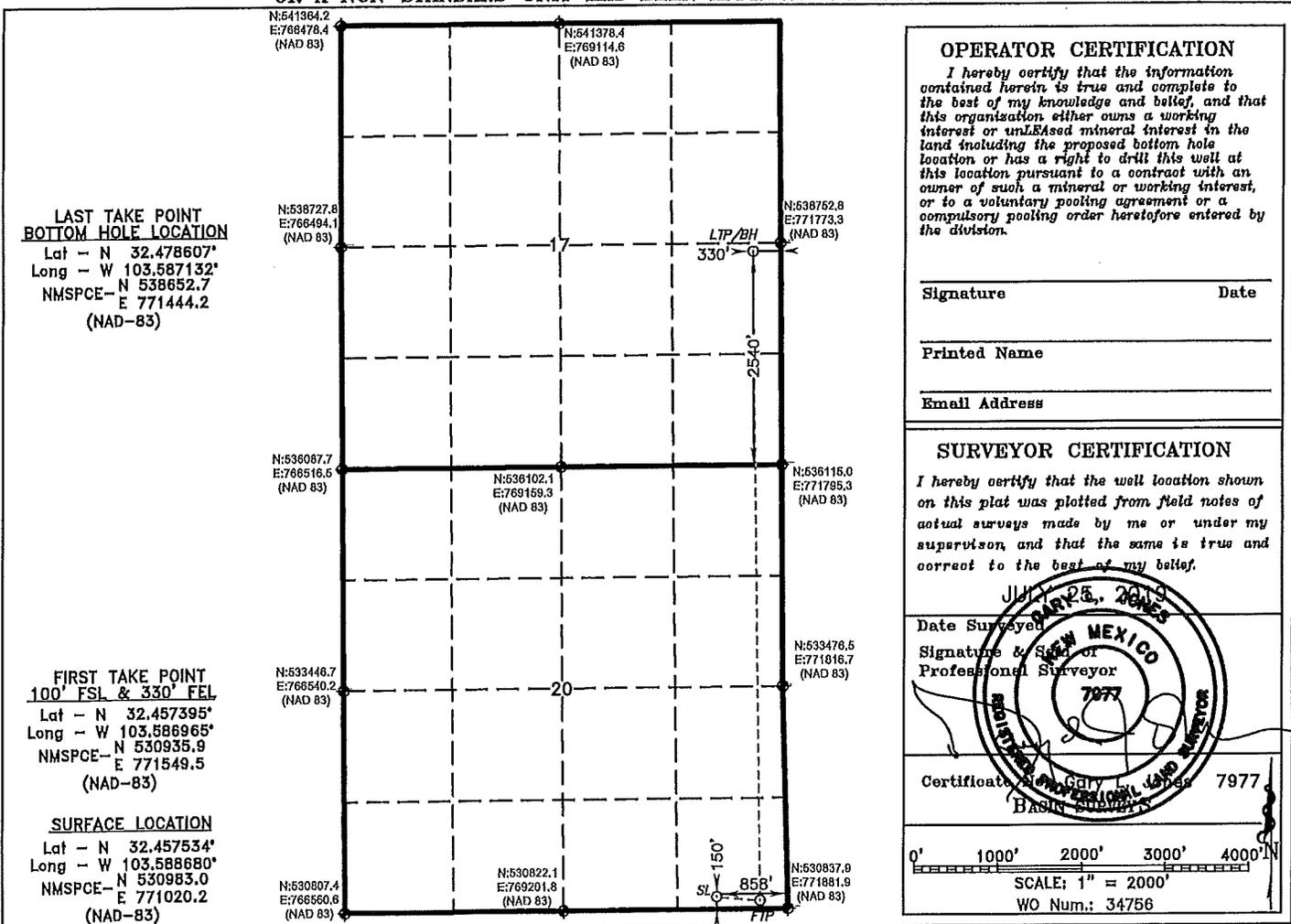
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
P	20	21 S	33 E		150	SOUTH	858	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
I	17	21 S	33 E		2540	SOUTH	330	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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DISTRICT II
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DISTRICT III
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Energy, Minerals and Natural Resources Department

