

Revised March 23, 2017

BOFYQ-201207-C-107B PLC-723

RECEIVED: 12/7/20	REVIEWER: DM	TYPE: PLC	APP NO: pDM2034334224
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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: ConocoPhillips Company **OGRID Number:** 217817
Well Name: Baish B 003 **API:** 30-025-00636
Pool: Maljamar; Grayburg San Andres **Pool Code:** 43329

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

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

A. Location – Spacing Unit – Simultaneous Dedication

☐ NSL ☐ NSP (PROJECT AREA) ☐ NSP (PRORATION UNIT) ☐ SD

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

[I] Commingling – Storage – Measurement

☐ DHC ☐ CTB ☒ PLC ☐ PC ☒ OLS ☐ OLM

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

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR
2) NOTIFICATION REQUIRED TO: Check those which apply.

- A. ☐ Offset operators or lease holders
 B. ☒ Royalty, overriding royalty owners, revenue owners
 C. ☐ Application requires published notice
 D. ☐ Notification and/or concurrent approval by SLO
 E. ☒ Notification and/or concurrent approval by BLM
 F. ☐ Surface owner
 G. ☒ For all of the above, proof of notification or publication is attached, and/or,
 H. ☐ No notice required

FOR OCD ONLY

- ☐ Notice Complete
☐ Application
 Content
 Complete

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

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

Susan B. Maunder

Print or Type Name

Susan B. Maunder

Signature

December 1, 2020

Date

281-206-5281

Phone Number

Susan.B.Maunder@conocophillips.com

e-mail Address

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: ConocoPhillips Company
OPERATOR ADDRESS: P.O. Box 2197, Office ECP2-12-W156, Houston, TX 77252
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	Oil Volumes	Calculated Value of Commingled Production	Gas Volumes
Maljamar; Grayburg San Andres/43329	31.8/1575	39.2/1142	5 bbl	\$39.5/bbl (est.)/\$1.19	0
Baish; Yates/04560	41.0/841		9 bbl (2 wells)		563
Baish; Wolfcamp/04480	41.0/1215		5 bbl		487
Maljamar; Abo/43250	41.0/1241		4 bbl		179

- (2) Are any wells producing at top allowables? ☐ Yes ☒ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No.
(4) Measurement type: ☐ Metering ☒ Other (Specify) Periodic production test will
(5) Will commingling decrease the value of production? ☐ Yes ☒ No If "yes", describe why commingling should be approved
Attached is Exhibit B, Bureau of Land Management Commingling Template containing required additional information

(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)

Attached is Exhibit B, Bureau of Land Management Commingling Template containing required additional information

(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. Proof of notification is attached

(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.

Attached is Exhibit B, Bureau of Land Management Commingling Template containing required additional information.

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

SIGNATURE: Susan B. Maunder TITLE: Senior Coordinator, Regulatory DATE: 11/30/2020

TYPE OR PRINT NAME Susan B Maunder TELEPHONE NO.: 281-206-4378

E-MAIL ADDRESS: Susan.B.Maunder@conocophillips.com



ConocoPhillips Company
P.O. Box 2197
Houston, TX 77252

October 21, 2020

VIA CERTIFIED RETURN RECEIPT

INTERESTED PARTY

SUBJECT: PROPOSAL TO SURFACE COMMINGLE PRODUCTION AND OFF-LEASE MEASUREMENT
FROM BAISH B TO BAISH A BATTERY

Dear Sir or Madam:

ConocoPhillips Company is seeking approvals from the Bureau of Land Management and New Mexico Oil Conservation Division to surface commingle production and off-lease measurement and sales of the Baish B #003 well production with production from the Baish A lease. Production allocation for the Baish B #003 well will be through periodic production tests. The wells are in Sections 21 and 22, Township 17S, Range 32E, Lea County, NM.

You are being notified as potentially affected party due to your interest in the area.

According to Rule 701C the State of New Mexico, Oil Conservation Division, Engineering Bureau (1220 South St. Francis Drive, Santa Fe, NM 87505) can decide on our application for amendment after 20 days, if no objection is received.

If you have any questions regarding the enclosed application, I can be reached at the address above, phone number (281)206-5281, or email Susan.B.Maunders@conocophillips.com.

Sincerely,

Susan B. Maunders

Susan Maunders
Senior Coordinator, Regulatory
Great Plains Business Unit

Enclosures

List Interest Parties:

ANNE E IVERSON
20 PINERIDGE DR
WESTFIELD, MA 01085

ASHLEY PRATHER
1110 BELVINS TRACE DR
DURHAM, NC 27703

AUSTIN FAMILY TRUST 3 27 2018
15771 CARRIE LANE
HUNTINGTON BEACH, CA 92647

BAISH LIMITED PARTNERSHIP
3020 FISHING CREEK VALLEY RD
HARRISBURG, PA 17112

BROWN UNIVERSITY
BOX C, INVESTMENT OFFICE
PROVIDENCE, RI 02912-0001

BUFFALO OIL COMPANY
PO BOX 1588
TULSA, OK 74101-1588

C LOUIS RENAUD
1708 EXPOSITION BLVD
AUSTIN, TX 78703

CYNTHIA S ELLIOTT
PO BOX 143
DORSET, VT 05251

DAVI SMITHSON
PO BOX 945
WASHINGTON, UT 84780

PAULA J. STROHMEYER
1525 N ALAMO PLACE
TUCSON, AZ 85712

HARRY B ELLIOTT JR
19 ANDY LN
GUILFORD, CT 06437

JAMES S STROHMEYER
10180 E SWEETLEAF DR
TUCSON, AZ 85748

KATELYN M MEANS
1525 N ALAMO PLC
TUCSON, AZ 85712

KATHERINE MARY SCOTT
809 SHERIDAN ST
ALTOONA, PA 16602-5440

KENNETH G AUSTIN
373 GOLFVIEW CT
MURFREESBORO, TN 37127

KRISTY STROHMEYER
25290 E NAVAJO TRAIL
BENSON, AZ 85602

LURAE MCCOLLUM
PO BOX 2243
GALLUP, NM 87301

LYNN PIERCE
PO BOX 6027
CHANDLER, AZ 85246

MARY E BAISH-WESTIN
220 FRAN ST
LILLY, PA 15938-5813

MICHAEL J STROHMEYER
150 PIEDRA LOOP
LOS ALAMOS, NM 87544

NORWALK HOSPITAL FOUNDATION
34 MAPLE ST
NORWALK, CT 06856

PHN TRIMBLE INVESTMENTS LLC
2727 NORTH OCEAN BLVD, APT 12
DELRAY BEACH, CA 33483

REBECCA R CUTRIGHT
10180 E SWEETLEAF DR
TUCSON, AZ 85748

ROBIN JOHNSON
912 S 17TH TERRACE
LEAVENWORTH, KS 66048

SARA E BEARDSLEY KING DEVRIES
PO BOX 278
DORSET, VT 05251

STAMFORD HOSPITAL
1351 WASHINGTON BLVD 7TH FLR
STAMFORD, CT 06904-9317

SUZANNE M CHARLES HARRINGTON
261 RIVER BIRCH CIRCLE
MOORESVILLE, CT 28115

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
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811 S. First St., Artesia, NM 88210
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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 & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-00636	² Pool Code 43329	³ Pool Name Maljamar; Grayburg, San Andres
⁴ Property Code 31359	⁵ Property Name Baish B	⁶ Well Number 003
⁷ OGRID No. 217817	⁸ Operator Name ConocoPhillips Company	⁹ Elevation 4009

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	22	17S	32E		660	North	1980	East	Lea

¹¹ Bottom Hole Location If Different From Surface

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

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶		660'		1980'		¹⁷ OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or 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.</i>
						Signature: <u>Susan B. Maunder</u> Date: <u>10/14/20</u> Printed Name: <u>Susan B. Maunder</u> E-mail Address: <u>Susan.B.Maunder@conocophillips.com</u>
						¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i>
						Date of Survey Signature and Seal of Professional Surveyor: Certificate Number

