

Initial Application Part I

Received 5/13/21

This application is placed in file for record. It MAY or MAY NOT have been reviewed to be determined Administratively Complete



May 13, 2021

New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico

Attn: Ms. Adrienne Sandoval, Director

Re: Solaris Water Midstream, LLC Authorization to Inject, Gobbler Fed SWD #1
Located: Section 14, T20S-R28E
Eddy County, New Mexico

Dear Ms. Sandoval,

Attached for your review is Form C-108, Application for Authorization to Inject for Gobbler Fed SWD #1. A published legal notice will run this week in the Artesia Daily Press and all offset operators and other interested parties have been notified individually.

If you or your staff require additional information or has any questions, please do not hesitate to contact me.

Thank you,

A handwritten signature in blue ink that reads "Whitney McKee".

Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC
(432) 203-9020
whitney.mckee@solariswater.com

RECEIVED: 5/13/21	REVIEWER:	TYPE: SWD	APP NO: pBL2113447760
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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: <u>Solaris Water Midstram, LLC</u>	OGRID Number: <u>371643</u>
Well Name: <u>Gobbler Fed SWD No. 1</u>	API: <u>TBD</u>
Pool: <u>SWD; Devonian-Silurian</u>	Pool Code: <u>97869</u>

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

SWD-2420

- 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.

Whitney McKee

Print or Type Name

Signature

May 13, 2021

Date

(432) 203-9020

Phone Number

whitney.mckee@solariswater.com

e-mail Address

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance Disposal _____ Storage
Application qualifies for administrative approval? _____ Yes _____ No
- II. OPERATOR: Solaris Water Midstream, LLC
ADDRESS: 907 Tradewinds Blvd., Midland, TX 79706
CONTACT PARTY: Whitney McKee PHONE: 432-203-9020
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? _____ Yes No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Whitney McKee TITLE: Regulatory Specialist
SIGNATURE:  DATE: 5/13/2021
E-MAIL ADDRESS: whitney.mckee@solariswater.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

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

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

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

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

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

XIV. PROOF OF NOTICE

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

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

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

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

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

INJECTION WELL DATA SHEET

OPERATOR: Solaris Water Midstream, LLCWELL NAME & NUMBER: Gobbler Fed SWD #1

WELL LOCATION:	<u>274' FSL & 1350' FEL</u>	<u>O</u>	<u>14</u>	<u>20S</u>	<u>28E</u>
	FOOTAGE LOCATION	UNIT LETTER	SECTION	TOWNSHIP	RANGE

WELLBORE SCHEMATIC

See Wellbore Diagram (Item III, attachment 1)

WELL CONSTRUCTION DATASurface CasingHole Size: 26" Casing Size: 20"Cemented with: 745 sx. *or* _____ ft³Top of Cement: Surface Method Determined: CirculationIntermediate 1 CasingHole Size: 18-1/2" Casing Size: 16"Cemented with: 575 sx. *or* _____ ft³Top of Cement: Surface Method Determined: CirculationIntermediate 2 CasingHole Size: 14-3/4" Casing Size: 13-3/8"Cemented with: 680 sx. *or* _____ ft³Top of Cement: Surface Method Determined: Circulation**WELL CONSTRUCTION DATA**Intermediate 3 CasingHole Size: 12-1/4" Casing Size: 9-5/8"Cemented with: 1,725 sx. *or* _____ ft³Top of Cement: Surface Method Determined: CirculationLinerHole Size: 8-1/2" Casing Size: 7-5/8"Cemented with: 290 sx. *or* _____ ft³Top of Cement: 8,920' Method Determined: CalculatedInjection Interval11,900 feet to 13,400 feet
(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 7" 26#, HCP-110, from 0'-8,820' and 5.5", 20#, HCP-110 from 8,820'-11,875'

Lining Material: Nickel Plated Double Grip Retrievable Packer or Equivalent

Type of Packer: Duoline

Packer Setting Depth: 11,875'

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

Additional Data

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

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

2. Name of the Injection Formation: Devonian, Fusselman

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

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

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: Delaware, Bone Spring, Wolfcamp, Canyon, Strawn, Atoka, Morrow

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
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & 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		² Pool Code 97869		³ Pool Name SWD; SILURIAN-DEVONIAN	
⁴ Property Code		⁵ Property Name GOBBLER FED SWD			⁶ Well Number #1
⁷ OGRID No. 371643		⁸ Operator Name SOLARIS WATER MIDSTREAM, LLC.			⁹ Elevation 3,241'

¹⁰ Surface Location

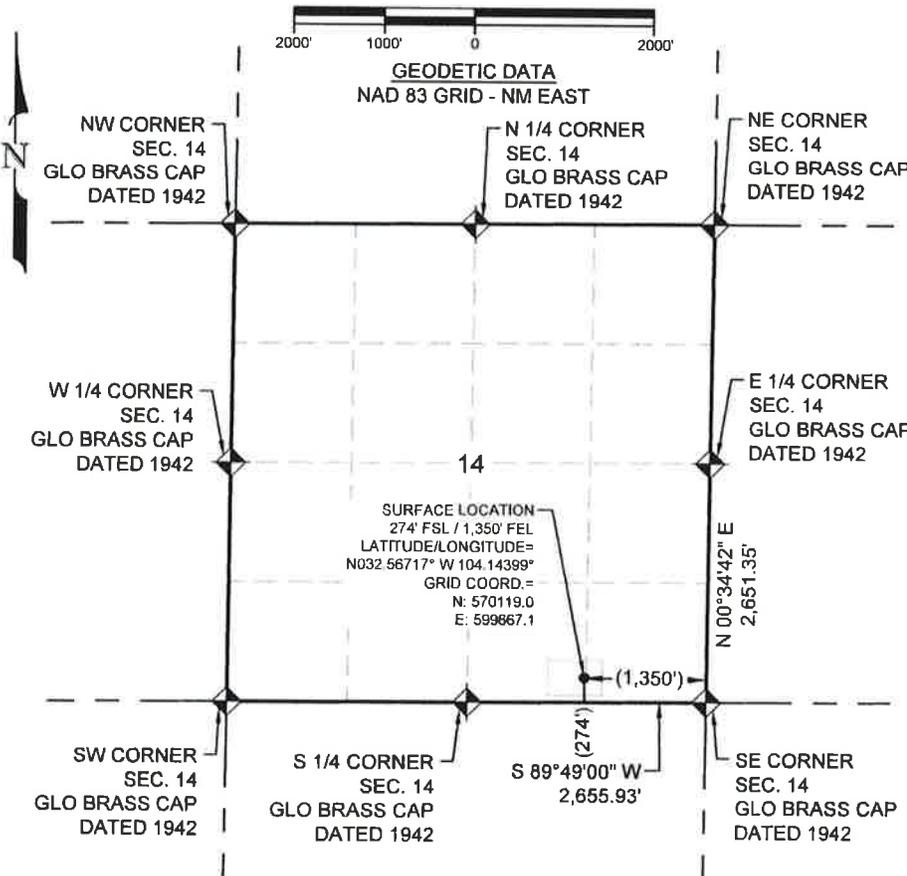
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	14	20-S	28-E		274'	SOUTH	1,350'	EAST	EDDY

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	¹³ Joint or Infill	¹⁴ Consolidation Code		¹⁵ 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.

Graphic Scale in Feet



¹⁷ 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.

Whitney McKee 3/18/21
Signature Date

Whitney McKee
Printed Name

whitney.mckee@solariswater.com
E-mail Address

¹⁸ SURVEYOR CERTIFICATION

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

03/13/2021
Date of Survey

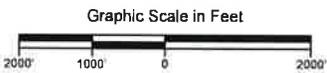
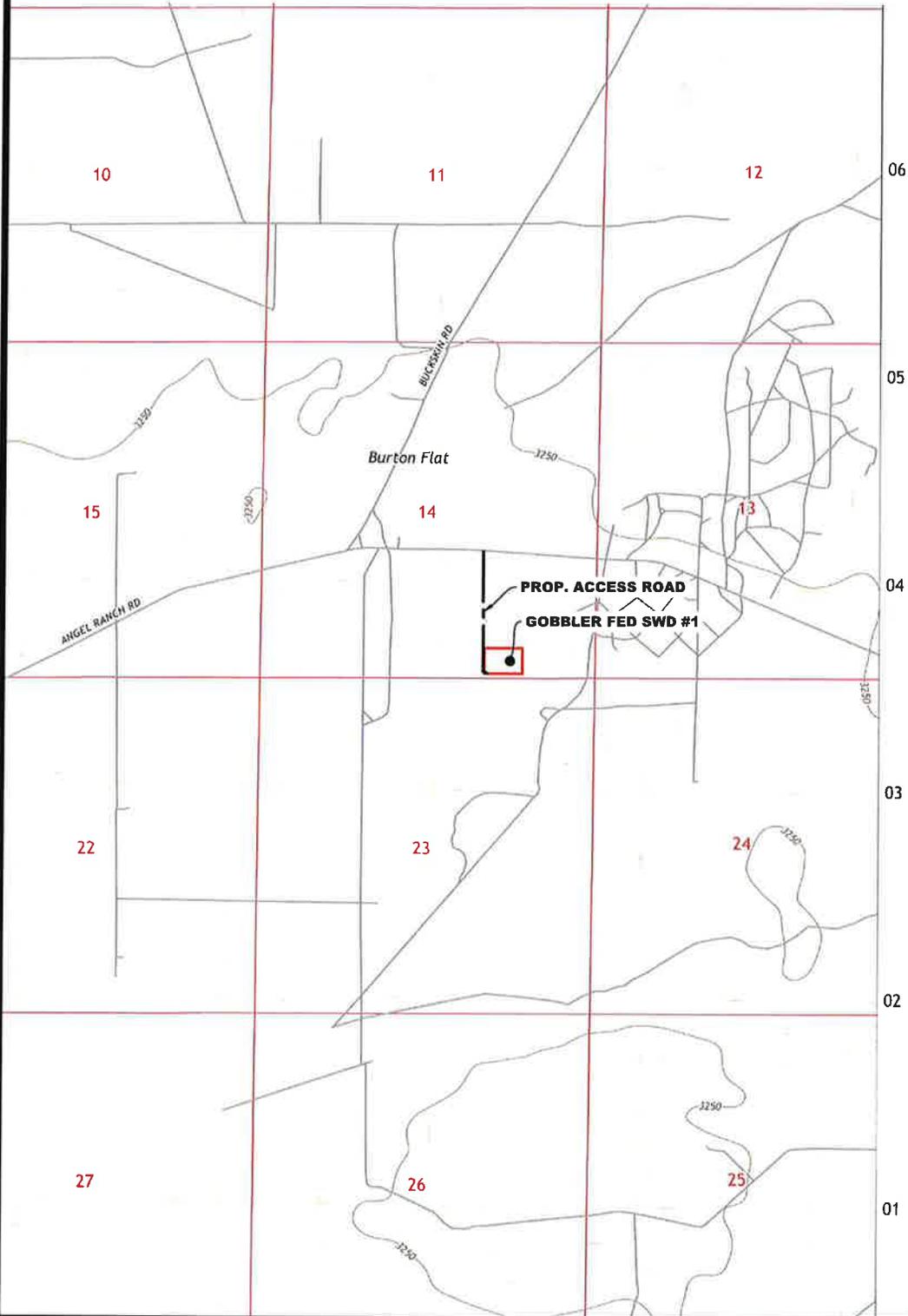


22896
Certificate Number

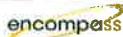
FOR & ON BEHALF OF ENCOMPASS ENERGY SERVICES