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WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number 30-025-46329	Pool Code 98033	Pool Name WC-025 G-10 S2133280;WOLFCAMP
Property Code 325948	Property Name WOOL HEAD 20 STATE COM	Well Number 607H
OGRID No.	Operator Name ADVANCE ENERGY PARTNERS HAT MESA	Elevation 3728'

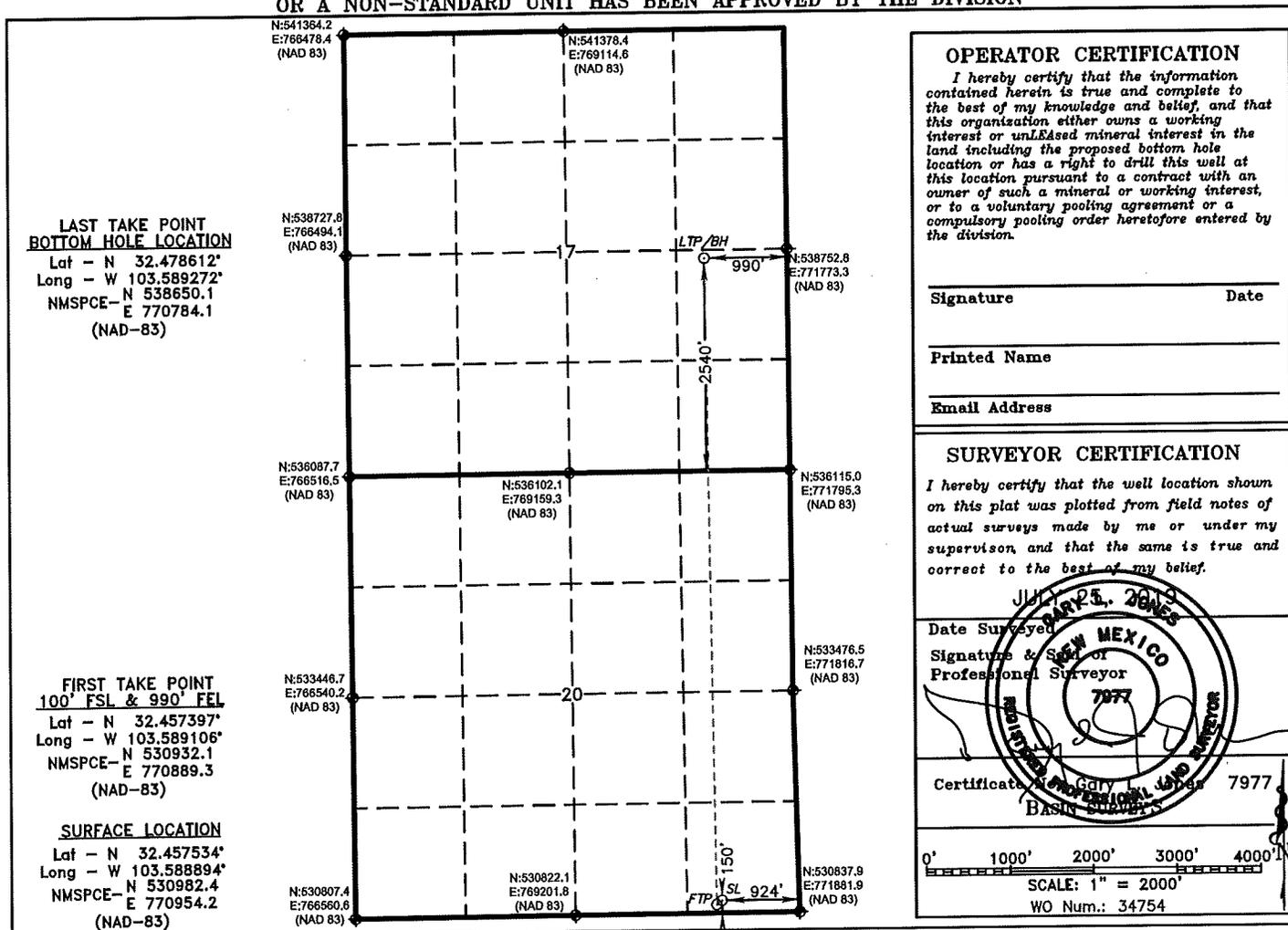
Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
P	20	21 S	33 E		150	SOUTH	924	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
I	17	21 S	33 E		2540	SOUTH	990	EAST	LEA
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