District I
1625 N. French Dr., Hobbs, NM 88240
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
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WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-00618	² Pool Code 04560	³ Pool Name Baish; Yates
⁴ Property Code 31358	⁵ Property Name Baish A	⁶ Well Number 003
⁷ OGRID No. 217817	⁸ Operator Name ConocoPhillips Company	⁹ Elevation 4039

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	21	17S	32E		2310	North	990	East	Lea

¹¹ Bottom Hole Location If Different From Surface

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

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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	¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Date of Survey Signature and Seal of Professional Surveyor: Certificate Number	

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WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-00619		² Pool Code 04560		³ Pool Name Baish; Yates	
⁴ Property Code 31358		⁵ Property Name Baish A			⁶ Well Number 005
⁷ OGRID No. 217817		⁸ Operator Name ConocoPhillips Company			⁹ Elevation 4027

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	21	17S	32E		2310	South	2310	West	Lea

¹¹ Bottom Hole Location If Different From Surface

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

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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	¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Date of Survey Signature and Seal of Professional Surveyor: Certificate Number			

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WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-20568	² Pool Code 04480/43250	³ Pool Name Baish; Wolfcamp/Maljamar; Abo
⁴ Property Code 31358	⁵ Property Name Baish A	⁶ Well Number 012
⁷ OGRID No. 217817	⁸ Operator Name ConocoPhillips Company	⁹ Elevation 4027

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	21	17S	32E		660	North	660	East	Lea

¹¹ Bottom Hole Location If Different From Surface

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

¹² Dedicated Acres 80	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No. DHC-96, R-3645
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶ 	¹⁷ OPERATOR CERTIFICATION <i>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.</i>	
	Signature <u>Susan B. Maunder</u> Date <u>10/14/20</u> Printed Name <u>Susan B. Maunder</u> E-mail Address <u>Susan.B.Maunder@conocophillips.com</u>	
	¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i>	
	Date of Survey _____ Signature and Seal of Professional Surveyor: _____ Certificate Number _____	

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WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-30363	² Pool Code 04480/43250	³ Pool Name Baish; Wolfcamp/Maljamar;Abo
⁴ Property Code 31358	⁵ Property Name Baish A	⁶ Well Number 014
⁷ OGRID No. 217817	⁸ Operator Name ConocoPhillips Company	⁹ Elevation 4006

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	22	17S	32E		810	North	500	West	Lea

¹¹ Bottom Hole Location If Different From Surface

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

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No. NSL-2528, DHC-715
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶ 				¹⁷ OPERATOR CERTIFICATION <i>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.</i> 10/14/20 Signature Date Susan B. Maunder Printed Name Susan.B.Maunder@conocophillips.com E-mail Address
			¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Date of Survey Signature and Seal of Professional Surveyor: Certificate Number	



Legal Notice

ConocoPhillips Company, 935 Eldridge Parkway, Office SP2-12-W156, Houston, TX 77079, Contact: Susan Maunder 281-206-5281 is seeking administrative approval from the New Mexico Oil Conservation Division to surface commingle production from the Baish B lease to the Baish A lease.

Baish B #003 (30-025-00636), located in Section 22, Township 17S, Range 32E, Lea County, NM; producing pool is Maljamar; Grayburg, San Andres.

Baish A lease has four producers located in Sections 21 and 22, Township 17S, Range 32E; Baish A #3 (30-025-00618); Baish A #5 (30-025-00619); Baish A #12 (30-025-20568); Baish A #14 (30-025-30363). Producing zones for the Baish A lease are Baish; Yates, Baish; Wolfcamp, and Maljamar; Abo. Production will flow from Baish B #3 to Baish A #14 and on to the Baish A battery.

Interested parties must file objections or request for hearing with the New Mexico Oil Conservation Division, 1220 South Saint Francis Drive; Santa Fe, New Mexico 87504 within 20 days of this notice.

ANNE E IVERSON
20 PINERIDGE DR
WESTFIELD, MA 01085
Certified #7015-0640-0003-9547-8395

ASHLEY PRATHER
1110 BELVINS TRACE DR
DURHAM, NC 27703
Certified #7015-0640-0003-9547-8401

AUSTIN FAMILY TRUST 3 27 2018
15771 CARRIE LANE
HUNTINGTON BEACH, CA 92647
Certified #7015-0640-0003-9547-8418

BAISH LIMITED PARTNERSHIP
3020 FISHING CREEK VALLEY RD
HARRISBURG, PA 17112
Certified #7015-0640-0003-9547-8425

BROWN UNIVERSITY
BOX C, Investment Office
PROVIDENCE, RI 02912-0001
Certified #7015-0640-0003-9547-8432

BUFFALO OIL COMPANY
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Certified #7015-0640-0003-9547-8449

C LOUIS RENAUD
1708 EXPOSITION BLVD
Austin, TX 78703
Certified #7015-0640-0003-9547-8456

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Certified #7015-0640-0003-9547-8463

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Certified #7015-0640-0003-9547-8470

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Certified #7015-0640-0003-9547-8487

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Certified #7015-0640-0003-9547-8494

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Certified #7015-0640-0003-9547-8500

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Certified #7015-0640-0003-9547-8524

KENNETH G AUSTIN
373 GOLFVIEW CT
MURFREESBORO, TN 37127
Certified #7015-0640-0003-9547-8531

KRISTY STROHMEYER
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BENSON, AZ 85602
Certified #7015-0640-0003-9547-8548

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GALLUP, NM 87301
Certified #7015-0640-0003-9547-8555

LYNN PIERCE
PO BOX 6027
CHANDLER, AZ 85246
Certified #7015-0640-0003-9547-8562

MARY E BAISH-WESTIN
220 FRAN ST
LILLY, PA 15938-5813
Certified #7015-0640-0003-9547-8579

MICHAEL J STROHMEYER
150 PIEDRA LOOP
LOS ALAMOS, NM 87544
Certified #7015-0640-0003-9547-8586

NORWALK HOSPITAL FOUNDATION
34 MAPLE ST
NORWALK, CT 06856
Certified #7015-0640-0003-9547-8593

PAULA J STROHMEYER
1525 N ALAMO PLACE
TUCSON, AZ 85712
Certified #7015-0640-0003-9547-8609

PHN TRIMBLE INVESTMENTS LLC
2727 NORTH OCEAN BLVD, APT 12
DELRAY BEACH, FL 33483
Certified #7015-0640-0003-9547-8616

REBECCA R CUTRIGHT
10180 E SWEETLEAF DR
TUCSON, AZ 85748
Certified #7015-0640-0003-9547-8623

ROBIN JOHNSON
912 S 17TH TERRACE
LEAVENWORTH, KS 66048
Certified #7015-0640-0003-9544-5755

SARA E BEARDSLEY KING DEVRIES
PO BOX 278
DORSET, VT 05251
Certified #7015-0640-0003-9544-5762

STAMFORD HOSPITAL
1351 WASHINGTON BLVD 7TH FLR
STAMFORD, CT 06904-9317
Certified #7015-0640-0003-9544-5779

SUZANNE M CHARLES HARRINGTON
261 RIVER BIRCH CIRCLE
MOORESVILLE, NC 28115
Certified #7015-0640-0003-9544-5786

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. Ashley Prather

B. Received by (Printed Name)

ASHLEY PRATHER

C. Date of Delivery

10/28/20

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

1. Article Addressed to:

ASHLEY PRATHER

1110 BELVINS TRACE DR

DURHAM, NC 27703

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8401

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

3. Service Type

☐ Priority Mail Express®☐ Registered Mail™☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Collect on Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Insured Mail (over \$500)

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. Ashley Prather

B. Received by (Printed Name)

ASHLEY PRATHER

C. Date of Delivery

10-28

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

1. Article Addressed to:

ANNE E IVERSON

20 PINERIDGE DR

WESTFIELD, MA 01085

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8395

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

3. Service Type

☐ Priority Mail Express®☐ Registered Mail™☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Collect on Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Insured Mail (over \$500)