LOCATION VERIFICATION MAP

SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST OF
THE PRINCIPAL MERIDIAN, EDDY COUNTY, NEW MEXICO



DRAWN BY: SMM	1" = 2,000'
DATE: 03/17/2021	1:24,000



ENCOMPASS ENERGY SERVICES
14800 ST MARY'S LAND, SUITE 230
HOUSTON TEXAS, 77079

COORDINATE SYSTEM

NORTH AMERICAN DATUM 1983
STATE PLANE NEW MEXICO EAST, US SURVEY FOOT

GOBLER FED SWD #1

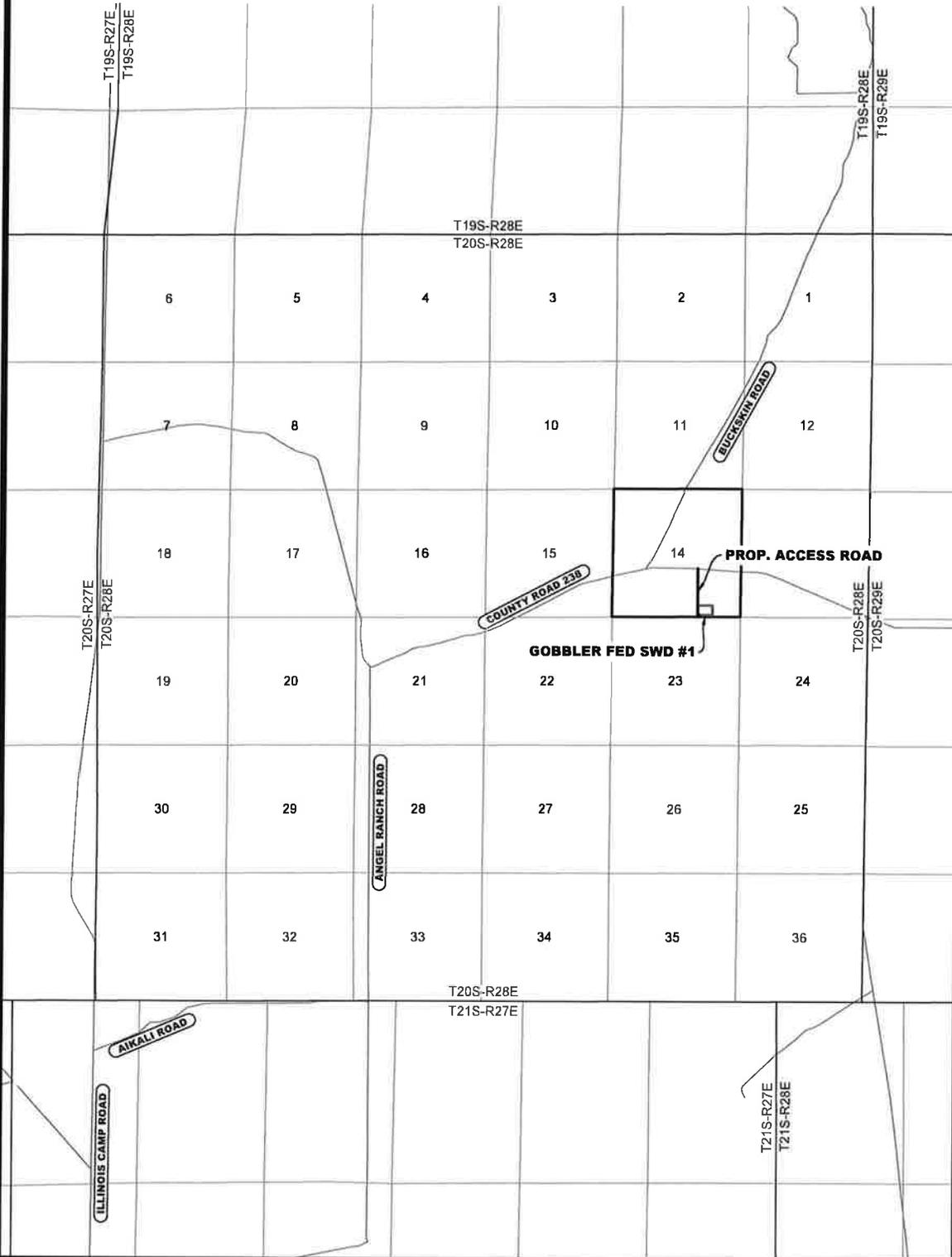
SHL LOCATION & PENETRATION POINT:
274' FSL & 1,350' FEL
SHL ELEVATION: 3,241'
SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST,
NEW MEXICO P.M., EDDY COUNTY, NEW MEXICO

OPERATOR:
SOLARIS WATER MIDSTREAM



VICINITY MAP

**SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST OF
THE PRINCIPAL MERIDIAN, EDDY COUNTY, NEW MEXICO**



Graphic Scale in Feet

DRAWN BY: SMM	1" = 5,000'
DATE: 03/17/2021	1:60,000

encompass

ENCOMPASS ENERGY SERVICES
14800 ST MARY'S LAND, SUITE 230
HOUSTON TEXAS, 77079

COORDINATE SYSTEM

NORTH AMERICAN DATUM 1983
STATE PLANE NEW MEXICO EAST, US SURVEY FOOT

GOBBLER FED SWD #1

SHL LOCATION & PENETRATION POINT:
274' FSL & 1,350' FEL
SHL ELEVATION: 3,241'
SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST,
NEW MEXICO P.M., EDDY COUNTY, NEW MEXICO

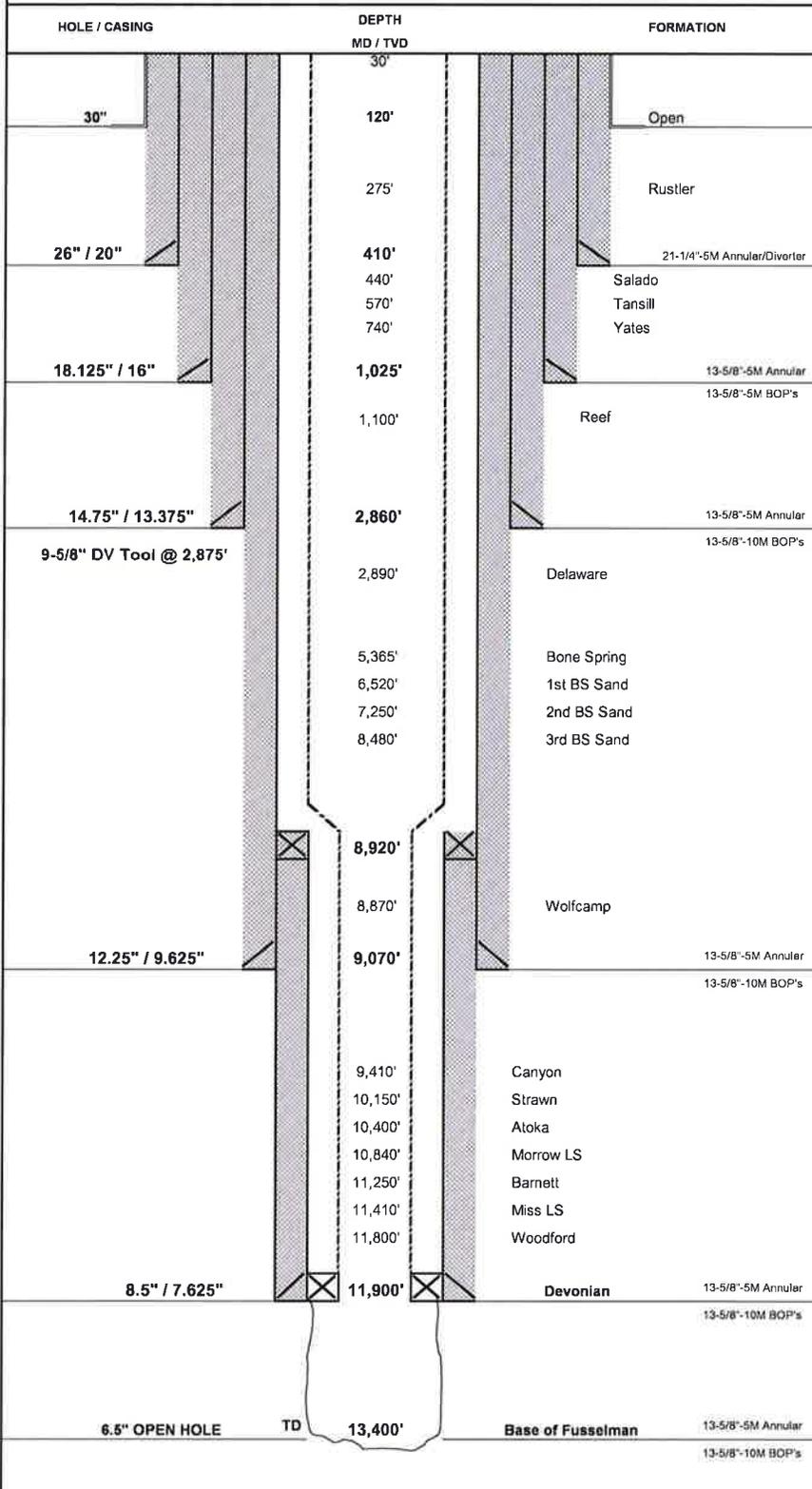
OPERATOR:
SOLARIS WATER MIDSTREAM

Item III – Well Data
Casing Information
Attachment 1

SOLARIS WATER MIDSTREAM, LLC

GOBBLER FED SWD #1

WELLBORE DATA SHEET



LOCATION	Sec 14, T20S - R28E
SHL	274' FSL & 1,350' FEL
COORDS	32.567170 / -104.143991
COUNTY	Eddy
STATE	New Mexico
TOTAL DEPTH	13,400

Formation Tops	SS	TVD
Rustler	2983	275
Salado	2818	440
Tansill	2688	570
Yates	2518	740
Capitan Reef	2158	1100
Delaware	368	2890
Bone Spring	-2107	5365
1st BS Sand	-3262	6520
2nd BS Sand	-3992	7250
3rd BS Sand	-5222	8480
Wolfcamp	-5612	8870
Canyon	-6152	9410
Strawn	-6892	10150
Atoka	-7142	10400
Morrow	-7582	10840
Barnett	-7992	11250
Miss LS	-8152	11410
Woodford	-8542	11800
Devonian	-8642	11900
Injection Interval	11,900	13,400

**Solaris Water Midstream, LLC
Gobbler Fed SWD #1**

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1

Well Information	
Lease Name	Gobbler Fed SWD
Well No.	1
Location	S 14 T20S - R28E
Footage Location	274' FSL & 1,350' FEL

2

a) Wellbore Description

Casing Information					
TYPE	Surface	Intermediate 1	Intermediate 2	2nd Stage Intermediate 3	Liner
Hole Size	26"	18-1/8"	14-3/4"	12-1/4"	8-1/2"
Casing Size	20"	16"	13-3/8"	9-5/8"	7-5/8"
Weight	94 lb/ft	84 lb/ft	68 lb/ft	53.5 lb/ft	39 lb/ft
Grade	H-40	K-55	N-80	HCP-110, BTC	HCP-110, FJ
Depth Set	410'	1,025'	2,860'	9,070'	11,900'
ID	19.124"	15.010"	12.415"	8.535"	6.625"
Drift ID	18.936"	14.822"	12.259"	8.500"	6.500"
open hole from 11,900' to 13,400'					

b) Cementing Program

Cement Information						
CASING STRING	Surface	Intermediate 1	Intermediate 2	2nd Stage Intermediate 3 Stage 1	2nd Stage Intermediate 3 Stage 2	Liner
Lead Cement	100 Class C Premium	100 Class C Premium	85:15% Class C Premium:Compass Poz-Mix	100% HSLD 94	65:35% Class C Premium	100% HSLD 87 Cement
Lead Cement Volume (sacks)	745	400	450	860	415	290
Lead Cement Density (ft3/sack)	13.5	13.5	11.8	10.5	11.8	15.6
Tail Cement	-	100 Class C Premium	100 Class C Premium	100% HSLD 125	100% Class C Premium	-
Tail Cement Volume (sacks)	-	175	230	315	165	-
Tail Cement Density (ft3/sack)	-	14.8	14.8	13.8	14.8	-
Cement Excess	100%	250% 50%	250% 150%	100% 50%	30% 30%	65%
Total Sacks	745	575	680	1,145	580	290
TOC	Surface	Surface	Surface	2,875' 8,070'	Surface 2,375'	8,920
Method	Circulated	Circulated	Circulated	Circulated	Circulated	Calculated

3

Tubing Description

Tubing Information	
OD	7" 5.5"
WT	26# 20#
ID	6.276" 4.778"
Drift ID	6.151" 4.653"
Grade	HCP-110
XO @ 8,820	
Depth Set	11,875'

Item XIII – Proof of Notice
Attachment 7

Affidavit of Publication

No. 25757

State of New Mexico _____ Publisher

County of Eddy: Danny Scott *[Signature]*

being duly sworn says that he is the Publisher of the Artesia Daily Press, a daily newspaper of General circulation, published in English at Artesia, said county and state, and that the hereto attached

Legal Ad

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for

1 Consecutive weeks/day on the same day as follows:

First Publication	<u>May 13, 2021</u>
Second Publication	_____
Third Publication	_____
Fourth Publication	_____
Fifth Publication	_____
Sixth Publication	_____
Seventh Publication	_____

Subscribed and sworn before me this 13th day of May 2021

OFFICIAL SEAL
Latisha Romine
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires: 5/12/2023

[Signature]
Latisha Romine

Latisha Romine
Notary Public, Eddy County, New Mexico

Copy of Publication:

Legal Notice

LEGAL NOTICE MAY 13, 2021 Solaris Water Midstream, LLC (701 Tradewinds Blvd., Suite C, Midland, TX 79706, contact Whitney McKee 432-203-9020) is seeking administrative approval from the New Mexico Oil Conservation Division to inject produced water in the Gobbler Fed SWD #1, in the Devonian-Silurian formation. The well is located 274' FSL & 1,350' FEL, Section 14, T20S-R28E, Eddy County, NM. The injection interval is 11,900' - 13,400'. The maximum expected injection rate is 50,000 BWPD at a maximum surface pressure of 2,380 psi. Interested parties must file objections or requests for hearing with the New Mexico Oil Conservation Division, 1220 St. Francis Dr., Santa Fe, NM 87505 within 15 days.