DISTRICT I
1685 N. French Dr., Hobbs, NM 88240
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Phone (575) 748-1293 Fax: (575) 748-0720

DISTRICT III
1000 Rio Brazos Rd., Artesia, NM 87410
Phone (505) 534-8178 Fax: (505) 534-8170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87605
Phone (505) 476-8400 Fax: (505) 476-3400

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, New Mexico 87605

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07/31/2019
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Submit one copy to appropriate District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

API Number	Pool Code 97895	Pool Name WC-025 G-08 S213304D;BONE SPRING
Property Code 325948	Property Name WOOL HEAD 20 STATE COM	Well Number 804H
OGRID No. 372417	Operator Name ADVANCE ENERGY PARTNERS HAT MESA	Elevation 3722'

Surface Location

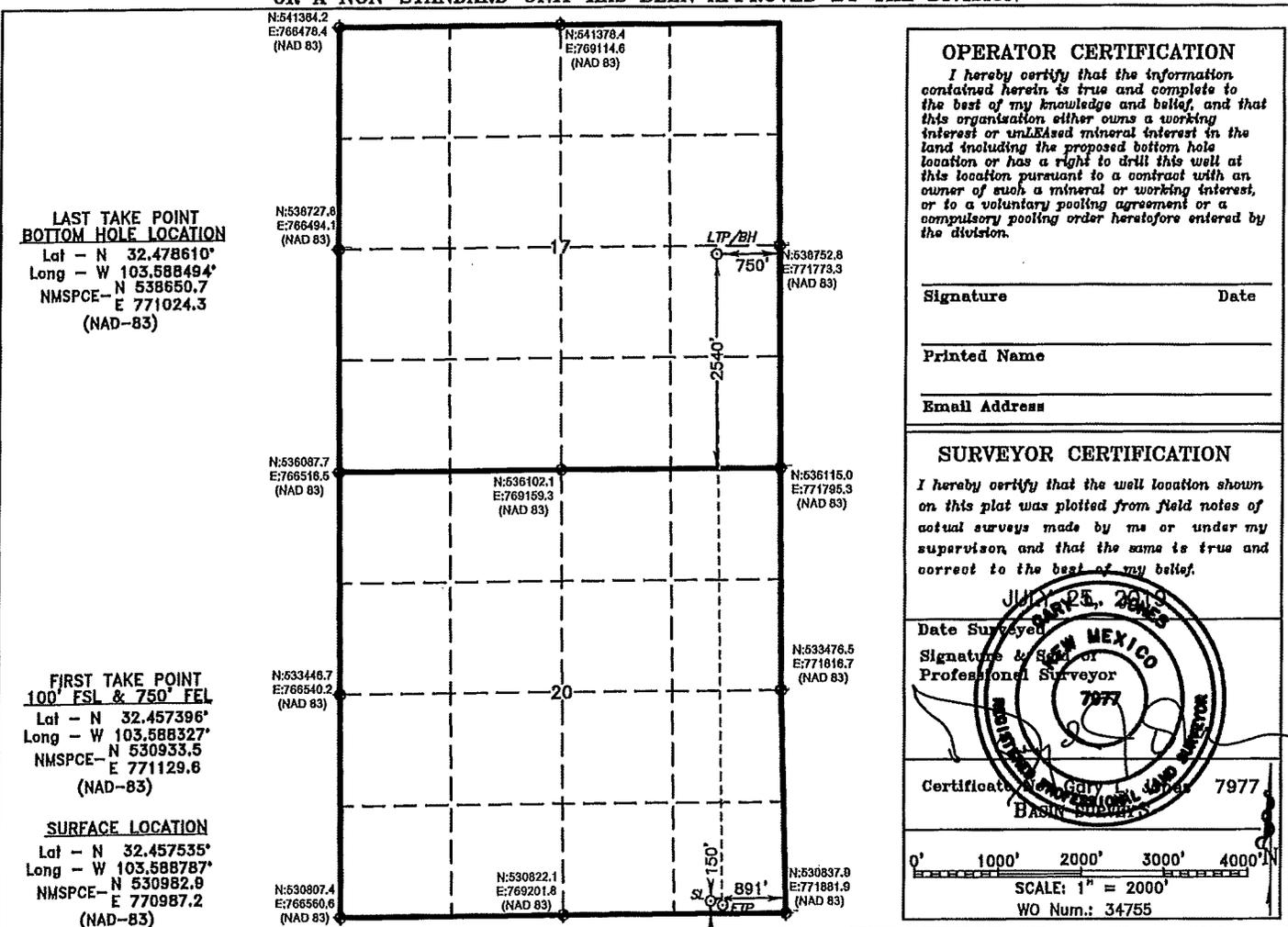
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
P	20	21 S	33 E		150	SOUTH	891	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
I	17	21 S	33 E		2540	SOUTH	750	EAST	LEA