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:

ASHLEY PRATHER

1110 BELVINS TRACE DR

DURHAM, NC 27703

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8401

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

3. Service Type

☐ Priority Mail Express®☐ Registered Mail™☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Collect on Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Insured Mail (over \$500)

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:

ANNE E IVERSON

20 PINERIDGE DR

WESTFIELD, MA 01085

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8395

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

3. Service Type

☐ Priority Mail Express®☐ Registered Mail™☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Collect on Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Insured Mail (over \$500)

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. Ashley Prather

B. Received by (Printed Name)

ASHLEY PRATHER

C. Date of Delivery

10/28/20

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

1. Article Addressed to:

BAISH LIMITED PARTNERSHIP

3020 FISHING CREEK VALLEY RD

HARRISBURG, PA 17112

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8425

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

3. Service Type

☐ Priority Mail Express®☐ Registered Mail™☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Collect on Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Insured Mail (over \$500)

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. Ashley Prather

B. Received by (Printed Name)

ASHLEY PRATHER

C. Date of Delivery

10/28/20

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

1. Article Addressed to:

AUSTIN FAMILY TRUST 3 27 2018

15771 CARRIE LANE

HUNTINGTON BEACH, CA 92647

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8418

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

3. Service Type

☐ Priority Mail Express®☐ Registered Mail™☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Collect on Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Insured Mail (over \$500)

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:
 CYNTHIA S ELLIOTT
 PO BOX 143
 DORSET, VT 05251.

2. Article Number (Transfer from service label)
 7015 0640 0003 9547 8463

3. Service Type
☐ Priority Mail Express®
☐ Adult Signature
☐ Registered Mail™
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Collect on Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail (over \$500)

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:
 BUFFALO OIL COMPANY
 PO BOX 1588
 TULSA, OK 74101-1588

2. Article Number (Transfer from service label)
 9590 9401 0059 5071 4077 15

3. Service Type
☐ Priority Mail Express®
☐ Adult Signature
☐ Registered Mail™
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Collect on Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail (over \$500)

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:
 C LOUIS RENAUD
 1708 EXPOSITION BLVD
 Austin, TX 78703

2. Article Number (Transfer from service label)
 7015 0640 0003 9547 8456

3. Service Type
☐ Priority Mail Express®
☐ Adult Signature
☐ Registered Mail™
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Collect on Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail (over \$500)

Domestic Return Receipt

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

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

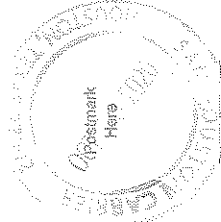
OFFICIAL USE

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 **BROWN UNIVERSITY**
 BOX C, Investment Office
 PROVIDENCE, RI 02912-0001

City, State, ZIP+4
 PS Form 3800

2348 2656 6000 0490 5702



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
JAMES S STROHMEYER
10180 E SWEETLEAF DR
TUCSON, AZ 85748

2. Article Number (Transfer from service label)
7015 0640 0003 9547 8500

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **Rebecca C. Smith** C. Date of Delivery **10/20**

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
☐ 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:
PAULA J STROHMEYER
1525 N ALAMO PLACE
TUCSON, AZ 85712

2. Article Number (Transfer from service label)
7015 0640 0003 9547 8609

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **STRONG** C. Date of Delivery **NOV 02 2020**

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
☐ 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:
HARRY B ELLIOTT JR
19 ANDY LN
GUILFORD, CT 06437

2. Article Number (Transfer from service label)
7015 0640 0003 9547 8494

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **CP R2C-19** C. Date of Delivery **11/12/2**

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
☐ 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:
DAVI SMITHSON
PO BOX 945
WASHINGTON, UT 84780

2. Article Number (Transfer from service label)
7015 0640 0003 9547 8470

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) **DAVI SMITHSON** C. Date of Delivery **NOV 3 2020**

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
☐ 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:

KRISTY STROHMEYER
25290 E NAVAJO TRAIL
BENSON, AZ 85602

2. Article Number (Transfer from service label)
7015 0640 0003 9547 8548

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Kristy Strohmeyer
C. Date of Delivery 10/28/20
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
☐ Insured Mail (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

KENNETH G AUSTIN
373 GOLFVIEW CT
MURFREESBORO, TN 37127

2. Article Number (Transfer from service label)
7015 0640 0003 9547 8531

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Kenn G Austin
C. Date of Delivery 10/28/20
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
☐ Insured Mail (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

KATHERINE MARY SCOTT
809 SHERIDAN ST
ALTOONA, PA 16602-5440

2. Article Number (Transfer from service label)
7015 0640 0003 9547 8524

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Katherine Mary Scott
C. Date of Delivery 10/28/20
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
☐ Insured Mail (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

KATELYN M MEANS
1525 N ALAMO PLC
TUCSON, AZ 85712

2. Article Number (Transfer from service label)
7015 0640 0003 9547 8517

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Katelyn M Means
C. Date of Delivery 10/28
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
☐ Insured Mail (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

MICHAEL J STROHMMEYER
 150 PIEDRA LOOP
 LOS ALAMOS, NM 87544



2. Article Number (Transfer from service label)

7015 0640 0003 9547 8586

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Michael J Strohmmeier
 C. Date of Delivery 12/27/2020
 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
☐ 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

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:

LYNN PIERCE
 PO BOX 6027
 CHANDLER, AZ 85246



2. Article Number (Transfer from service label)

7015 0640 0003 9547 8562

PS Form 3811, April 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:

MARY E BAISH-WESTIN
 220 FRAN ST
 LULLY, PA 15938-5813



2. Article Number (Transfer from service label)

7015 0640 0003 9547 8579

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Mary E Baish-Westin
 C. Date of Delivery 12/27/2020
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

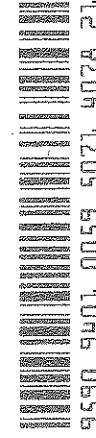
3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

LURAE MCCOLLUM
 PO BOX 2243
 GALLUP, NM 87301



2. Article Number (Transfer from service label)

7015 0640 0003 9547 8555

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Lurae J McCollum
 C. Date of Delivery 12/02/2020
 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
☐ 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. G. 11
 C. Date of Delivery 10/28/20
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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:

PHN TRIMBLE INVESTMENTS LLC
 2727 NORTH OCEAN BLVD, APT 12
 DELRAY BEACH, FL 33483



9590 9401 0059 5071 4078 83

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8616

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

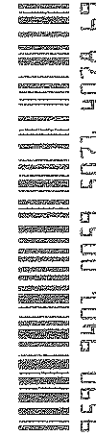
A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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:

NORWALK HOSPITAL FOUNDATION
 34 MAPLE ST
 NORWALK, CT 06856



9590 9401 0059 5071 4078 69

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8593

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Rebecca R Cutright
 C. Date of Delivery 10/28
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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:

REBECCA R CUTRIGHT
 10180 E SWEETLEAF DR
 TUCSON, AZ 85748



9590 9401 0059 5071 4078 90

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8623

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

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:

REBECCA R CUTRIGHT
 10180 E SWEETLEAF DR
 TUCSON, AZ 85748



9590 9401 0059 5071 4078 90

2. Article Number (Transfer from service label)

7015 0640 0003 9547 8623

PS Form 3811, April 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:

STAMFORD HOSPITAL
1351 WASHINGTON BLVD 7TH FLR
STAMFORD, CT 06904-9317

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
S. Devries

C. Date of Delivery
10/27/20

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

3. Service Type

☐ Priority Mail Express®
☐ 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 (over \$500)

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:

SARA E BEARDSLEY KING DEVRIES
PO BOX 278
DORSET, VT 05251

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Sara Devries

C. Date of Delivery
10/27/20

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

3. Service Type

☐ Priority Mail Express®
☐ 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
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1. Article Addressed to:

ERIC S STROHMEYER
1525 N ALAMO PLACE
TUCSON, AZ 85712

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
S. Devries

C. Date of Delivery
10/26

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

3. Service Type

☐ Priority Mail Express®
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
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■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SUZANNE M CHARLES HARRINGTON
261 RIVER BIRCH CIRCLE
MOORESVILLE, NC 28115

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Priority Mail Express®
☐ 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
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☐ Signature Confirmation™
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1. Article Addressed to:

SUZANNE M CHARLES HARRINGTON
261 RIVER BIRCH CIRCLE
MOORESVILLE, NC 28115

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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☐ Priority Mail Express®
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☐ Adult Signature Restricted Delivery
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☐ Certified Mail Restricted Delivery
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SUZANNE M CHARLES HARRINGTON
261 RIVER BIRCH CIRCLE
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☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery (over \$500)

[illegible]

Form 3160-5
(June 2015)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.5. Lease Serial No.
NMLC029509B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
BAISH B 0032. Name of Operator
CONOCOPHILLIPS COMPANYContact: SUSAN B MAUNDER
E-Mail: Susan.B.Maunder@conocophillips.com9. API Well No.
30-025-006363a. Address
P.O. BOX 2197 OFFICE SP2-12-W156
HOUSTON, TX 772523b. Phone No. (include area code)
Ph: 281-206-528110. Field and Pool or Exploratory Area
MALJAMAR;GRAYBURG,SAN AND

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 22 T17S R32E Mer NMP NWNE 660FNL 1980FEL

11. County or Parish, State

LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
☒ Notice of Intent	☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off
☐ Subsequent Report	☐ Alter Casing	☐ Hydraulic Fracturing	☐ Reclamation	☐ Well Integrity
☐ Final Abandonment Notice	☐ Casing Repair	☐ New Construction	☐ Recomplete	☒ Other
	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily Abandon	Surface Commingling
	☐ Convert to Injection	☐ Plug Back	☐ Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

ConocoPhillips Company respectfully requests approval to surface commingling production from two leases, Baish B and Baish A. During a routine inspection of production equipment for the Baish B #3 it was determined that it should not remain in-service. The well was shut in. The intent is to produce Baish B #3 to the Baish A battery via a tie-in with the Baish A #14 (30-025-30363). Production will be processed through the Baish A Battery on lease NMLC029509A.

We are also requesting a continuance of the approved variance for low volume and/or marginal properties to allow meters to be tested semi-annually as discussed in Exhibit B.

Interested parties have been notified and the State of New Mexico submittal package is included for your convenience.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #538097 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Carlsbad**

Name (Printed/Typed) SUSAN B MAUNDER

Title SENIOR REGULATORY COORDINATOR

Signature (Electronic Submission)

Date 11/19/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Additional data for EC transaction #538097 that would not fit on the form

32. Additional remarks, continued

The surface disturbance for the flowline will be submitted in a separate notice.

Thank you for your time spent reviewing this notice of intent.

Gray rectangle=Baish A Facility
Red ovals=key wells
Green line=lease boundary
Blue line=lease number



EXHIBIT B – Well Information & Flow Description**APPLICATION FOR COMMINGLING and OFF LEASE MEASUREMENT AT A COMMON CENTRAL TANK BATTERY**

ConocoPhillips Company proposes to commingle production from a single well on the Baish B lease to the Baish A battery which currently processes production for four wells. We are requesting approval for surface commingling of oil and gas, as well as off lease storage measurement and sales of oil and gas from the Baish B lease. The wells for which production will be commingled are listed below. The produced water will go to a common water tank on Baish A battery location.

Federal Lease NMLC029509B

Well Name	Location	API #	Pool 43329	Oil BOPD	Gravities	MCFPD	BTU
Baish B #3	Sec 22, NWN T17S, R32E	3002500636	Maljamar; Grayburg,SA	5	31.8	00	1575

Federal Lease NMLC029509A

Well Name	Location	API #	Pool 04560	Oil BOPD	Gravities	MCFPD	BTU
Baish A #3	Sec 21, SENE T17S, R32E	3002500618	Baish; Yates	4	41.0	7	832

Federal Lease NMLC029509A

Well Name	Location	API #	Pool 04560	Oil BOPD	Gravities	MCFPD	BTU
Baish A #5	Sec 21, NESW T17S, R32E	3002500619	Baish; Yates	5	41.0	8	874

Federal Lease NMLC029509A

Well Name	Location	API #	Pool 04480/43250	Oil BOPD	Gravities	MCFPD	BTU
Baish A #12	Sec 21, NENE T17S, R32E DHC-96	3002520568	Baish; Wolfcamp Maljamar; Abo	5	41.0	10	1215

Federal Lease NMLC029509A

Well Name	Location	API #	Pool 04480/43250	Oil BOPD	Gravities	MCFPD	BTU
Baish A #14	Sec 22, NWNW T17S, R32E DHC-715	3002530363	Baish; Wolfcamp Maljamar; Abo	4	41.0	4	1241

Map shows the federal leases and well locations in Section 21 and 22, T17S, R32E.

The BLM's interest in these leases is 12.5%. Lease NMLC029509B royalty rate is 12.5% and Lease NMLC029509A royalty rate is 12.5%.

Oil & Gas metering:

The Baish A central tank battery is located at UL A, Sec. 21, T17S, R32E. There is one oil tank at the central tank battery that the wells will utilize. The gas will have a common central delivery point (CDP), gas sales meter (Durango 06002038) which is located in the UL A, Sec. 21, T17S, R32E. We

request continuation of the variance approved April 29, 2002 per NTL 92-5, to test gas sales and/or allocation meters semi-annually, as allowed for low volume and/or marginal gas meters per 43 CFR 3175.

The battery has its own heater treater and oil from the heater treater is sent to the oil storage tank. The oil production will be allocated on a daily basis using the level gauge on the oil storage tank.

The well will be tested semi-annually and the meter on the test separator will be proven as per API, BLM, and NMOCD specifications and approvals semi-annually. The periodic well test data obtained will be used to allocate the production volumes.

Gas production will be allocated on a daily basis using the subtraction method based on periodic production tests.

These meters will be calibrated on a regular basis per API, BLM and NMOCD specifications. The BLM and OCD will be notified of any future changes in the facilities.

Process and Flow Descriptions:

The flow of production is shown in detail on the enclosed facility diagram and map which shows the lease boundaries, location of wells, and location of flow lines, facility, and gas sales meter.

The commingling of this production is the most effective economical means of producing the reserves and will not result in reduced royalty or improper measurement of production. The proposed commingling will reduce operating expenses as well as reduce the surface facility footprint and overall emissions.

ConocoPhillips Company understands the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. Request to reroute flowline(s) will be submitted separately.

A central tank battery is located on the Baish A lease located in UL A, Sec. 21, T17S, R32E, on federal lease NMLC029509A in Lea County, New Mexico. The production from the single well will be routed to the Baish A tank battery where wells will utilize common separation equipment. After separation, the oil, gas, and water will go to common oil tank, water tank, and gas CDP located in Section 21.

Baish B #3 will require approval for off lease measurement, storage and sales of oil and gas.

Interest owners have been notified via certified return receipt and legal notice publication.