Published in the Artesia Daily Press, Artesia, N.M., May 13, 2021 Legal No. 25757.



May 13, 2021

OXY USA WTP LP
6 Desta Dr. #6000
Midland, TX 79705

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.,
Eddy County, New Mexico

To whom it may concern,

Enclosed for your review is a copy of Solaris Water Midstream, LLC's C-108 Application to Inject for the above referenced well. The proposed commercial operation will be for produced water disposal from area operators. Interested parties wishing to object the proposed application must file in writing to NMOCD, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of the date of this notice.

Should you have any questions please contact me at 432-203-9020 or whitney.mckee@solariswater.com.

Sincerely,

A handwritten signature in blue ink that reads "Whitney McKee".

Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

UNION OIL CO OF CA
6301 Deauville
Midland, TX 79706

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

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Sincerely,

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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

MARTIN CECILE E
411 Meadowlakes Dr.
Meadowlakes, TX 78654

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

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Sincerely,

A handwritten signature in blue ink that reads "Whitney B McKee".

Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

HURT JAMES R
P.O. Box 72
Odessa, TX 79760

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

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Sincerely,

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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

HURT PROPERTIES LP
P.O. Box 1927
Abingdon, VA 24212

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

GILMORE RESOURCES INC
P.O. Box 577
Kimball, NE 69145

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

To whom it may concern,

Enclosed for your review is a copy of Solaris Water Midstream, LLC's C-108 Application to Inject for the above referenced well. The proposed commercial operation will be for produced water disposal from area operators. Interested parties wishing to object the proposed application must file in writing to NMOCD, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of the date of this notice.

Should you have any questions please contact me at 432-203-9020 or whitney.mckee@solariswater.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Whitney McKee".

Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

WHEELER FREDDIE JEAN
1000 Cordova Pl. #454
Santa Fe, NM 87505

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

THE KATHERINE E GILMORE BYPASS TRUST
505 N. Big Spring St., Ste 303
Midland, TX 79701

RE: **NOTIFICATION TO INTERESTED PARTIES**

Gobbler Fed SWD #1
274' FSL, 1,350' FEL
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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

DEVON ENERGY PRODUCTION CO LP
333 W Sheridan Ave.
Oklahoma City, OK 73102

RE: **NOTIFICATION TO INTERESTED PARTIES**

Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

SABINAL ENERGY OPERATING LLC
1780 Hughes Landing Blvd.
The Woodlands, TX 77380

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

TANOS ENERGY HOLDINGS II LLC
821 E Southeast Loop 323
Tyler, TX 75701

RE: **NOTIFICATION TO INTERESTED PARTIES**

Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

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Sincerely,

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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

COLGATE PRODUCTION LLC
300 N. Marienfeld St., Ste 1000
Midland, TX 79701

RE: **NOTIFICATION TO INTERESTED PARTIES**

Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

LLJ VENTURES LLC
P.O. Box 3188
Roswell, NM 88202

RE: **NOTIFICATION TO INTERESTED PARTIES**
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Eddy County, New Mexico

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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

OXY USA INC
5 Greenway Plaza, Ste 110
Houston, TX 77046

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
Unit O, Section 14, Township 20 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

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Solaris Water Midstream, LLC



May 13, 2021

OXY Y-1 CO
5 Greenway Plaza, Ste 110
Houston, TX 77046

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274' FSL, 1,350' FEL
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Whitney McKee
Regulatory Specialist
Solaris Water Midstream, LLC



May 13, 2021

BUREAU OF LAND MANAGEMENT
620 E. Greene Street
Carlsbad, NM 88220

RE: **NOTIFICATION TO INTERESTED PARTIES**
Gobbler Fed SWD #1
274' FSL, 1,350' FEL
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Regulatory Specialist
Solaris Water Midstream, LLC

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">BUREAU OF LAND MANAGEMENT 620 E. Greene Street Carlsbad, NM 88220</p>  <p style="text-align: center;">9590 9402 5940 0049 9799 70</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="text-align: center;">7020 0090 0001 5959 5484</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table> <p style="text-align: right;">Restricted Delivery</p>	<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												

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

Domestic Return Receipt

7020 0090 0001 5959 5484

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

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

Carlsbad, NM 88220

Certified Mail Fee	\$3.60												
<table border="0" style="width: 100%;"> <tr> <td>Extra Services & Fees (<i>check box, add fee as appropriate</i>)</td> <td style="text-align: right;">\$7.85</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="text-align: right;">\$0.00</td> </tr> </table>		Extra Services & Fees (<i>check box, add fee as appropriate</i>)	\$7.85	<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	<input type="checkbox"/> Return Receipt (electronic)	\$0.00	<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	<input type="checkbox"/> Adult Signature Required	\$0.00	<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00												
<input type="checkbox"/> Adult Signature Required	\$0.00												
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00												
Postage	\$1.40												
Total Postage and Fees	\$7.85												



Postmark Here

<i>Sent To</i>	BUREAU OF LAND MANAGEMENT
<i>Street</i>	620 E. Greene Street
<i>City, S</i>	Carlsbad, NM 88220

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>COLGATE PRODUCTION LLC 300 N Marienfield, Suite 1000 Midland, TX 79701</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>9590 9402 5940 0049 9794 13</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0001 5959 5330</p>	<p>Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

0202 0090 0001 5959 5330

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
Midland, TX 79701	
Certified Mail Fee \$ 3.60	
Extra Services & Fees (check box, add fee to appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ 0.00 <input type="checkbox"/> Return Receipt (electronic) \$ 0.00 <input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00 <input type="checkbox"/> Adult Signature Required \$ 0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00	
Postage \$ 1.40	
Total Postage and Fees \$ 7.85	
Sent To Street and COLGATE PRODUCTION LLC City, State, 300 N Marienfield, Suite 1000 Midland, TX 79701	
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:

DEVON ENERGY PROD CO LP
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102



9590 9402 5940 0049 9794 06

2. Article Number (Transfer from service label)

7020 0090 0001 5959 5347

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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

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

Oklahoma City, OK 73102

Certified Mail Fee	\$3.60
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.40

Total Postage and Fees \$7.85



7020 0090 0001 5959 5347

Sent To
 Street and Ap
 City, State, Zi
 DEVON ENERGY PROD CO LP
 333 W. Sheridan Avenue
 Oklahoma City, OK 73102

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See Reverse for Instructions

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<p>1. Article Addressed to:</p> <p>GILMORE RESOURCES INC. P.O. Box 577 Kimball, NE 69145</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
 9590 9402 5940 0049 9758 80	<p>3. Service Type</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0001 5959 5422</p>	<p>stricted Delivery</p>												

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

7020 0090 0001 5959 5422

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

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

Kimball, NE 69145

<p>Certified Mail Fee \$ 3.60</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ 0.00 2.85</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ 0.00 0.00</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00 0.00</p> <p><input type="checkbox"/> Adult Signature Required \$ 0.00 0.00</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00 0.00</p>	<p>0710</p> 
<p>Postage \$ 1.40</p> <p>Total Postage and Fees \$ 7.85</p>	

Sent To **GILMORE RESOURCES INC.**

Street and Apt. **P.O. Box 577**

City, State, Zip **Kimball, NE 69145**

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

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<p>1. Article Addressed to:</p> <p style="text-align: center;">THE KATHERINE E GILMORE BYPASS TRUST 505 N. Big Spring St., Suite 303 Midland, TX 79701</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;">  9590 9402 5940 0049 9794 51 </p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="text-align: center;">7020 0090 0001 5959 5446</p>	<p style="text-align: right;">Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p style="text-align: right;">Domestic Return Receipt</p>

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

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

Midland, TX 79701

Certified Mail Fee	\$3.60
Extra Services & Fees (<i>check box, add fee as appropriate</i>)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$1.40
Total Postage and Fees	\$7.85



Sent

Street THE KATHERINE E GILMORE BYPASS TRUST

City 505 N. Big Spring St., Suite 303

Midland, TX 79701

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

7020 0090 0001 5959 5446

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p>HURT JAMES R. P.O. Box 72 Odessa, TX 79760</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0001 5959 5408</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input checked="" type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
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<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												

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

7020 0090 0001 5959 5408

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Odessa, TX 79760															
<table border="0" style="width: 100%;"> <tr> <td>Certified Mail Fee</td> <td align="right">\$3.60</td> </tr> <tr> <td>Extra Services & Fees (check box, add fee for each option)</td> <td align="right">\$2.85</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td align="right">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td align="right">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td align="right">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td align="right">\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td align="right">\$0.00</td> </tr> </table>	Certified Mail Fee	\$3.60	Extra Services & Fees (check box, add fee for each option)	\$2.85	<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	<input type="checkbox"/> Return Receipt (electronic)	\$0.00	<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	<input type="checkbox"/> Adult Signature Required	\$0.00	<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
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<table border="0" style="width: 100%;"> <tr> <td>Postage</td> <td align="right">\$1.40</td> </tr> <tr> <td>Total Postage and Fees</td> <td align="right">\$7.85</td> </tr> </table>	Postage	\$1.40	Total Postage and Fees	\$7.85											
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Total Postage and Fees	\$7.85														
<table border="0" style="width: 100%;"> <tr> <td>Sent To</td> <td align="right">\$2.85</td> </tr> <tr> <td>Street and</td> <td align="right">\$0.00</td> </tr> </table> <p>HURT JAMES R. P.O. Box 72 Odessa, TX 79760</p>		Sent To	\$2.85	Street and	\$0.00										
Sent To	\$2.85														
Street and	\$0.00														

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:

HURT PROPERTIES LP
P.O. Box 1927
Abingdon, VA 24212



9590 9402 5940 0049 9758 73

2. Article Number (Transfer from service label)

7020 0090 0001 5959 5415

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

Restricted Delivery

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

Domestic Return Receipt

**U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

Abingdon, VA 24212

Certified Mail Fee \$3.60

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$2.85
<input type="checkbox"/> Return Receipt (electronic)	\$	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00
<input type="checkbox"/> Adult Signature Required	\$	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00

Postage \$1.40

Total Postage and Fees \$7.85



05/13/2021

Sent To

HURT PROPERTIES LP
P.O. Box 1927
Abingdon, VA 24212

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

See Reverse for Instructions

7020 0090 0001 5959 5415

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:

TANOS ENERGY HOLDINGS II LLC
 821 E. Southeast Loop 323
 Tyler, TX 75701



9590 9402 5940 0049 9800 06

2. Article Number (Transfer from service label)

7020 0090 0001 5959 5460

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes

No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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Tyler, TX 75701

7020 0090 0001 5959 5460

Certified Mail Fee	\$3.60
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$1.40
Total Postage and Fees	\$7.85



Sent To
 Street TANOS ENERGY HOLDINGS II LLC
 City, St 821 E. Southeast Loop 323
 Tyler, TX 75701

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:

UNION OIL CO OF CA
6301 Deauville
Midland, TX 79706



9590 9402 5940 0049 9799 87

2. Article Number (Transfer from service label)

7020 0090 0001 5959 5491

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
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- Signature Confirmation™
- Signature Confirmation Restricted Delivery

stricted Delivery

Domestic Return Receipt

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Midland, TX 79706

Certified Mail Fee	\$3.60
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
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<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$1.40
Total Postage and Fees	\$7.85



Sent To
Street and Ap
City, State, Zi

UNION OIL CO OF CA
6301 Deauville
Midland, TX 79706

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

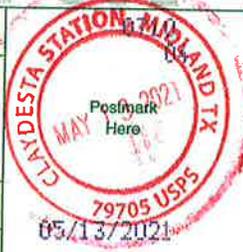
See Reverse for Instructions

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1. Article Addressed to: WHEELER FREDDIE JEAN 1000 Cordova Pl. #454 Santa Fe, NM 87505	B. Received by (Printed Name)	C. Date of Delivery												
2. Article Number (Transfer from service label) 7020 0090 0001 5959 5439	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No													
 9590 9402 5940 0049 9794 44	3. Service Type <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
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Santa Fe, NM 87505

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Sent to
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 City, S

WHEELER FREDDIE JEAN
 1000 Cordova Pl. #454
 Santa Fe, NM 87505

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

7020 0090 0001 5959 5439

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance Disposal _____ Storage
Application qualifies for administrative approval? _____ Yes _____ No
- II. OPERATOR: Solaris Water Midstream, LLC
ADDRESS: 907 Tradewinds Blvd., Midland, TX 79706
CONTACT PARTY: Whitney McKee PHONE: 432-203-9020
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? _____ Yes No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Whitney McKee TITLE: Regulatory Specialist
SIGNATURE:  DATE: 5/13/2021
E-MAIL ADDRESS: whitney.mckee@solariswater.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