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



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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-46327
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Advance Energy Partners Hat Mesa		6. State Oil & Gas Lease No.
3. Address of Operator 11490 Westheimer Rd, Houston, TX 77077		7. Lease Name or Unit Agreement Name Wool Head 20 State Com
4. Well Location Unit Letter <u>P</u> : <u>150</u> feet from the <u>S</u> line and <u>891</u> feet from the <u>E</u> line Section <u>20</u> Township <u>21S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number <u>607H to 804H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3722'</u>		9. OGRID Number <u>372417</u>
		10. Pool name or Wildcat <u>WC-025 G-08 S213304D;BONE SPRING</u>

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Change well number from 607H to 804H
Change bottom hole to be 590 FEL
Change First Take Point

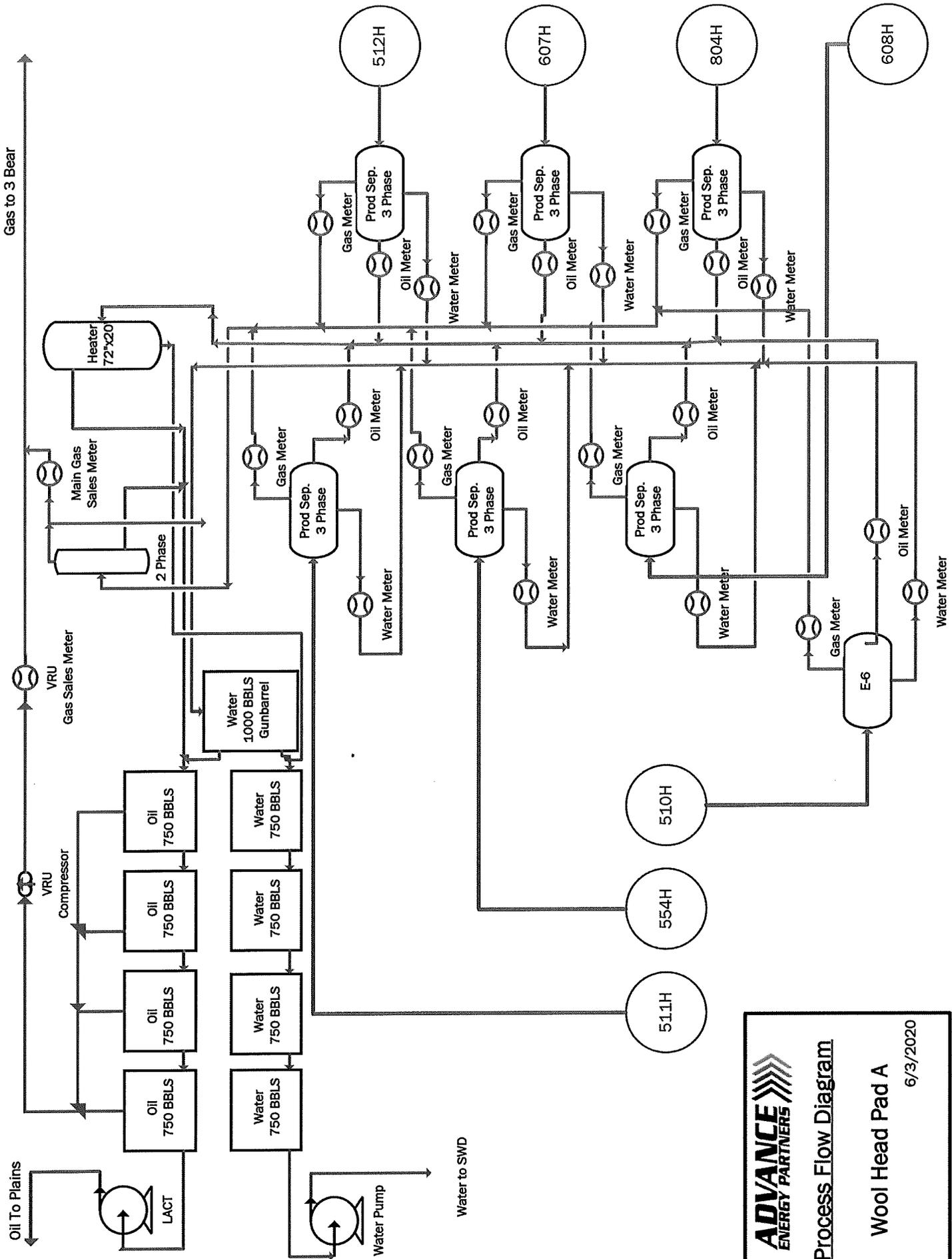
Spud Date: Rig Release Date:

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

SIGNATURE: Debbie Moughon TITLE: Eng. Tech. DATE: _____
 PRINT NAME: Debbie Moughon E-mail address: dmoughon@advanceenergypartners.com PHONE: (346)444-9739

For State Use Only

APPROVED BY: [Signature] TITLE: Petroleum Engineer DATE: 12/17/19
 Conditions of Approval (if any): _____



ADVANCE ENERGY PARTNERS

Process Flow Diagram

Wool Head Pad A

6/3/2020



11490 Westheimer Road, Suite 950, Houston, Texas 77077 • Phone 832-672-4700 • Fax 832-672-4609

June 3, 2020

Oil Conservation Division
Energy Minerals and Natural Resources Department
1220 South St. Frances
Santa Fe, New Mexico 87004

**Re: Application to Commingle – Wool Head State Com Pad A
E/2 Section 20, T21S-R33E and SE/4 Section 17-T21S-R33E
Lea County, New Mexico**

Ladies and Gentlemen

Advance Energy Partners Hat Mesa, LLC is applying for a commingling permit for oil and gas production from wells in the subject lands.

This letter is to confirm the lease ownership in the following applicable leases listed on the attached Exhibit are identical ownership. In addition, the overriding royalty interests pertaining to the same leases and lands are identical in these lands and leases.

Thank you again for your consideration. If you require additional information, please notify me either by telephone or my email indicated below.

Sincerely,

A handwritten signature in black ink that reads "Paul Burdick".