Susan B. Maunder

10/28/2020

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
CASE RECORDATION
(MASS) Serial Register Page**

Run Date/Time: 10/23/2020 7:33 AM

Page 1 Of 6

01 02-25-1920;041STAT0437;30USC226

Case Type 311111: O&G LSE NONCOMP PUB LAND

Commodity 459: OIL & GAS

Case Disposition: AUTHORIZED

Case File Juris:

Total Acres:
640.000

Serial Number

NMLC 0029509A

						Serial Number: NMLC-- 0 029509A	
Name & Address						Int Rel	% Interest
CHASE OIL CORP	PO BOX 1767	ARTESIA	NM	882111767	OPERATING RIGHTS		0.000000000
CONOCOPHILLIPS CO	PO BOX 7500	BARTLESVILLE	OK	740057500	LESSEE		100.000000000
COG OPERATING LLC	600 W ILLINOIS AVE	MIDLAND	TX	797014882	OPERATING RIGHTS		0.000000000

							Serial Number: NMLC-- 0 029509A	
Mer	Twp	Rng	Sec	SType	Nr	Suff Subdivision	District/ Field Office	County
23	0170S	0320E	021	ALIQ		N2,SW,N2SE;	CARLSBAD FIELD OFFICE	LEA
23	0170S	0320E	022	ALIQ		W2NW;	CARLSBAD FIELD OFFICE	LEA
								BUREAU OF LAND MGMT
								BUREAU OF LAND MGMT

Relinquished/Withdrawn Lands

Serial Number: NMLC-- 0 029509A

				Serial Number: NMLC-- 0 029509A	
Act Date	Act Code	Action Txt	Action Remarks	Pending Off	
02/02/1925	124	APLN RECD			
08/03/1929	237	LEASE ISSUED			
08/03/1929	496	FUND CODE	05;145003		
08/03/1929	535	RLTY RATE - 5%			
08/03/1929	868	EFFECTIVE DATE			
08/01/1930	650	HELD BY PROD - ACTUAL			
08/01/1930	658	MEMO OF 1ST PROD-ACTUAL			
09/13/1937	658	MEMO OF 1ST PROD-ACTUAL			
11/15/1956	102	NOTICE SENT-PROD STATUS			
10/19/1963	909	BOND ACCEPTED	EFF 09/27/63;ES0085		
10/24/1979	940	NAME CHANGE RECOGNIZED	CONTL OIL/CONOCO INC		
01/11/1983	140	ASGN FILED	(1)CONOCO/PETRO LEWIS		
01/11/1983	140	ASGN FILED	(2)CONOCO/PETRO LEWIS		
01/11/1983	140	ASGN FILED	01CONOCO INC/PTNRSHIP		
01/11/1983	140	ASGN FILED	02CONOCO INC/PTNRSHIP		
02/11/1983	140	ASGN FILED	PETRO LEWIS/PTNRSHIP		
01/21/1985	139	ASGN APPROVED	(1)EFF 02/01/83;		

NO WARRANTY IS MADE BY BLM FOR USE OF THE DATA FOR PURPOSES NOT INTENDED BY BLM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
CASE RECORDATION
(MASS) Serial Register Page**

Run Date/Time: 10/23/2020 7:33 AM

Page 2 Of 6

				Serial Number: NMLC-- 0 029509A
Act Date	Act Code	Action Txt	Action Remarks	Pending Off
01/21/1985	139	ASGN APPROVED	(2)EFF 02/01/83;	
01/21/1985	139	ASGN APPROVED	(3)EFF 02/01/83;	
01/21/1985	139	ASGN APPROVED	(4)EFF 02/01/83;	
01/21/1985	139	ASGN APPROVED	(5)EFF 02/01/83;	
03/01/1985	963	CASE MICROFILMED/SCANNED	CNUM 100,613 MF	
12/18/1987	974	AUTOMATED RECORD VERIF	GEA/LO	
07/26/1988	140	ASGN FILED	PTNRSH PROP/FMP OPER	
08/16/1988	139	ASGN APPROVED	EFF 08/01/88;	
08/16/1988	974	AUTOMATED RECORD VERIF	TF/MT	
01/23/1990	140	ASGN FILED	FMP OPER/CONOCO INC	
03/22/1990	139	ASGN APPROVED	EFF 02/01/90;	
03/22/1990	974	AUTOMATED RECORD VERIF	BTM/MT	
10/01/1992	621	RLTY RED-STRIPPER WELL	7.7%;/1/;8920003410	
07/01/1993	625	RLTY REDUCTION APPV	/1/	
10/20/1993	974	AUTOMATED RECORD VERIF	JLV	
10/11/1999	246	LEASE COMMITTED TO CA	NMNM103151;	
11/02/1999	932	TRF OPER RGTS FILED	CONOCO INC/CHASE OIL	
12/21/1999	933	TRF OPER RGTS APPROVED	EFF 12/01/99;	
12/21/1999	974	AUTOMATED RECORD VERIF	ANN	
01/21/2000	932	TRF OPER RGTS FILED	CHASE/CHASE ETAL	
03/30/2000	933	TRF OPER RGTS APPROVED	EFF 02/01/00;	
03/30/2000	974	AUTOMATED RECORD VERIF	MV/MV	
08/20/2001	932	TRF OPER RGTS FILED	(1)CONOCO/CHASE OIL	
08/20/2001	932	TRF OPER RGTS FILED	(2)CONOCO/CHASE OIL	
10/26/2001	933	TRF OPER RGTS APPROVED	01EFF 09/01/01;	
10/26/2001	933	TRF OPER RGTS APPROVED	02EFF 09/01/01;	
10/26/2001	974	AUTOMATED RECORD VERIF	MV	
01/16/2003	817	MERGER RECOGNIZED	CONOCO/CONOCOPHILLIPS	
06/30/2003	932	TRF OPER RGTS FILED	CONOCOPHILLIP/CHASE	
06/30/2003	932	TRF OPER RGTS FILED	CONOCOPHILLIPS/CHASE	
07/17/2003	933	TRF OPER RGTS APPROVED	(2)EFF 07/01/03;	
07/17/2003	933	TRF OPER RGTS APPROVED	(1)EFF 07/01/03;	
07/17/2003	974	AUTOMATED RECORD VERIF	ANN	
05/23/2006	932	TRF OPER RGTS FILED	CHASE OIL/COG OIL &;1	
05/23/2006	932	TRF OPER RGTS FILED	CHASE OIL/COG OIL &;2	
07/19/2006	933	TRF OPER RGTS APPROVED	(2)EFF 06/01/06;	
07/19/2006	933	TRF OPER RGTS APPROVED	(1)EFF 06/01/06;	
07/19/2006	974	AUTOMATED RECORD VERIF	ANN	
03/26/2007	932	TRF OPER RGTS FILED	CHASE OIL/COG OIL &;1	

NO WARRANTY IS MADE BY BLM FOR USE OF THE DATA FOR PURPOSES NOT INTENDED BY BLM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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Run Date/Time: 10/23/2020 7:33 AM

Page 3 Of 6

				Serial Number: NMLC-- 0 029509A
Act Date	Act Code	Action Txt	Action Remarks	Pending Off
05/30/2007	933	TRF OPER RGTS APPROVED	EFF 04/01/07;	
05/30/2007	974	AUTOMATED RECORD VERIF	JLV	
03/17/2010	940	NAME CHANGE RECOGNIZED	COG O&G/COG OPER	
03/07/2014	932	TRF OPER RGTS FILED	CONOCO PH/COG OPERA;1	
03/07/2014	932	TRF OPER RGTS FILED	CONOCO PH/COG OPERA;2	
05/08/2014	933	TRF OPER RGTS APPROVED	EFF 04/01/14;1	
05/08/2014	933	TRF OPER RGTS APPROVED	EFF 04/01/14;2	
05/08/2014	974	AUTOMATED RECORD VERIF	DME	
07/07/2015	899	TRF OF ORR FILED	3	
02/27/2020	932	TRF OPER RGTS FILED	COG OPERA/SEP PERMI;1	
02/27/2020	932	TRF OPER RGTS FILED	COG OPERA/SEP PERMI;2	
09/03/2020	558	TRF OPER RGTS RET UNAPPV	COG OPERA/SEP PERMI;1	
09/03/2020	558	TRF OPER RGTS RET UNAPPV	COG OPERA/SEP PERMI;2	
09/03/2020	974	AUTOMATED RECORD VERIF	LL	

Line Number	Remark Text	Serial Number: NMLC-- 0 029509A
0002	BONDED OPERATOR 10/26/2001	
0003	CONOCO INC - ES0085 - N/W	
0004	MACK ENERGY CORP NM2151 SW	
0005	LESSEE BONDED	
0006	CONOCOPHILLIPS CO - ES0048 - N/W & ES0085 - N/W	
0007	BONDED OPERATOR - 07/19/2006	
0008	COG OPERATING LLC - NMB000215 - S/W;	
0009	05/30/07 - OPERATOR - COG OPER LLC NMB000215 SW/NM	
0010	05/08/2014 COG OPTG LLC BONDED NMB000740 IND.	