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

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

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

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

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

XIV. PROOF OF NOTICE

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

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

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

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

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

INJECTION WELL DATA SHEET

OPERATOR: Solaris Water Midstream, LLC

WELL NAME & NUMBER: Gobbler Fed SWD #1

WELL LOCATION: 274' FSL & 1350' FEL UNIT LETTER: O SECTION: 14 TOWNSHIP: 20S RANGE: 28E

WELLBORE SCHEMATIC

See Wellbore Diagram (Item III, attachment 1)

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 26" Casing Size: 20" Method Determined: Circulation
Cemented with: 745 sx. or ft³
Top of Cement: Surface

Intermediate 1 Casing

Hole Size: 18-1/2" Casing Size: 16" Method Determined: Circulation
Cemented with: 575 sx. or ft³
Top of Cement: Surface

Intermediate 2 Casing

Hole Size: 14-3/4" Casing Size: 13-3/8" Method Determined: Circulation
Cemented with: 680 sx. or ft³
Top of Cement: Surface

WELL CONSTRUCTION DATA

Intermediate 3 Casing

Hole Size: 12-1/4" Casing Size: 9-5/8" Method Determined: Circulation
Cemented with: 1,725 sx. or ft³
Top of Cement: Surface

Liner

Hole Size: 8-1/2" Casing Size: 7-5/8" Method Determined: Calculated
Cemented with: 290 sx. or ft³
Top of Cement: 8,920' Method Determined: Calculated

Injection Interval

11,900 feet to 13,400 feet
(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 7" 26#, HCP-110, from 0'-8,820' and 5.5", 20#, HCP-110 from 8,820'-11,875'

Lining Material: Nickel Plated Double Grip Retrievable Packer or Equivalent

Type of Packer: Duoline

Packer Setting Depth: 11,875'

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

Additional Data

1. Is this a new well drilled for injection? X Yes No
If no, for what purpose was the well originally drilled? _____

2. Name of the Injection Formation: Devonian, Fusselman

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

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

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: Delaware, Bone Spring, Wolfcamp, Canyon, Strawn, Atoka, Morrow

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
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & 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		² Pool Code 97869		³ Pool Name SWD; SILURIAN-DEVONIAN	
⁴ Property Code		⁵ Property Name GOBLER FED SWD			⁶ Well Number #1
⁷ OGRID No. 371643		⁸ Operator Name SOLARIS WATER MIDSTREAM, LLC.			⁹ Elevation 3,241'

¹⁰ Surface Location

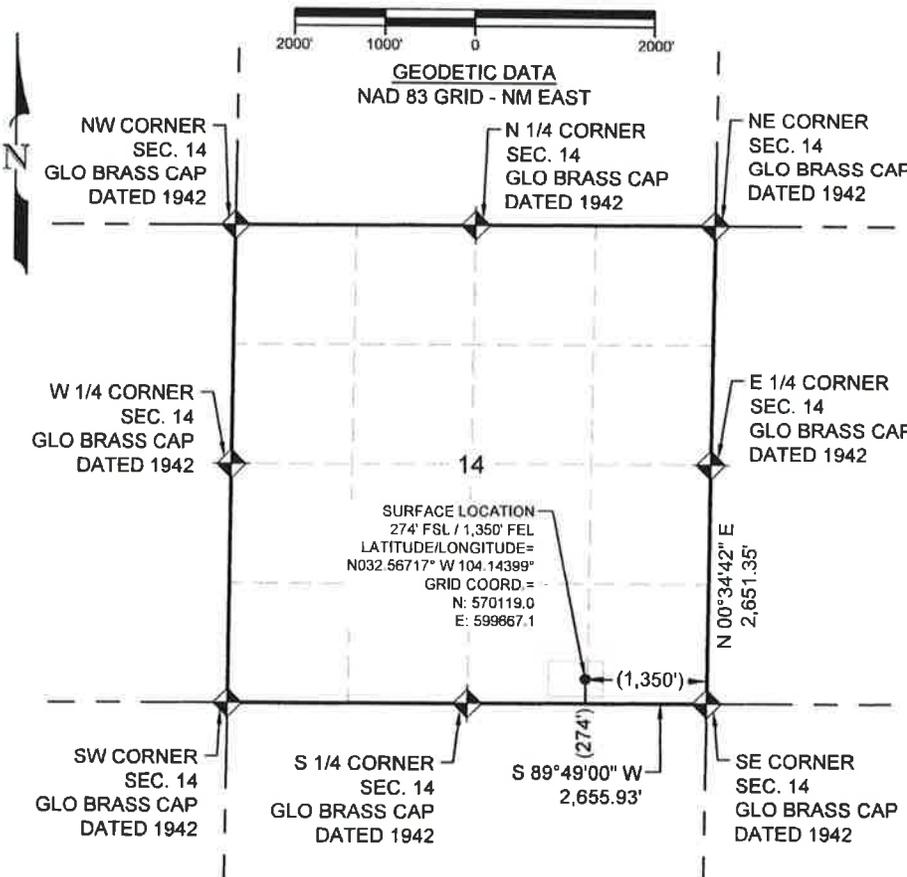
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	14	20-S	28-E		274'	SOUTH	1,350'	EAST	EDDY

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		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ 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.

Graphic Scale in Feet



¹⁷ 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.

Whitney McKee 3/18/21
Signature Date

Whitney McKee
Printed Name

whitney.mckee@solariswater.com
E-mail Address

¹⁸ SURVEYOR CERTIFICATION

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

03/13/2021
Date of Survey



22896
Certificate Number

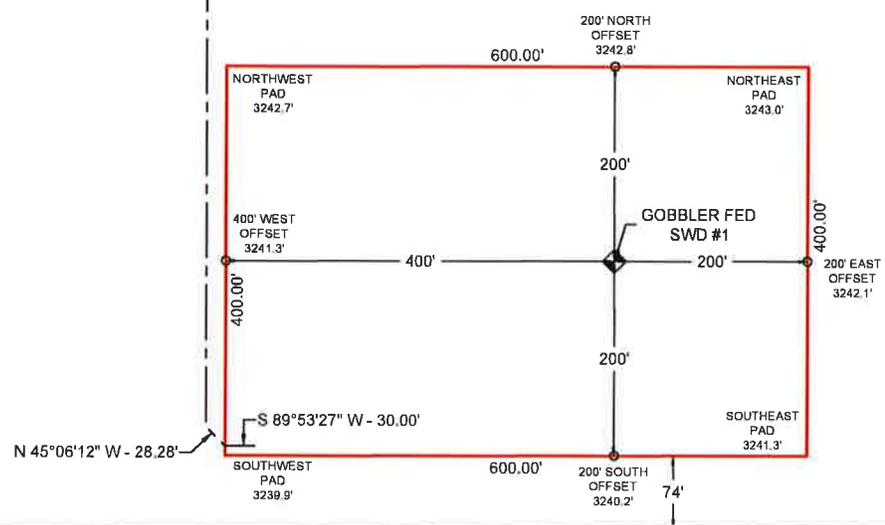
FOR & ON BEHALF OF ENCOMPASS ENERGY SERVICES

**SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST, NEW MEXICO P.M.
EDDY COUNTY, NEW MEXICO**

GOBBLER SWD #1 WELL POINT COORDINATES	
ELEVATION: 3,241'	
NAD 27	NAD 83
N: 570057.6' E: 558486.8' LAT: N032.567040 LONG: W107.643487	N: 570119.0' E: 589667.1' LAT: N32.567170 LONG: W104.143981

N 00°06'16" W - 1,895.79'
(TO COUNTY ROAD 238)

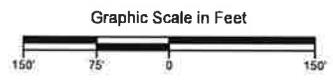
CL OF PROPOSED 20' WIDE ACCESS ROAD
(SEE "Gobbler Fed SWD #1_S14_T20S_R28E_AR")



PROPERTY LINE

THE GOBBLER SWD #1 IS LOCATED
APPROXIMATELY 12 MILES NORTHEAST
OF CARLSBAD, NEW MEXICO

- NOTES:
- 1) THIS DRAWING IS NOT A BOUNDARY SURVEY OR LAND DIVISION PLAT, LOCATION OF BOUNDARY LINES ARE SHOWN USING FOUND MONUMENTS AT THE TIME THE SURVEY WAS MADE ON THE GROUND.
 - 2) BEARINGS ARE BASED ON NAD83 NEW MEXICO PLANE EAST ZONE, US SURVEY FOOT. ALL DISTANCES SHOWN ARE GRID VALUES DERIVED FROM GPS OBSERVATIONS.



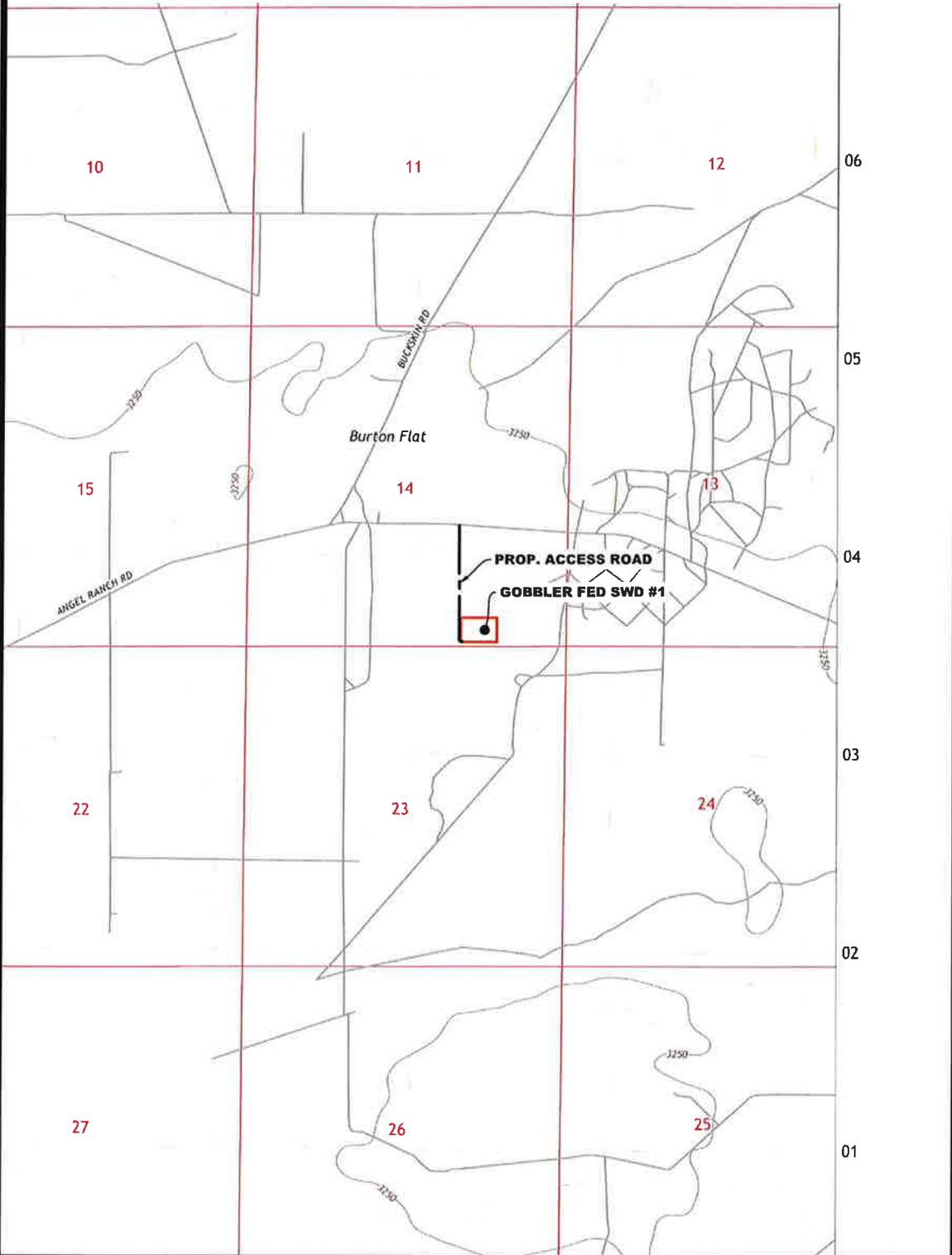
GOBBLER FED SWD #1

SURFACE LOCATION & PENETRATION POINT: 1,350' FEL & 274' FSL
SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST,
EDDY COUNTY, NEW MEXICO

SCALE: 1" = 150'	DRAWN BY: SMM 03/18/2021	CHECKED BY: SWW 03/18/2021	REV: 1
encompass		ENCOMPASS ENERGY SERVICES 14800 ST MARY'S LANE, SUITE 230 HOUSTON TEXAS, 77079	DWG NO. SITE LOCATION SHEET 1 OF 1