Paul J. Burdick
Land Advisor
Advance Energy Partners Hat Mesa, LLC
Email: PBurdick@Advanceenergypartners.com
Office Telephone: 832-672-4623
Cell Telephone: 713-228-7320

New Mexico OCD

June 3, 2020

Page 2

Wool Head State Com Leases

NM State Lease Number	Section	Township-Range	Lessee of Record
V0-8658	20: South Half	21 South-33 East	Advance Energy Partners Hat Mesa, LLC
V0-8725	20: North Half	21 South-33 East	The Allar Company
V-3427	17: South Half	21 South-33 East	Advance Energy Partners Hat Mesa, LLC



11490 Westheimer Road, Suite 950, Houston, Texas 77077 • Phone 832-672-4700 • Fax 832-672-4609

June 5, 2020

Certified Mail
Return Receipt Requested

See Address List:

Re: Application of Lease Commingling and off Lease Measurement, Sales and Storage for the Wool Head State Com Pad A & Pad B

Ladies and Gentlemen,

This letter is to advise you that Advance Energy Partners Hat Mesa, LLC is filing an application for surface commingling at the Wool Head State Com Pad A & Pad B. A copy of the application is attached.

Any objections or requests for a hearing regarding this application must be submitted to the New Mexico Oil Conservation Division Santa Fe office within 20 days from the date of this letter.

Pursuant to Statewide rule 19.15.12.10(C) (g), Advance Energy Partners Hat Mesa, LLC requests the option to include additional pools or leases within the defined parameters set forth in the order for future additions.

For questions regarding this application, please contact me at 346-444-9739.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Moughon".

Debbie Moughon
Engineering Tech.
Advance Energy Partners, LLC
346-444-9739 or (cell) 713-447-0744
Email: dmoughon@advanceenergypartners.com

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised August 1, 2011

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

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

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Advance Energy Partners Hat Mesa, LLC
OPERATOR ADDRESS: 11490 Westheimer Suite 950 Houston, Texas 77077
APPLICATION TYPE:

- Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)
LEASE TYPE: Fee State Federal

Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
 Yes No

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

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production	Calculated Value of Commingled Production	Volumes
97895 WC-025 G-08 S213304D; Bone Spring	44/1.5-2	1332	8000 BOPD/9000 MCFPD	
98033 WC-025 G-10 S213328O; Wolfcamp	46/1.5-2	1250	8000 BOPD/9000 MCFPD	

- (2) Are any wells producing at top allowables? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No.
(4) Measurement type: Metering Other (Specify)
(5) Will commingling decrease the value of production? Yes No If "yes", describe why commingling should be approved

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

- (1) Pool Name and Code.
(2) Is all production from same source of supply? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No
(4) Measurement type: Metering Other (Specify)

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

- (1) Complete Sections A and E.

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

- (1) Is all production from same source of supply? Yes No
(2) Include proof of notice to all interest owners.

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

- (1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: Debbie Moughon TITLE: Eng. Tech DATE: 6/15/20
TYPE OR PRINT NAME: Debbie Moughon TELEPHONE NO.: 346-444-9739
E-MAIL ADDRESS: dmoughon@advanceenergypartners.com

Address List

Royalty Owner

Commission of Public Lands
P. O. Box 1148
Santa Fe, New Mexico 87504
Certified Mail

Working Interest Owners

Advance Energy Partners Hat Mesa, LLC
11490 Westheimer, Suite 950
Houston, Texas 77077
Certified Mail

Bullhead Energy, LLC
P. O. Box 470458
Fort Worth, Texas 76147
Certified Mail

The Allar Company
P. O. Box 1567
Graham, Texas 76450
Certified Mail

Overriding Royalty Owners

COG Operating LC
One Concho Center
600 W. Illinois Ave
Midland, Texas 79701
Certified Mail

Concho Oil & Gas LLC
One Concho Center
600 W. Illinois Ave
Midland, Texas 79701
Certified Mail