NO WARRANTY IS MADE BY BLM FOR USE OF THE DATA FOR PURPOSES NOT INTENDED BY BLM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
CASE RECORDATION
(MASS) Serial Register Page**

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01 02-25-1920;041STAT0437;30USC226

Case Type 310771: O&G EXCHANGE LEASE - PD

Commodity 459: OIL & GAS

Case Disposition: AUTHORIZED

Case File Juris:

Total Acres:
520.000Serial Number
NMLC 0029509B

						Serial Number: NMLC-- 0 029509B	
Name & Address						Int Rel	% Interest
CHASE OIL CORP	PO BOX 1767	ARTESIA	NM	882111767	OPERATING RIGHTS		0.000000000
CHASE RICHARD L	PO BOX 1767	ARTESIA	NM	88211	OPERATING RIGHTS		0.000000000
COG OPERATING LLC	600 W ILLINOIS AVE	MIDLAND	TX	797014882	OPERATING RIGHTS		0.000000000
CONOCOPHILLIPS CO	PO BOX 7500	BARTLESVILLE	OK	740057500	LESSEE		100.000000000
CROUCH GERENE D C	PO BOX 1767	ARTESIA	NM	88211	OPERATING RIGHTS		0.000000000
MACK C CHASE TRUSTEE	PO BOX 693	ARTESIA	NM	88210	OPERATING RIGHTS		0.000000000
CHASE ROBERT C	PO BOX 1767	ARTESIA	NM	88211	OPERATING RIGHTS		0.000000000

										Serial Number: NMLC-- 0 029509B	
Mer	Twp	Rng	Sec	S	Type	Nr	Suff	Subdivision	District/ Field Office	County	Mgmt Agency
23	0170S	0320E	021	ALIQ				S2SE;	CARLSBAD FIELD OFFICE	LEA	BUREAU OF LAND MGMT
23	0170S	0320E	022	ALIQ				NE,E2NW,SW,NWSE;	CARLSBAD FIELD OFFICE	LEA	BUREAU OF LAND MGMT

									Serial Number: NMLC-- 0 029509B	
Relinquished/Withdrawn Lands										
23	0170S	0320E	722	FF				NESE,S2SE,ASGN;		
23	0170S	0320E	727	FF				NENE,SWNE,W2,SE,ASGN;		
23	0170S	0320E	728	FF				ALL, ASGN;		

					Serial Number: NMLC-- 0 029509B	
Act Date	Act Code	Action Txt	Action Remarks		Pending Off	
03/12/1925	124	APLN RECD				
05/15/1934	237	LEASE ISSUED				
05/15/1934	496	FUND CODE	05;145003			
05/15/1934	534	RLTY RATE-SLIDING-SCH D				
05/15/1934	868	EFFECTIVE DATE				
06/29/1939	570	CASE SEGREGATED BY ASGN	INTO NMLC057210;			
09/11/1940	570	CASE SEGREGATED BY ASGN	INTO NMLC058395;			
09/01/1941	232	LEASE COMMITTED TO UNIT	NMNM70987X;MALJAMAR C			

NO WARRANTY IS MADE BY BLM FOR USE OF THE DATA FOR PURPOSES NOT INTENDED BY BLM

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Serial Number: NMLC-- 0 029509B

Act Date	Act Code	Action Txt	Action Remarks	Pending Off
04/01/1946	237	LEASE ISSUED		
08/24/1959	650	HELD BY PROD - ACTUAL	/1/	
08/24/1959	658	MEMO OF 1ST PROD-ACTUAL	/1/#3;	
10/19/1963	909	BOND ACCEPTED	EFF 09/27/63;ES0085	
11/15/1966	102	NOTICE SENT-PROD STATUS		
10/24/1979	940	NAME CHANGE RECOGNIZED	CONTL OIL/CONOCO INC	
01/11/1983	140	ASGN FILED	(1)CONOCO/PETRO-LEWIS	
01/11/1983	140	ASGN FILED	(2)CONOCO/PETRO-LEWIS	
01/11/1983	140	ASGN FILED	(1)CONOCO/PTNRSH PRO	
01/11/1983	140	ASGN FILED	(2)CONOCO/PTNRSH PRO	
02/11/1983	140	ASGN FILED	PETRO/PTNRSH PROP	
01/20/1985	139	ASGN APPROVED	(1)EFF 02/01/83;	
01/20/1985	139	ASGN APPROVED	(2)EFF 02/01/83;	
01/20/1985	139	ASGN APPROVED	(3)EFF 02/01/83;	
01/20/1985	139	ASGN APPROVED	(4)EFF 02/01/83;	
01/20/1985	139	ASGN APPROVED	EFF 03/01/83;	
03/01/1985	963	CASE MICROFILMED/SCANNED	CNUM 100,614 MF	
07/26/1988	140	ASGN FILED	PTNRSH PROP/FMP OPER	
08/16/1988	139	ASGN APPROVED	EFF 08/01/88;	
08/16/1988	974	AUTOMATED RECORD VERIF	TF/MT	
01/23/1990	140	ASGN FILED	FMP OPER/CONOCO INC	
03/22/1990	139	ASGN APPROVED	EFF 02/01/90;	
10/01/1992	621	RLTY RED-STRIPPER WELL	7.7%;/A/;8920003410	
07/01/1993	625	RLTY REDUCTION APPV	/A/	
10/11/1999	246	LEASE COMMITTED TO CA	NMNM103151;	
10/11/1999	660	MEMO OF 1ST PROD-ALLOC	/2/NMNM103151;	
11/02/1999	932	TRF OPER RGTS FILED	CONOCO INC/CHASE OIL	
12/27/1999	933	TRF OPER RGTS APPROVED	EFF 12/01/99;	
01/21/2000	932	TRF OPER RGTS FILED	CHASE/CHASE ETAL	
02/16/2000	643	PRODUCTION DETERMINATION	/2/	
03/30/2000	933	TRF OPER RGTS APPROVED	EFF 02/01/00;	
08/20/2001	932	TRF OPER RGTS FILED	CONOCO INC/CHASE OIL	
10/26/2001	933	TRF OPER RGTS APPROVED	EFF 09/01/01;	
01/16/2003	817	MERGER RECOGNIZED	CONOCO/CONOCOPHILLIPS	
06/30/2003	932	TRF OPER RGTS FILED	CONOCOPHILLIPS/CHASE	
07/16/2003	933	TRF OPER RGTS APPROVED	EFF 07/01/03;	
05/23/2006	932	TRF OPER RGTS FILED	CHASE OIL/COG OIL &;1	
07/20/2006	933	TRF OPER RGTS APPROVED	EFF 06.01/06;	
07/20/2006	974	AUTOMATED RECORD VERIF	ANN	

NO WARRANTY IS MADE BY BLM FOR USE OF THE DATA FOR PURPOSES NOT INTENDED BY BLM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
CASE RECORDATION
(MASS) Serial Register Page**