LOCATION VERIFICATION MAP

SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST OF
THE PRINCIPAL MERIDIAN, EDDY COUNTY, NEW MEXICO



Graphic Scale in Feet

DRAWN BY: SMM	1" = 2,000'
DATE: 03/17/2021	1:24,000

encompass

ENCOMPASS ENERGY SERVICES
14800 ST MARY'S LAND, SUITE 230
HOUSTON TEXAS, 77079

COORDINATE SYSTEM

NORTH AMERICAN DATUM 1983
STATE PLANE NEW MEXICO EAST, US SURVEY FOOT

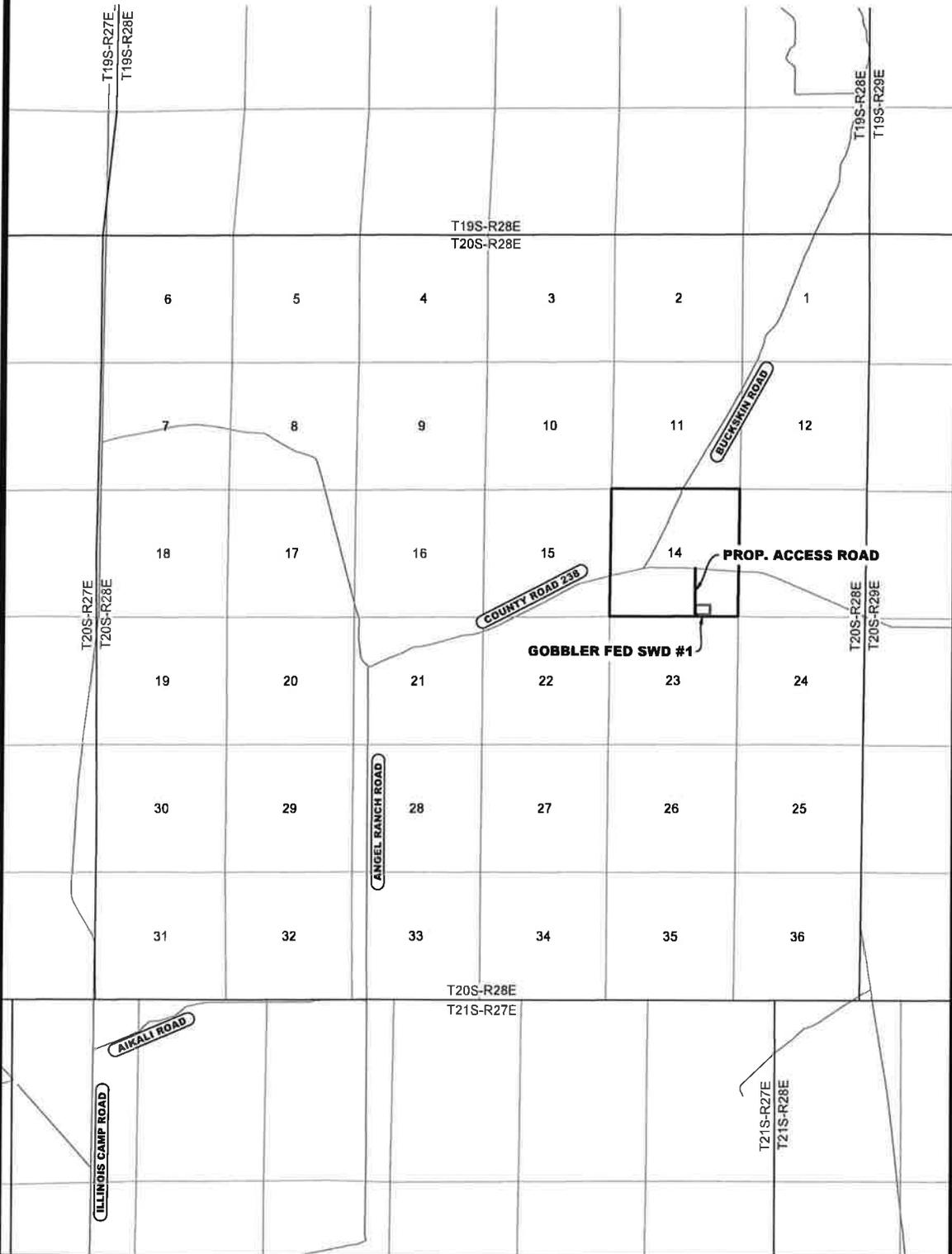
GOBBLER FED SWD #1

SHL LOCATION & PENETRATION POINT:
274' FSL & 1,350' FEL
SHL ELEVATION: 3,241'
SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST,
NEW MEXICO P.M., EDDY COUNTY, NEW MEXICO

OPERATOR:
SOLARIS WATER MIDSTREAM

VICINITY MAP

SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST OF
THE PRINCIPAL MERIDIAN, EDDY COUNTY, NEW MEXICO



Graphic Scale in Feet

DRAWN BY: SMM	1" = 5,000'
DATE: 03/17/2021	1:60,000

encompass

ENCOMPASS ENERGY SERVICES
14600 ST MARY'S LAND, SUITE 230
HOUSTON TEXAS, 77079

COORDINATE SYSTEM
NORTH AMERICAN DATUM 1983
STATE PLANE NEW MEXICO EAST, US SURVEY FOOT

GOBBLER FED SWD #1

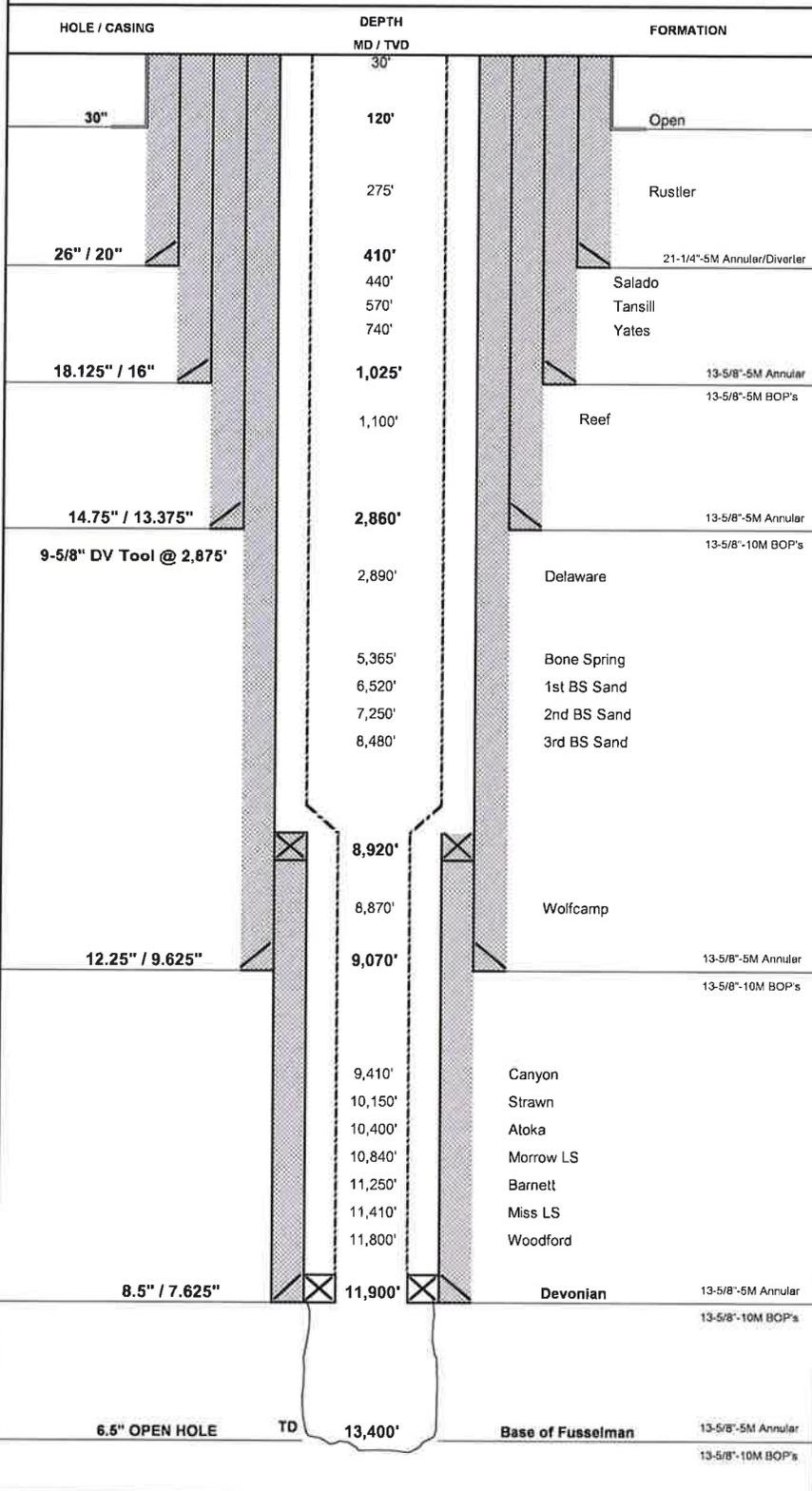
SHL LOCATION & PENETRATION POINT:
274' FSL & 1,350' FEL
SHL ELEVATION: 3,241'
SECTION 14, TOWNSHIP 20 SOUTH, RANGE 28 EAST,
NEW MEXICO P.M., EDDY COUNTY, NEW MEXICO

OPERATOR:
SOLARIS WATER MIDSTREAM

SOLARIS WATER MIDSTREAM, LLC

GOBBLER FED SWD #1

WELLBORE DATA SHEET



LOCATION	Sec 14, T20S - R28E
SHL	274' FSL & 1,350' FEL
COORDS	32.567170 / -104.143991
COUNTY	Eddy
STATE	New Mexico
TOTAL DEPTH	13,400

Formation Tops	SS	TVD
Rustler	2983	275
Salado	2818	440
Tansill	2688	570
Yates	2518	740
Capitan Reef	2158	1100
Delaware	368	2890
Bone Spring	-2107	5365
1st BS Sand	-3262	6520
2nd BS Sand	-3992	7250
3rd BS Sand	-5222	8480
Wolfcamp	-5612	8870
Canyon	-6152	9410
Strawn	-6892	10150
Atoka	-7142	10400
Morrow	-7582	10840
Barnett	-7992	11250
Miss LS	-8152	11410
Woodford	-8542	11800
Devonian	-8642	11900
Injection Interval	11,900	13,400

**Solaris Water Midstream, LLC
Gobbler Fed SWD #1**

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1

Well Information	
Lease Name	Gobbler Fed SWD
Well No.	1
Location	S 14 T20S - R28E
Footage Location	274' FSL & 1,350' FEL

2

a) Wellbore Description

Casing Information					
TYPE	Surface	Intermediate 1	Intermediate 2	2nd Stage Intermediate 3	Liner
Hole Size	26"	18-1/8"	14-3/4"	12-1/4"	8-1/2"
Casing Size	20"	16"	13-3/8"	9-5/8"	7-5/8"
Weight	94 lb/ft	84 lb/ft	68 lb/ft	53.5 lb/ft	39 lb/ft
Grade	H-40	K-55	N-80	HCP-110, BTC	HCP-110, FJ
Depth Set	410'	1,025'	2,860'	9,070'	11,900'
ID	19.124"	15.010"	12.415"	8.535"	6.625"
Drift ID	18.936"	14.822"	12.259"	8.500"	6.500"
open hole from 11,900' to 13,400'					

b) Cementing Program

Cement Information						
CASING STRING	Surface	Intermediate 1	Intermediate 2	2nd Stage Intermediate 3 Stage 1	2nd Stage Intermediate 3 Stage 2	Liner
Lead Cement	100 Class C Premium	100 Class C Premium	85:15% Class C Premium:Compass Poz Mix	100% HSLD 94	65:35% Class C Premium	100% HSLD 87 Cement
Lead Cement Volume (sacks)	745	400	450	860	415	290
Lead Cement Density (ft3/sack)	13.5	13.5	11.8	10.5	11.8	15.6
Tail Cement	-	100 Class C Premium	100 Class C Premium	100% HSLD 125	100% Class C Premium	-
Tail Cement Volume (sacks)	-	175	230	915	165	-
Tail Cement Density (ft3/sack)	-	14.8	14.8	13.8	14.8	-
Cement Excess	100%	250% 50%	250% 150%	100% 50%	30% 30%	65%
Total Sacks	745	575	680	1,145	580	290
TOC	Surface	Surface	Surface	2,875' 8,070'	Surface 2,375'	8,920
Method	Circulated	Circulated	Circulated	Circulated	Circulated	Calculated

3

Tubing Description

Tubing Information	
OD	7" 5.5"
WT	26# 20#
ID	6.276" 4.778"
Drift ID	6.151" 4.653"
Grade	HCP-110
XO @ 8,820	
Depth Set	11,875'

III. WELL DATA

A.

(1) GENERAL WELL INFORMATION

Operator: Solaris Water Midstream, LLC
Well Name: Gobbler Fed SWD #1
Location: Sec. 14, T20S-R28E
Footage Call: 274' FSL & 1,350' FEL

(2) CASING INFORMATION

See *Attachment 1 (Item III – Well Data)*.
(insert from WBD page).