Charis Royalty F, LP
P. O. Box 470158
Fort Worth, Texas 76147
Certified Mail

Schlagel Brothers
4304 Coyote Trail
Midland, Texas 79707
Certified Mail

PBEX Resources, LLC
223 West Wall St., Suite 900
Midland, Texas 79701
Certified Mail

DG Royalty, LLC
110 N. Marienfeld, Suite 200
Midland, Texas 79701
Certified Mail

Michael D. Hayes and Kathryn A. Hayes
As Co- Trustees of the Hayes Revocable Trust
3608 Meadowridge Lane
Midland, Texas 79707
Certified Mail

Nestegg Energy Corporation
2308 Sierra Vista Rd
Artesia, New Mexico 88210
Certified Mail

EG3 Inc
P. O. Box 1567
Graham, Texas 76450
Certified Mail

Mike Petraitis
P. O. Box 10886
Midland, Texas 79702
Certified Mail

Wing Resources III, LLC
2100 McKinney Ave., Suite 15640
Dallas, Texas 75021
Certified Mail

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.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 [Signature] Address
 B. Received by (Printed Name) C. Date of Delivery
Unit-Manager *6/18/20*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Concho Oil & Gas LLC
 One Concho Center
 600 W. Illinois Ave
 Midland, Texas 79701



9590 9402 5459 9189 3922 39

2. Article Number (Transfer from carrier label)

7019 2280 0000 5479 7807

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail
 - Mail Restricted Delivery
 - 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 \$ _____

615120
 Concho
 Here
 Oil & Gas

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

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

See Reverse for Instructions

7019 2280 0000 5479 7807

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:

Mike Petraitis
 P. O. Box 10386
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 B. Received by (Printed Name) Address
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



9590 9402 5459 9189 3923 14

2. Article Number (Transfer from service label)

7019 2280 0000 5479 7883

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

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

4/15/20
 Mike Petraitis
 Here

7019 2280 0000 5479 7883

Sent To

Street and Apt. No., or P.O. Box No.

City, State, Zip+4®

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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:

COG Operating LC
 One Concho Center
 600 W. Illinois Ave
 Midland, Texas 79701



9590 9402 5459 9189 3924 13

7019 2280 0000 5479 7791

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received By (Printed Name) Address
- C. Date of Delivery Yes
- D. Is delivery address different from item 1? No

[Handwritten Signature]
 Received By: *[Handwritten Name]*
 Date of Delivery: *[Handwritten Date]*

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- In Delivery Restricted Delivery
- Mail
- 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 \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

COG
Operating LC
WIS/20

7019 2280 0000 5479 7791

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3809, 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:
 Nestegg Energy Corporation
 2308 Sierra Vista Rd
 Artesia, New Mexico 88210



9590 9402 5459 9189 3922 91

2. Article Number (Transfer from service label):
 7019 2280 0000 5479 7869

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- X Received by (Printed Name) Address
- Walter Miller Date of Delivery
- 6-8-20
- D. Is delivery address different from item 1? Yes No
- If YES, enter delivery address below:

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery

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

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

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

7019 2280 0000 5479 7869

Nestegg
 Postmark Here
 W51220

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:

State of New Mexico
 State Land Office
 310 Old Santa Fe
 Santa Fe, New Mexico 87504



9590 9402 5459 9189 3924 06

2. Article Number (Transfer from service label)

7019 2280 0000 5479 5018

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Received by (Printed Name) Address
 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
- 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 \$ _____

6/5/20
 State Land Office

Postage \$ _____

Total Postage and Fees \$ _____

Sent To \$ _____

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City, State, Zip+4®

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See Reverse for Instructions

7019 2280 0000 5479 5018

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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:

Michael D. Hayes and Kathryn A. Hayes
 As Co-Trustees of the Hayes Revocable Trust
 3608 Meadowridge Lane
 Midland, Texas 79707

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Address
- B. Received by (Printed Name) Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