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				Serial Number: NMLC-- 0 029509B
Act Date	Act Code	Action Txt	Action Remarks	Pending Off
03/17/2010	940	NAME CHANGE RECOGNIZED	COG O&G/COG OPER	
07/30/2010	643	PRODUCTION DETERMINATION	/1/	
07/30/2010	643	PRODUCTION DETERMINATION	/3/	
07/30/2010	658	MEMO OF 1ST PROD-ACTUAL	/3/#3B BAISH;	
08/17/2011	376	BOND FILED	NMB000806;	
08/29/2011	909	BOND ACCEPTED	NMB000806;EFF08/17/11	
08/29/2011	974	AUTOMATED RECORD VERIF	RAYO/RAYO	
03/07/2014	932	TRF OPER RGTS FILED	CONOCO PH/COG OPERA;2	
03/07/2014	932	TRF OPER RGTS FILED	CONOCO PH/COG OPERA;1	
05/08/2014	933	TRF OPER RGTS APPROVED	EFF 04/01/14;1	
05/08/2014	933	TRF OPER RGTS APPROVED	EFF 04/01/14;2	
05/08/2014	974	AUTOMATED RECORD VERIF	DME	
02/27/2020	932	TRF OPER RGTS FILED	COG OPERA/SEP PERMI;1	
02/27/2020	932	TRF OPER RGTS FILED	COG OPERA/SEP PERMI;2	
09/08/2020	558	TRF OPER RGTS RET UNAPPV	COG OPERA/SEP PERMI;1	
09/08/2020	558	TRF OPER RGTS RET UNAPPV	COG OPERA/SEP PERMI;2	
09/08/2020	974	AUTOMATED RECORD VERIF	LL	

Line Number	Remark Text	Serial Number: NMLC-- 0 029509B
0002	05/08/2014 - COG OPTG LLC BONDED NMB000740 IND.	
0003	09/08/2020 - OPERATING RIGHTS ADJUDICATED;	
0004	SEE WORKSHEET.	

MANLEY GAS TESTING, INC.P.O. DRAWER 193
OFFICE (432) 367-3024

FAX (432) 367-1166

ODESSA, TEXAS 79760
E-MAIL: MANLEYGAST@AOL.COMCHARGE..... 150 - 0
REC. NO. 40
TEST NUMBER.. 22498DATE SAMPLED..... 06-15-20
DATE RUN..... 06-19-20
EFFECT. DATE..... 07-01-20

STATION NO. ... 06002038

PRODUCER CONOCO PHILLIPS

SAMPLE NAME.... BAISH 'A'

TYPE: SPOT

RECEIVED FROM.. FRONTIER FIELD SERVICES LLC - MALJAMAR

FLOWING PRESSURE 27.0 PSIA

FLOWING TEMPERATURE 70 F

SAMPLED BY: JT

CYLINDER NO. ...

FRACTIONAL ANALYSIS
CALCULATED @ 14.650 PSIA AND 60F

	MOL%	GPM (REAL)
HYDROGEN SULFIDE...	2.000	
NITROGEN.....	7.337	
CARBON DIOXIDE.....	0.843	
METHANE.....	57.563	
ETHANE.....	14.405	3.851
PROPANE.....	9.943	2.739
ISO-BUTANE.....	1.380	0.451
NOR-BUTANE.....	3.607	1.137
ISO-PENTANE.....	0.812	0.297
NOR-PENTANE.....	0.890	0.323
HEXANES +.....	1.220	0.533
TOTALS	100.000	9.331

H2S PPMV = 20000

'Z' FACTOR (DRY) = 0.9947

'Z' FACTOR (WET) = 0.9943

CALC. MOL. WT. = 26.32

..CALCULATED SPECIFIC GRAVITIES..

REAL, DRY 0.9133

REAL, WET 0.9086

..CALCULATED GROSS HEATING VALUES..

BTU/CF - REAL, DRY 1382

BTU/CF - REAL, WET 1359

DISTRIBUTION AND REMARKS:

N

ANALYZED BY: MW
** R **APPROVED: 



www.pernianis.com
575.397.3713 2609 W Marland Hobbs NM 88240

C6+ Gas Analysis Report

6383G		Baish Battery		Separator Basin Battery	
Sample Point Code		Sample Point Name		Sample Point Location	
Laboratory Services		2019016879		1572	
Source Laboratory		Lab File No		Container Identity	
USA		USA		USA	
District		Area Name		Field Name	
Jun 28, 2019 10:05		Jun 28, 2019 10:05		Jun 28, 2019 15:46	
Date Sampled		Date Effective		Date Received	
80.00		Torrance		21 @ 99	
Ambient Temp (°F)		Flow Rate (Mcf)		Analyst	
				Press PSI @ Temp °F Source Conditions	
Conoco Phillips		NG			
Operator		Lab Source Description			

Component	Normalized Mol %	Un-Normalized Mol %	GPM
H2S (H2S)	1.4000	1.4	
Nitrogen (N2)	2.3970	2.43087	
CO2 (CO2)	12.1900	12.36067	
Methane (C1)	38.0980	38.65137	
Ethane (C2)	17.6180	17.86455	4.7250
Propane (C3)	16.1650	16.39099	4.4660
I-Butane (IC4)	2.2090	2.23964	0.7250
N-Butane (NC4)	5.4830	5.55929	1.7340
I-Pentane (IC5)	1.3540	1.37344	0.4970
N-Pentane (NC5)	1.2790	1.29682	0.4650
Hexanes Plus (C6+)	1.8070	1.83235	0.7860
TOTAL	100.0000	101.4000	13.3980

Method(s): Gas C6+ - GPA 2261, Extended Gas - GPA 2286, Calculations - GPA 2172

Analyzer Information			
Device Type:	Gas Chromatograph	Device Make:	Shimadzu
Device Model:	GC-2014	Last Cal Date:	Jun 26, 2019

Gross Heating Values (Real, BTU/ft ³)			
14.65 PSI @ 60.00 °F		14.73 PSI @ 60.00 °F	
Dry	Saturated	Dry	Saturated
1,566.6	1,540.8	1,575.2	1,549.2

Calculated Total Sample Properties	
GPA2145-16 *Calculated at Contract Conditions	
Relative Density Real	Relative Density Ideal
1.1520	1.1429
Molecular Weight	
33.1052	

C6+ Group Properties		
Assumed Composition		
C6 - 60.000%	C7 - 30.000%	C8 - 10.000%

Field H2S
14000 PPM

PROTREND STATUS: Passed By Validator on Jul 2, 2019
DATA SOURCE: Imported

PASSED BY VALIDATOR REASON:
Close enough to be considered reasonable.