(3) TUBING INFORMATION

7" (26#) internal Plastic Coated Liner swedged down to 5.5" (20#) with setting depth of 11,875'.

(4) PACKER INFORMATION

Lok-set or equivalent packer set at 11,875'.

B.

(1) INJECTION FORMATION NAME

Devonian, Silurian and Fusselman formations.

(2) INJECTION INTERVAL

Open-hole injection between 11,900' – 13,400'

(3) DRILLING PURPOSE

New drill for Salt Water Disposal.

(4) OTHER PERFORATED INTERVALS

No other perforated intervals exist.

(5) OVERLAYING OIL AND GAS ZONES

Delaware	2,890'
Bone Spring	5,365'
Wolfcamp	8,870'
Canyon	9,410'
Strawn	10,150'
Atoka	10,400'
Morrow	10,840'

UNDERLYING OIL AND GAS ZONES

No underlying oil and gas zones exist.

V. AOR WELL AND LEASE MAPS

See [Attachment 2 \(Item V – AOR Well and Lease Maps\)](#).

VI. AOR TABULATION

See [Attachment 2 \(Item VI – AOR Tabulation\)](#).

VII. PROPOSED OPERATION

1. PROPOSED MAXIMUM INJECTION RATE: 50,000 BPD
PROPOSED AVERAGE INJECTION RATE: 40,000 BPD
2. OPEN OR CLOSED LOOP SYSTEM: Closed Loop
3. AVERAGE INJECTION PRESSURE: 1,904 psi
MAXIMUM INJECTION PRESSURE: 2,380 psi
4. SOURCE WATER ANALYSIS: Attached are produced water sample analysis taken from the closest wells. See [Attachment 3 \(Item VII – Proposed Operation – Source Water Analysis\)](#).
5. INJECTION FORMATION WATER ANALYSIS: The disposal interval is non-productive. No water samples are available from the surrounding area.

VIII. GEOLOGIC INFORMATION

The Devonian and Silurian consists of carbonates including light colored dolomite and chert intervals interspersed with some tight limestone intervals. Several thin sections of porous dolomite capable of taking water are believed present within the subject formations in the area. Depth control data was inferred from deep wells in section 14 and adjacent sections. If the base of Devonian come in as expected the well will only be drilled deep enough for adequate logging rathole.

At the proposed injection interval of 11,900' – 13,400' BGL (Below Ground Level) the well will TD approximately 13,400'. Mud logging through the interval will ensure the target interval remains in Devonian and Fusselman. Once Devonian is determined, the casing shoe depth will be set at an approximate maximum upper depth of 11,900' BGL. Injection will occur through the resulting openhole interval. Should mud or other logs indicate depth adjustment is required to exploit the desired formation as described; sundries with appropriate date will be filed with the OCD.

The Devonian is overlain by the Barnett Shale and underlain by the Middle and Lower Ordovician; Simpson, McKee and Ellenburger.

See [Attachment 4 \(Item VIII – Geologic Information\)](#).

IX. PROPOSED STIMULATION PROGRAM

50,000 gallon acid job.

X. LOGGING AND TEST DATA

Logs will be submitted to the Division upon completion of the well.

XI. FRESH GROUNDWATER SAMPLES

Fresh water in the area is generally available from the Rustler formation and some alluvial deposits. State Engineer's records show water wells in the area are usually drilled between 29' and 400' in depth. Water depths range from 10' – 186'.

There is one (1) water well located within one mile of the proposed SWD; a chemical analysis of the fresh water well will be submitted when received.

See [*Attachment 5 \(Item XI – Groundwater\)*](#).

XII. NO HYDROLOGIC CONNECTION STATEMENT

No faulting is present in the area that would provide a hydrologic connection between the injection interval and the overlying USDW's. Additionally, the casing program has been designated to ensure there will be no hydrologic connection between the injection interval and overlying USDW's. See [*Attachment 6 \(Item XII – Geologic Affirmation\)*](#).

XIII. PROOF OF NOTICE

A Public Notice was filed with the Artesia Daily Press/Dela and an affidavit is included in [*Attachment 7 \(Item XIII – Proof of Notice\)*](#).

A copy of the application was mailed to the OCD District Office, landowner and leasehold operator within the AOR of the proposed SWD location. A list of the receipts, as well as delivery confirmations, are included in [*Attachment 7 \(Item XIII – Proof of Notice Cont\)*](#).

Solaris Water Midstream, LLC
Gobbler Fed SWD #1

**Item V and VI – AOR Well Data, Lease Maps and Tabulation
Attachment 2**



Legend

- Gobbler Fed SWD #1
- 1.0 Mile Radius
- BLM Lease
- SLO Lease



State and Federal Leases
Solaris Water Midstream - Gobbler Fed SWD #1 - Eddy County NM

Date: 3/22/2021

3/22/2021

Table 2
BLM Leases Within 1.0 Miles

Solaris Water Midstream
Gobbler Fed SWD #1

Serial/Block	Admin/Agency	Acres	Cash/Type	Commodity	Effective Date	HSP	Name 1	Pub/Est	Name 2	Period 1	Name 3	Period 2	Name 4	Period 3	Name 5	Period 4	Name 6	Period 5	Name 7	Period 6	Update Date	Shape_Are	Shape_Len
NMNM 015003	BUREAU OF LAND MGMT	1720	Oil & gas	Oil & gas	3/17/1972	HSP	OXY USA WTP LP	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	9533076.14	24990.19
NMNM 008841	BUREAU OF LAND MGMT	120	Oil & gas	Oil & gas	3/17/1966	HSP	OXY USA WTP LP	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	892857.12	3847.32
NMNM 023864	BUREAU OF LAND MGMT	170	Oil & gas	Oil & gas	4/17/1964	HSP	OXY USA WTP LP	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	691564.73	57169.72
NMNM 024150	BUREAU OF LAND MGMT	162	Oil & gas	Oil & gas	5/17/1964	HSP	UNION OIL CO OF CA	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	922960.87	5187.92
NMNM 020908	BUREAU OF LAND MGMT	40	Oil & gas	Oil & gas	5/17/1973	HSP	OILMORE RESOURCES INC	20	OXY USA WTP LP	20.000	THE KATHERINE E CLAYMORE TRUST	20.000	WHEELER FREDD E JEAN	10.000	MARTIN CECILE E	10.000	HURT JAMES B	10.000	HURT PROPERTIES LP	10.000	12/1/2017	230287.26	1919.89
NMNM 019200	BUREAU OF LAND MGMT	320	Oil & gas	Oil & gas	5/17/1973	HSP	SABINAL ENERGY OPERATING LLC	82.64		8.342		0.000		0.000		0.000				0.000	12/1/2017	82609.12	3840.30
NMNM 008858	BUREAU OF LAND MGMT	410	Oil & gas	Oil & gas	8/17/1968	HSP	OXY USA WTP LP	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	254181.03	9687.64
NMNM 100256	BUREAU OF LAND MGMT	320	Oil & gas	Oil & gas	5/17/1964	HSP	COLGATE PRODUCTION LLC	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	185433.37	6739.32
NMNM 023960	BUREAU OF LAND MGMT	400	Oil & gas	Oil & gas	9/17/1963	HSP	OXY USA WTP LP	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	2304288.41	13479.78
NM/C 000379	BUREAU OF LAND MGMT	1200	Oil & gas	Oil & gas	1/17/1940	HSP	LI VENTURES LLC	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	6854542.43	17228.03
NMNM 017220	BUREAU OF LAND MGMT	400	Oil & gas	Oil & gas	1/17/1970	HSP	OXY USA WTP LP	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	2309587.70	12496.10
NMNM 000277	BUREAU OF LAND MGMT	440	Oil & gas	Oil & gas	8/17/1967	HSP	OXY USA WTP LP	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	2549521.32	7700.23
NMNM 0554216	BUREAU OF LAND MGMT	350	Oil & gas	Oil & gas	7/17/1964	HSP	OXY USA WTP LP	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	2077763.00	9613.28
NM/C 000184	BUREAU OF LAND MGMT	200	Oil & gas	Oil & gas	10/29/1942	HSP	DEVON ENERGY PROD CO LP	50	OXY USA WTP LP	50.000		0.000		0.000		0.000				0.000	12/1/2017	1134134.38	6728.18
NMNM 017099	BUREAU OF LAND MGMT	40	Oil & gas	Oil & gas	3/17/1964	HSP	OXY USA WTP LP	100		0.000		0.000		0.000		0.000				0.000	12/1/2017	230774.45	1921.61
NMNM 124864	BUREAU OF LAND MGMT	40	Oil & gas	Oil & gas	10/17/2015	HSP	OXY USA INC	49	OXY USA CO	11.000		0.000		0.000		0.000				0.000	12/1/2017	231988.05	1828.68

3/22/2021

Table 3
Owners Within 1.0 Miles

Solaris Water Midstream
Gobbler Fed SWD #1

OWNER NAME

BUREAU OF LAND MANAGEMENT

Item VII – Source Water Analysis Attachment 3

Solaris Water Midstream, LLC - Gobbler Fed SWD #1
C-108 Item VII.4 - Produced Water Data
SOURCE ZONE

DELAWARE

Well Name	Avalon Delaware Unit #258
API	30-015-24546
Location	Sec. 30, T20S-R28E
Lat/Long	
County	Eddy
Field	
Formation	Delaware
Lab ID	
Sample ID	
Sample Date	
Analysis Date	
Sample Source	
Depth (if known)	
Water Type	

ph	10	barium_mgL	
ph_temp_F		magnesium_mgL	3660
specificgravity		potassium_mgL	
specificgravity_temp_F		strontium_mgL	
tds_mgL	100084	manganese_mgL	
tds_mgL_180C		chloride_mgL	100500
alkalinity_as_caco3_mgL		carbonate_mgL	
hardness_as_caco3_mgL		bicarbonate_mgL	460
hardness_mgL		sulfate_mgL	792
resistivity_ohm_cm		hydroxide_mgL	
resistivity_ohm_cm_temp_F		h2s_mgL	
conductivity		co2_mgL	
conductivity_temp_F		o2_mgL	
sodium_mgL	56097	anionremarks	
calcium_mgL	244	generalinforemarks	
iron_mgL			

Remarks

**Produced water data: NMT Octane NM WAIDS database.*

Solaris Water Midstream, LLC - Gobbler Fed SWD #1
C-108 Item VII.4 - Produced Water Data
SOURCE ZONE

DELAWARE

Well Name	Burton Flat Deep Unit #047H
API	30-015-40517
Location	Sec. 28, T20S-R28E
Lat/Long	
County	Eddy
Field	
Formation	Bone Spring
Lab ID	
Sample ID	
Sample Date	
Analysis Date	
Sample Source	
Depth (if known)	
Water Type	

ph	7.1	barium_mgL	
ph_temp_F		magnesium_mgL	366.9
specificgravity		potassium_mgL	
specificgravity_temp_F		strontium_mgL	
tds_mgL	192409.6	manganese_mgL	
tds_mgL_180C		chloride_mgL	114048.2
alkalinity_as_caco3_mgL		carbonate_mgL	
hardness_as_caco3_mgL		bicarbonate_mgL	2074
hardness_mgL		sulfate_mgL	
resistivity_ohm_cm		hydroxide_mgL	
resistivity_ohm_cm_temp_F		h2s_mgL	
conductivity		co2_mgL	4.5
conductivity_temp_F		o2_mgL	
sodium_mgL	72267.4	anionremarks	
calcium_mgL	1344.2	generalinforemarks	
iron_mgL	18.2		

Remarks

**Produced water data: NMT Octane NM WAIDS database.*

Solaris Water Midstream, LLC - Gobbler Fed SWD #1
C-108 Item VII.4 - Produced Water Data
SOURCE ZONE

WOLFCAMP

Well Name	Fed Union #001
API	30-015-02416
Location	Sec. 22, T20S - R28E
Lat/Long	
County	Eddy Co., NM
Field	
Formation	Wolfcamp
Lab ID	
Sample ID	
Sample Date	
Analysis Date	
Sample Source	
Depth (if known)	
Water Type	

ph	6.7	barium_mgL	
ph_temp_F		magnesium_mgL	
specificgravity		potassium_mgL	
specificgravity_temp_F		strontium_mgL	
tds_mgL	55965	manganese_mgL	
tds_mgL_180C		chloride_mgL	32400
alkalinity_as_caco3_mgL		carbonate_mgL	
hardness_as_caco3_mgL		bicarbonate_mgL	252
hardness_mgL		sulfate_mgL	2260
resistivity_ohm_cm		hydroxide_mgL	
resistivity_ohm_cm_temp_F		h2s_mgL	
conductivity		co2_mgL	
conductivity_temp_F		o2_mgL	
sodium_mgL		anionremarks	
calcium_mgL		generalinforemarks	
iron_mgL			

Remarks

**Produced water data: NMT Octane NM WAIDS database.*

Solaris Water Midstream, LLC - Gobbler Fed SWD #1
C-108 Item VII.4 - Produced Water Data
SOURCE ZONE