2. Article Number (Transfer from service label)

7019 2280 0000 5479 7852

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

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

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

Postage

Total Postage and Fees

Sent To

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City, State, ZIP+4®

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See Reverse for Instructions

7019 2280 0000 5479 7852

4/5/20
 Michael D Hayes
 Kathryn Hayes

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:

PBEX Resources, LLC
 223 West Walli St., Suite 900
 Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Address
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



9590 9402 5459 9189 3922 60

2 Article Number (Transfer from service label)

7019 2280 0000 5479 7845

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

PBEX
 Request
 6/15/20

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

See Reverse for Instructions

7019 2280 0000 5479 7845

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:

Charis Royalty F, LP
 P. O. Box 470158
 Fort Worth, Texas 76147

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 B. Received by (Printed Name) Address
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



9590 9402 5459 9189 3922 46

2. Article Number (Transfer from service label)

7019 2280 0000 5479 7814

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

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

6/15/20
 Charis Royalty

7019 2280 0000 5479 7814

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

See Reverse for Instructions

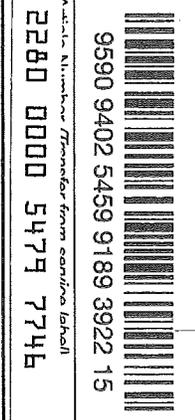
SENDER: COMPLETE THIS SECTION

- 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:

Bullhead Energy, LLC
 P. O. Box 470458
 Fort Worth, Texas 76147

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 William Lee Address
- B. Received by (Printed Name) Date of Delivery
Wilson Cook *6/18/20*
- 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 Restr
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery

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

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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 \$ _____

6/15/20
 Postmark Here
 Bullhead Energy

7019 2280 0000 5479 7746

Sent To _____

Street and Apt. No., or PO Box No. _____

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:

Commission of Public Lands
 P. O. Box 1148
 Santa Fe, New Mexico 87504

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Address
- 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



9590 9402 5459 9189 3922 08

2. Article Number (Transfer from service label)

7019 2280 0000 5479 7753
 PS Form 3811, July 2013

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery
 - 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 \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions

6/5/20
 Postmark Here
 Commission of Public Lands

7019 2280 0000 5479 7753

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.

The Alliar Company
 P. O. Box 1567
 Graham, Texas 76450



9590 9402 5459 9189 3922 22

Article Number/Tracker from carrier In-4-1

7019 2280 0000 5479 7784

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
M. Barnett
- B. Received by (Printed Name) Address
M. Barnett
- 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 Restricted Delivery
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery/Restricted Delivery
 - Mail
 - Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restr. 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 Postage and Fees \$ _____

Sent To \$ _____

Street and Apt. No., or PO Box No. _____

City, State, Zip+4® _____

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7019 2280 0000 5479 7784

Postmark Here
 The Alliar Co.

015120

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:
 EG3 Inc
 P. O. Box 1567
 Graham, Texas 76450



9590 9402 5459 9189 3923 07



COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
M Barnett Address
- B. Received by (Printed Name) *M Barnett* C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

2. Article Number (Transfer from _____)
 7019 2280 0000 5479 7876

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

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

105120
 EG3
 INC

7019 2280 0000 5479 7876

Sent To _____
 Street and Apt. No., or PO Box No. _____
 City, State, Zip+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9077 See Reverse for Instructions

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:
 Schlagenel Brothers
 4304 Coyote Trail
 Midland, Texas 79707

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Address
- B. Received by Schlagenel (Printed Name) Date of Delivery 6/18/20
- C. Date of Delivery 6/18/20
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



9590 9402 5459 9189 3922 53

2. Article Number (Transfer from service label)
 7019 2280 0000 5479 7821

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

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

OFFICIAL USE

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

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

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

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

7019 2280 0000 5479 7821
 6/15/20
 Schlagenel
 Brothers

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restr. Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Signature Restricted Delivery

Domestic Return Receipt