VALIDATOR:
Dustin Armstrong

VALIDATOR COMMENTS:
OK

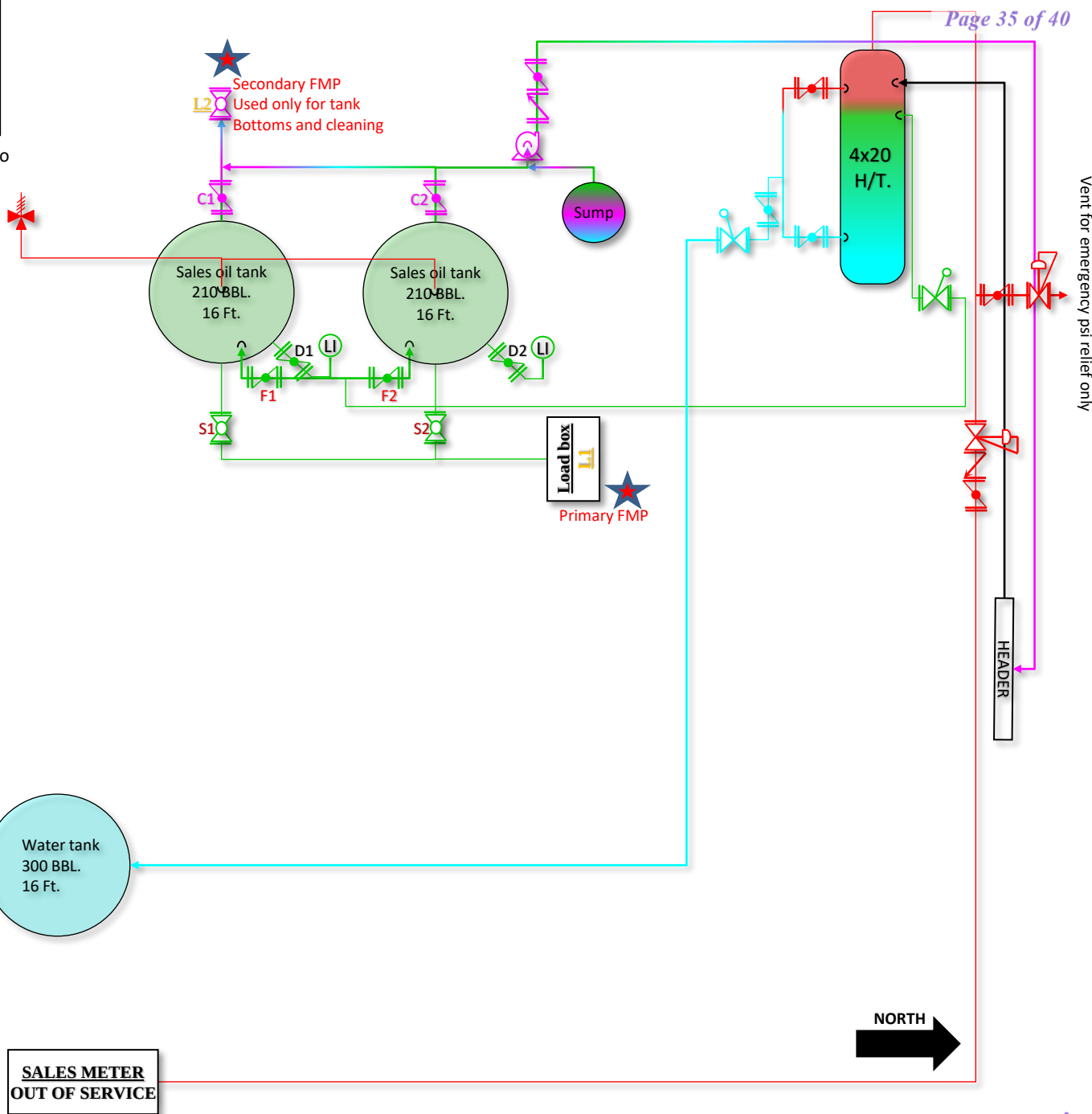


Oil _____
 Water _____
 GAS _____
 Circulating _____
 Inlet _____

CONOGOPHILIPS
 PFS and SITE SECURITY
 Baish B Battery
 Unit A, Sec 22, T17S, R 32E
 FED LSE # LC - 029509B
October 8, 2019

gas volume= <1500 mcf/mo
 oil volume= >100 bbls/mo

Water transferred
 to station #3
 main water header.



**SALES METER
 OUT OF SERVICE**

Baish B federal battery

**General sealing of valves
sales by trucking.**

Production Phase

Valves **C1** or **C2**, **F1** or **F2** are (open) while producing into tank. Note: **E1** always remains (open).

Sales Phase

S1 or **S2** will be open during sales, and sealed (closed) by trucking.

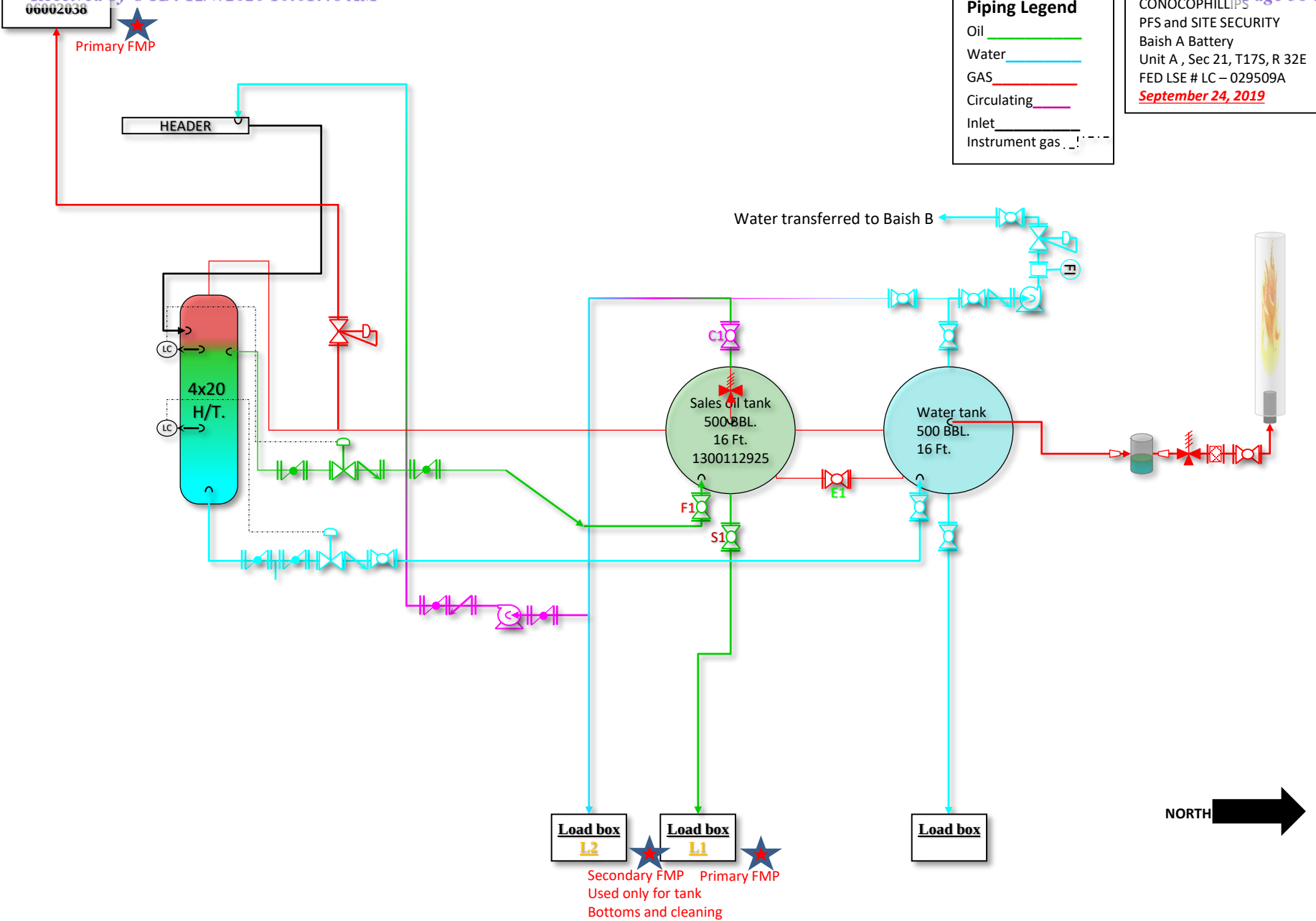
Drain Phase

The drain phase (D1 and D2) is only utilized by head switches for tank levels, (open). **L1** is sealed (closed) and is used for tank sales. **L2** is sealed (closed) and is only used for tank cleaning and draining purpose.

On Going Activity

Tank #1 or #2 **when full** is sealed (closed) on **F1** or **F2** and **C1** or **C2** to be ready for truck haul. Producing tank is circulated daily sealed (open).

Baish B wells:
#3-API=30-025-00636



CONOCOPHILLIPS
PFS and SITE SECURITY
Baish A Battery
Unit A , Sec 21, T17S, R 32E
FED LSE # LC - 029509A
September 24, 2019

Baish A Federal Battery

**General sealing of valves
sales by trucking.**

Production Phase

Valves **C1**, **F1** and **E1** (open) while producing into tank.

Sales Phase

S1 will be (open) during sales, and (closed) by trucking.

Drain Phase

L1 is sealed (closed) and is used for tank sales. **L2** is sealed (closed) and is only used for tank cleaning and draining.

On Going Activity

Oil tank **F1** and **C1** will remain (open). **C2** will remain (closed). Producing tank is circulated daily and stay (open).

Baish A wells:

#3-API=30-025-00618

#5-API=30-025-00619

#12-API=30-025-20568

#14-API=30-025-30363