STRAWN

Well Name	Slinkard UR Federal Com #002
API	30-015-24722
Location	Sec. 11, T20S-R29E
Lat/Long	
County	Eddy
Field	
Formation	Strawn
Lab ID	
Sample ID	
Sample Date	
Analysis Date	
Sample Source	
Depth (if known)	
Water Type	

ph	6.2	barium_mgL	
ph_temp_F		magnesium_mgL	1197.8
specificgravity		potassium_mgL	
specificgravity_temp_F		strontium_mgL	
tds_mgL		manganese_mgL	
tds_mgL_180C		chloride_mgL	77532
alkalinity_as_caco3_mgL		carbonate_mgL	
hardness_as_caco3_mgL		bicarbonate_mgL	244
hardness_mgL		sulfate_mgL	12.5
resistivity_ohm_cm		hydroxide_mgL	
resistivity_ohm_cm_temp_F		h2s_mgL	
conductivity		co2_mgL	
conductivity_temp_F		o2_mgL	
sodium_mgL		anionremarks	
calcium_mgL	11480	generalinforemarks	
iron_mgL	43.8		

Remarks

**Produced water data: NMT Octane NM WAIDS database.*

Solaris Water Midstream, LLC - Gobbler Fed SWD #1
C-108 Item VII.4 - Produced Water Data
SOURCE ZONE

MORROW

Well Name	Dooley #001
API	30-015-10044
Location	Sec. 24, T20S-R29E
Lat/Long	
County	Eddy
Field	
Formation	Morrow
Lab ID	
Sample ID	
Sample Date	
Analysis Date	
Sample Source	
Depth (if known)	
Water Type	

ph		barium_mgL	
ph_temp_F		magnesium_mgL	
specificgravity		potassium_mgL	
specificgravity_temp_F		strontium_mgL	
tds_mgL	11718	manganese_mgL	
tds_mgL_180C		chloride_mgL	4466
alkalinity_as_caco3_mgL		carbonate_mgL	
hardness_as_caco3_mgL		bicarbonate_mgL	1634
hardness_mgL		sulfate_mgL	1441
resistivity_ohm_cm		hydroxide_mgL	
resistivity_ohm_cm_temp_F		h2s_mgL	
conductivity		co2_mgL	
conductivity_temp_F		o2_mgL	
sodium_mgL		anionremarks	
calcium_mgL		generalinforemarks	
iron_mgL			

Remarks

**Produced water data: NMT Octane NM WAIDS database.*

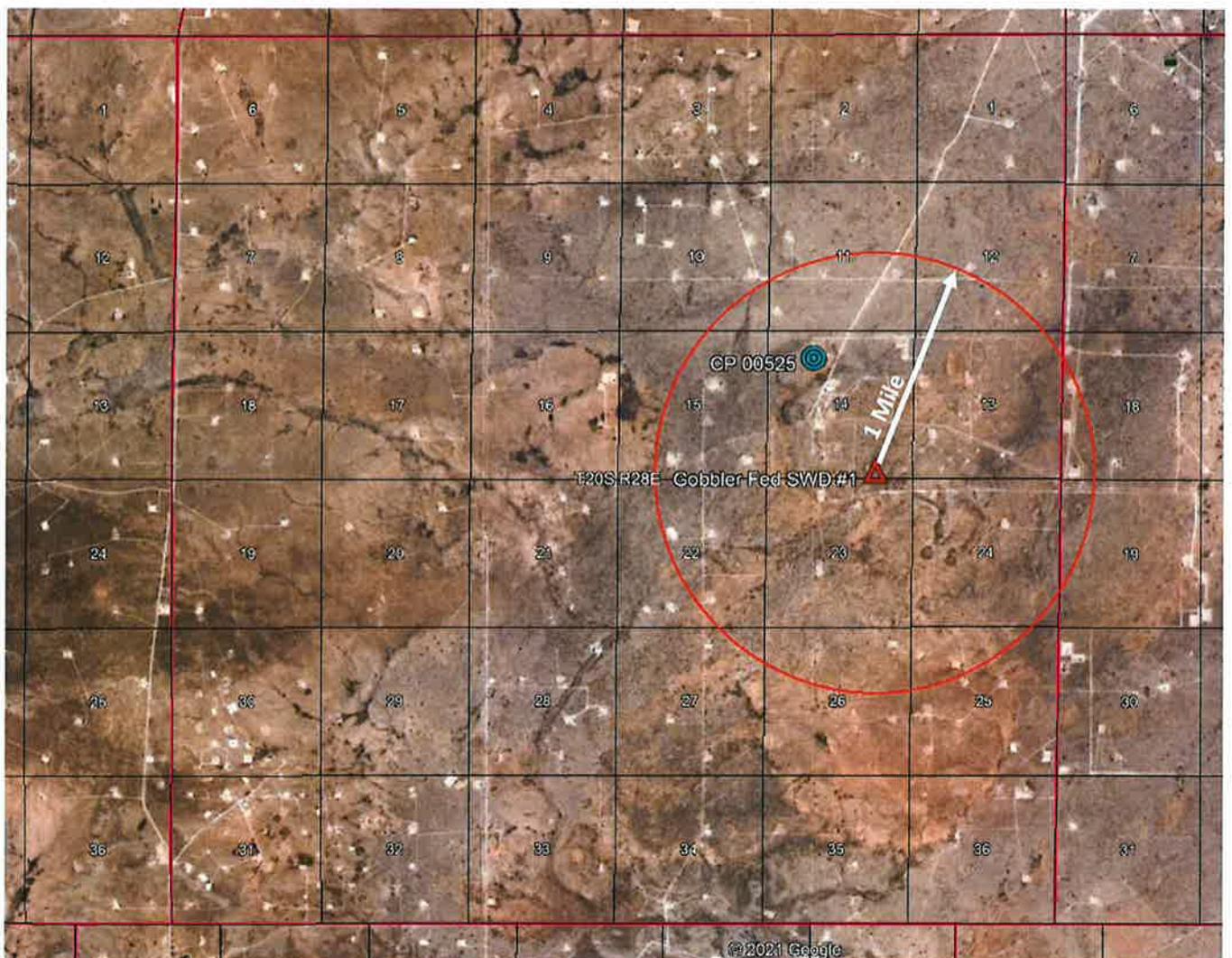
Solaris Water Midstream, LLC
Gobbler Fed SWD #1

Item XI – Fresh Groundwater Samples Attachment 5

Solaris Water Midstream, LLC
Gobbler Fed SWD #1
Item XI – Fresh Groundwater Samples

There is one (1) water well located within one mile of the proposed SWD; a chemical analysis of the fresh water well will be submitted when received.

POD #	SUB BASIN	USE	DEPTH OF WELL	DEPTH TO WATER	LAT/LONG	OWNER	ADDRESS
CP 00525	CP	PRO	171'	140'	32.578214, -104.151325	Cities Service Oil Company	P.O. BOX 4906 Midland, TX 79701



**Item XII – No Hydrologic Connection Statement
Geologic Affirmation
Attachment 6**

**C-108 Item XII
Geologic Affirmation**

I have examined available geological and engineering data and have found no evidence of open faults or other hydrologic connection between the disposal interval and any underground sources of drinking water.



Chris Giese
Drilling Engineer
Solaris Water Midstream, LLC

Project: Gobbler Fed SWD #1

Item VIII – Geologic Information Attachment 4

C-108 Item VIII Geological Data – Earthquake/Seismic Information

The study by Snee and Zoback “State of Stress in the Permian Basin, Texas and New Mexico: Implications for induced seismicity”, was published in the February 2018 edition of the Leading Edge. The strike-slip probability was evaluated using probabilistic FSP (Fault Slip Potential) analysis of known faults in the Permian Basin. The study indicates there is less than a 10% probability of being critically stressed to the point of creating an induced seismicity event. Low probability is due to the relationship of the strike of this fault to the regional S_{Hmax} orientation (N 35-45 degrees E) as shown below. Based on publicly available data for the subject area, it is reasonable to believe the risk of induced seismic activity due to disposal injection is low.

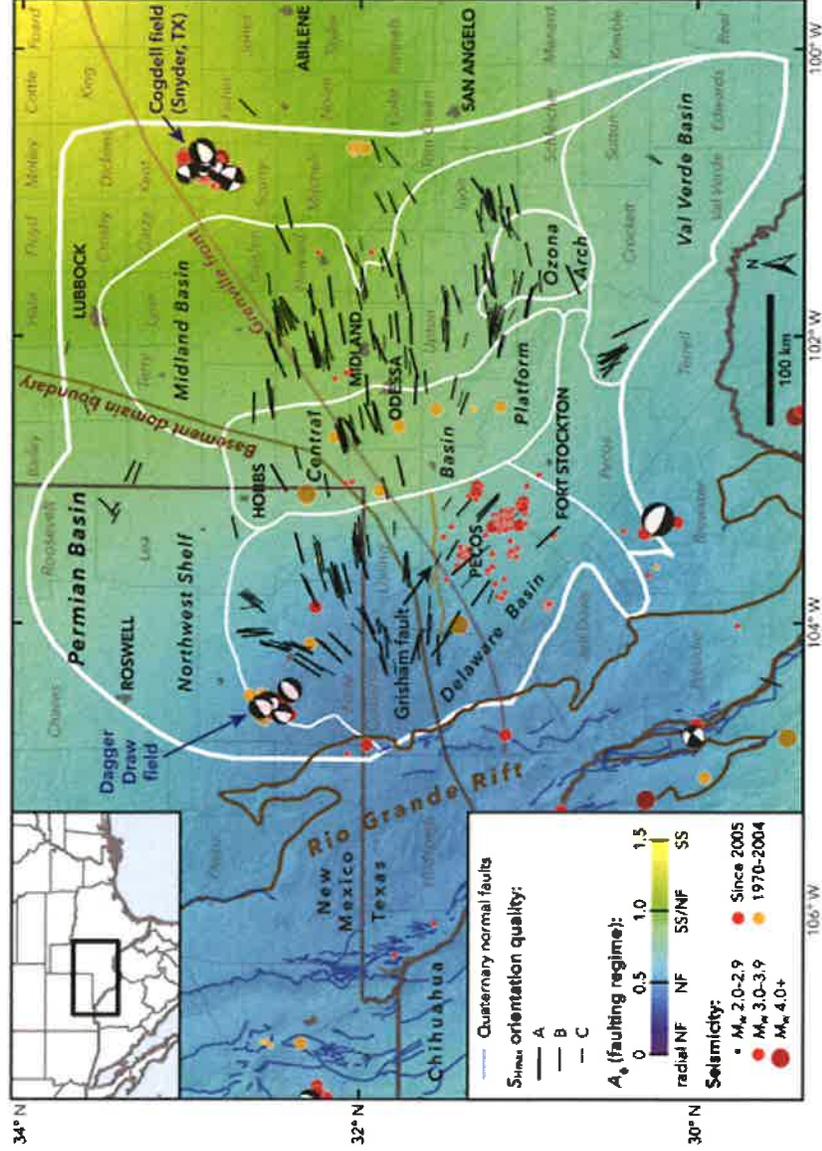


Figure 1. State of stress in the Permian Basin, Texas and New Mexico. Black lines are the measured orientations of S_{Hmax} with line length scaled by data quality. The colored background is an interpolation of measured relative principal stress magnitudes (faulting regime) expressed using the A_1 parameter (see text for details) of Simpson (1997). Blue lines are fault traces known to have experienced normal-sense offset within the past 1.6 Ma, from the USGS Quaternary Faults and Folds Database (Crono and Wheeler, 2000). The boundary between the Shawnee and Marzeta basement domains is from Lund et al. (2015), and the Precambrian Grenville Front is from Thomas (2006). The Permian Basin boundary is from the U.S. Energy Information Administration, and the subsasin boundaries are from the Texas Bureau of Economic Geology Permian Basin Geological Synthesis Project. Earthquakes are from the USGS National Earthquake Information Center, the Texas Seismic Monitoring Program, and Gan and Frohlich (2013). Focal mechanisms are from Saint Louis University (Herrmann et al., 2011).

Solaris Water Midstream, LLC
Gobbler Fed SWD #1

C-108 Item VIII Geological Data – Earthquake/Seismic Information Cont.

Gobbler Fed SWD #1
Sec. 14, T20S – R28E
274' FSL & 1,350' FEL
32.567170, -104.143991
Eddy Co., NM

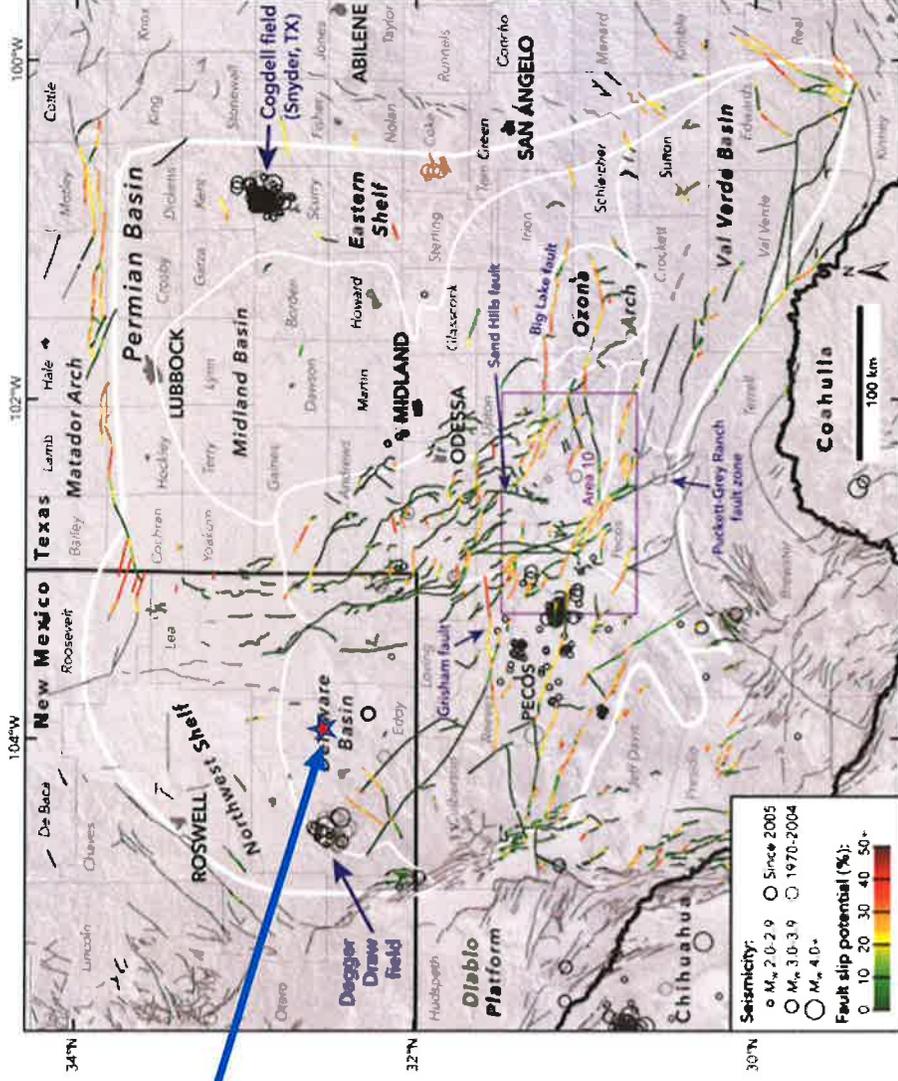


Figure 3. Results of our probabilistic FSP analysis across the Permian Basin. Data sources are as in Figures 1 and 2.

References:

Jens-Erik Lund Snee and Mark D. Zoback, 2018, State of stress in the Permian Basin, Texas and New Mexico: Implications for induced seismicity. The Leading Edge, February 2018

C-108 Item VIII Geological Data – Earthquake/Seismic Information Cont.

Search Earthquake Catalog

Search results are limited to 20,000 events. To get URL for a search, click the search button, then copy the URL from the browser address bar.

- [Help](#)
- [ANSI Comprehensive Earthquake Catalog \(ComCat\) Documentation](#)
- [Developer Library: Library of functions and user scripts for accessing and using tools for the NEIC's ComCat data](#)
- [Significant Earthquakes Archive](#)

Basic Options

Magnitude

- 2.5+
 4.5+
 Custom

Date & Time

- Past 7 Days
 Past 30 Days
 Custom

Minimum

2

Start (UTC)

1990-01-01 06:00:00

Maximum

2021-05-11 23:59:59

End (UTC)

2021-05-11 23:59:59

Geographic Region

- World
 Continental U.S. †
 Custom

Custom Circle

- 32.56177, latitude
- -103.42599, longitude
- 15 Radius (km)

[Create New Custom Circle Page](#)

Advanced Options

Geographic Region

Default: Select a geographic region. Each filter must be greater than or equal to the number specified.

North	West	East
South		

Circle

Center Latitude

32.56177

Center Longitude

-103.42599

Outer Radius (km)

15

Event Type

- Earthquakes
 Earthquake

Depth (km)

Minimum

Maximum

Azimuthal Gap

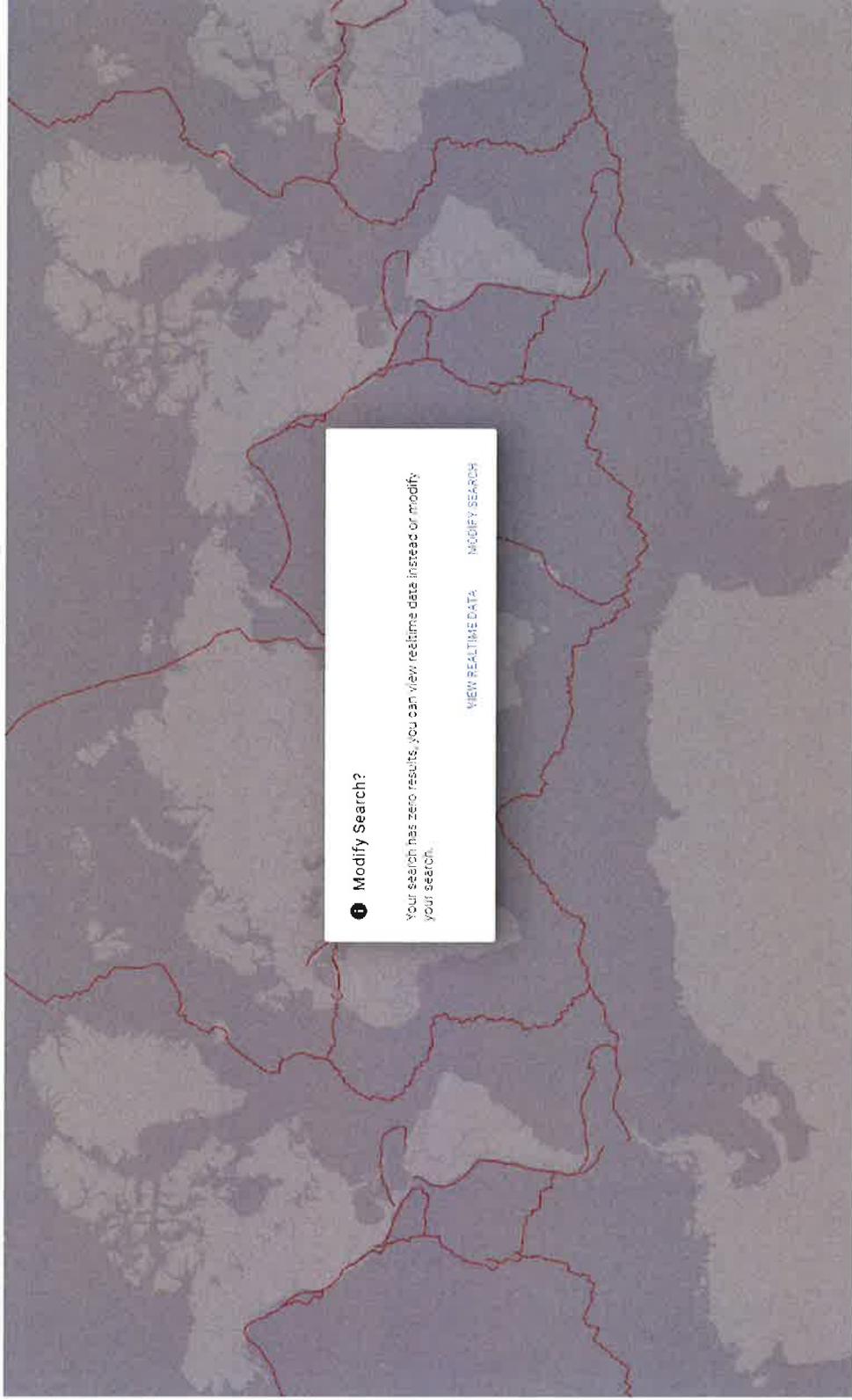
Minimum

Maximum

Review Status

- Any
 Automatic
 Reviewed

C-108 Item VII
Geological Data – Earthquake/Seismic Information Cont.



III. WELL DATA

A.

(1) GENERAL WELL INFORMATION

Operator: Solaris Water Midstream, LLC
Well Name: Gobbler Fed SWD #1
Location: Sec. 14, T20S-R28E
Footage Call: 274' FSL & 1,350' FEL

(2) CASING INFORMATION

See *Attachment 1 (Item III – Well Data)*.
(insert from WBD page).

(3) TUBING INFORMATION

7" (26#) internal Plastic Coated Liner swedged down to 5.5" (20#) with setting depth of 11,875'.

(4) PACKER INFORMATION

Lok-set or equivalent packer set at 11,875'.

B.

(1) INJECTION FORMATION NAME

Devonian, Silurian and Fusselman formations.

(2) INJECTION INTERVAL

Open-hole injection between 11,900' – 13,400'

(3) DRILLING PURPOSE

New drill for Salt Water Disposal.

(4) OTHER PERFORATED INTERVALS

No other perforated intervals exist.

(5) OVERLAYING OIL AND GAS ZONES

Delaware	2,890'
Bone Spring	5,365'
Wolfcamp	8,870'
Canyon	9,410'
Strawn	10,150'
Atoka	10,400'
Morrow	10,840'

UNDERLYING OIL AND GAS ZONES

No underlying oil and gas zones exist.

V. AOR WELL AND LEASE MAPS

See [Attachment 2 \(Item V – AOR Well and Lease Maps\)](#).

VI. AOR TABULATION

See [Attachment 2 \(Item VI – AOR Tabulation\)](#).

VII. PROPOSED OPERATION

1. **PROPOSED MAXIMUM INJECTION RATE:** 50,000 BPD
PROPOSED AVERAGE INJECTION RATE: 40,000 BPD
2. **OPEN OR CLOSED LOOP SYSTEM:** Closed Loop
3. **AVERAGE INJECTION PRESSURE:** 1,904 psi
MAXIMUM INJECTION PRESSURE: 2,380 psi
4. **SOURCE WATER ANALYSIS:** Attached are produced water sample analysis taken from the closest wells. See [Attachment 3 \(Item VII – Proposed Operation – Source Water Analysis\)](#).
5. **INJECTION FORMATION WATER ANALYSIS:** No water samples are available from the surrounding area.

VIII. GEOLOGIC INFORMATION

The Devonian and Silurian consists of carbonates including light colored dolomite and chert intervals interspersed with some tight limestone intervals. Several thin sections of porous dolomite capable of taking water are believed present within the subject formations in the area. Depth control data was inferred from deep wells in section 14 and adjacent sections. If the base of Devonian come in as expected the well will only be drilled deep enough for adequate logging rathole.

At the proposed injection interval of 11,900' – 13,400' BGL (Below Ground Level) the well will TD approximately 13,400'. Mud logging through the interval will ensure the target interval remains in Devonian and Fusselman. Once Devonian is determined, the casing shoe depth will be set at an approximate maximum upper depth of 11,900' BGL. Injection will occur through the resulting openhole interval. Should mud or other logs indicate depth adjustment is required to exploit the desired formation as described; sundries with appropriate date will be filed with the OCD.

The Devonian is overlain by the Barnett Shale and underlain by the Middle and Lower Ordovician; Simpson, McKee and Ellenburger.

See [Attachment 4 \(Item VIII – Geologic Information\)](#).

IX. PROPOSED STIMULATION PROGRAM

50,000 gallon acid job.

X. LOGGING AND TEST DATA

Logs will be submitted to the Division upon completion of the well.

XI. FRESH GROUNDWATER SAMPLES

Fresh water in the area is generally available from the Rustler formation and some alluvial deposits. State Engineer's records show water wells in the area are usually drilled between 29' and 400' in depth. Water depths range from 10' – 186'.

There is one (1) water well located within one mile of the proposed SWD; a chemical analysis of the fresh water well will be submitted when received.

See [Attachment 5 \(Item XI – Groundwater\)](#).

XII. NO HYDROLOGIC CONNECTION STATEMENT

No faulting is present in the area that would provide a hydrologic connection between the injection interval and the overlying USDW's. Additionally, the casing program has been designated to ensure there will be no hydrologic connection between the injection interval and overlying USDW's. See [Attachment 6 \(Item XII – Geologic Affirmation\)](#).

XIII. PROOF OF NOTICE

A Public Notice was filed with the Artesia Daily Press/Delta and an affidavit is included in [Attachment 7 \(Item XIII – Proof of Notice\)](#).

A copy of the application was mailed to the OCD District Office, landowner and leasehold operator within the AOR of the proposed SWD location. A list of the receipts, as well as delivery confirmations, are included in [Attachment 7 \(Item XIII – Proof of Notice Cont\)](#).