

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION  
- 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

**Application Acronyms:**

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication  
 NSL  NSP  SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement  
 DHC  CTB  PLC  PC  OLS  OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
 WFX  PMX  SWD  IPI  EOR  PPR

- [D] Other: Specify \_\_\_\_\_

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A]  Working, Royalty or Overriding Royalty Interest Owners

- [B]  Offset Operators, Leaseholders or Surface Owner

- [C]  Application is One Which Requires Published Legal Notice

- [D]  Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

- [E]  For all of the above, Proof of Notification or Publication is Attached, and/or,

- [F]  Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **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.

James Bruce  
Print or Type Name

James Bruce  
Signature

McFarrag  
Title

2/22/16  
Date

jamesbruce@psl.com  
e-mail Address

RECEIVED OCT 23 11 23 AM '16

- NSP-2045  
 - mature production  
 Company  
 228537  
 well  
 - Zach McComick  
 Red com #1  
 30-015-43654  
 Pool  
 - Pierce  
 Crossing  
 Wolfe Canyon  
 (GAS)  
 96712

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

NSP-2045

February 22, 2016

Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, New Mexico 87505

Ladies and gentlemen:

Pursuant to NMAC 19.15.15.11, Matador Production Company applies for approval of a non-standard gas spacing and proration unit in the Wolfcamp formation for the following well:

<u>Well:</u>	Zach McCormick Well No. 1
<u>Surface location:</u>	716 feet FNL & 380 feet FWL of Section 18
<u>Bottomhole location:</u>	660 feet FNL & 660 feet FWL
<u>Well unit:</u>	NW¼ of Section 18, Township 24 South, Range 29 East, N.M.P.M., Eddy County, New Mexico

The Wolfcamp formation is developed on statewide rules, with 320 acre spacing and wells to be located no closer than 660 feet to a quarter section line. A Form C-102 for the well is attached as **Exhibit A**.

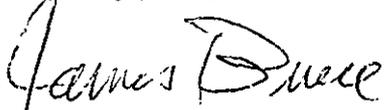
Applicant is the operator of the proposed non-standard unit. Applicant must commence the well shortly to extend the primary terms of fee leases in the NW¼ of Section 18. Applicant has sought to form a 320 acre well unit, but (i) there was insufficient time to obtain voluntary agreement or force pool interest owners into a standard well unit, and (ii) there are unleased federal tracts in the possible 320 well units, which makes it difficult to drill horizontal wells. Thus, applicant intends to drill a vertical well spaced on 160 acres. In that regard, applicant believes that other working interest owners probably do not want to join in a vertical well, and the proposed unit will not adversely affect them.

The persons affected by the non-standard unit are the interest owners (royalty, overriding royalty, and working interest) in the NE¼ and SW¼ of Section 18. Those interest owners are listed on **Exhibit B** and **Exhibit C**.

Notice of this application has been given to the offset interest owners, and a copy of the notice letter is attached as **Exhibit D**.

Please contact me if you need any further information on this application.

Very truly yours,

A handwritten signature in black ink that reads "James Bruce". The signature is written in a cursive style with a large, prominent initial "J".

James Bruce

Attorney for Matador Production Company

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  
10101 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1720 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

<sup>1</sup> API Number	<sup>2</sup> Pool Code	<sup>3</sup> Pool Name
	96712	PIERCE CROSSING;WOLFCAMP, NW (GAS)
<sup>4</sup> Property Code	<sup>5</sup> Property Name	<sup>6</sup> Well Number
	ZACH MCCORMICK FED COM (18:24S-29E)	#1
<sup>7</sup> OGRID No.	<sup>8</sup> Operator Name	<sup>9</sup> Elevation
228937	MATADOR PRODUCTION COMPANY	2953'

<sup>10</sup> Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24-S	29-E	-	716'	NORTH	380'	WEST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24-S	29-E	-	660'	NORTH	660'	WEST	EDDY

<sup>11</sup> Dedicated Acres	<sup>12</sup> Joint or Infill	<sup>13</sup> Consolidation Code	<sup>14</sup> Order No.
160			

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.

X=59325.27  
Y=44566.51

X=594563.35  
Y=44568.56

**BOTTOM HOLE LOCATION**  
NEW MEXICO EAST  
NAD 1927  
X=593916  
Y=445007  
LAT.: N 32.2230766  
LONG.: W 104.0296372

**SURFACE LOCATION**  
NEW MEXICO EAST  
NAD 1927  
X=593636  
Y=444952  
LAT.: N 32.2229263  
LONG.: W 104.0305423

X=593265.22  
Y=443600.98

X=593272.41  
Y=441187.97

**<sup>17</sup>OPERATOR CERTIFICATION**

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

*[Signature]* 2/19/16  
Signature Date

Chris Coker  
Printed Name

ccoker@matadorresources.com  
E-mail Address

**<sup>18</sup>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 to the best of my belief.

02/11/2016  
Date of Survey

*[Signature]*  
Signature and Seal of Professional Surveyor

MICHAEL BROWN  
NEW MEXICO  
10329  
PROFESSIONAL SURVEYOR

Certificate Number

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Sante 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.  
Sante 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

<sup>1</sup> API Number 30-015-43654		<sup>2</sup> Pool Code 96712		<sup>3</sup> Pool Name Pierce Crossing; Wolfcamp, NW(Gas)	
<sup>4</sup> Property Code		<sup>5</sup> Property Name ZACH MCCORMICK		<sup>6</sup> Well Number #1	
<sup>7</sup> OGRID No. 228937		<sup>8</sup> Operator Name MATADOR PRODUCTION COMPANY		<sup>9</sup> Elevation 2953'	

<sup>10</sup>Surface Location

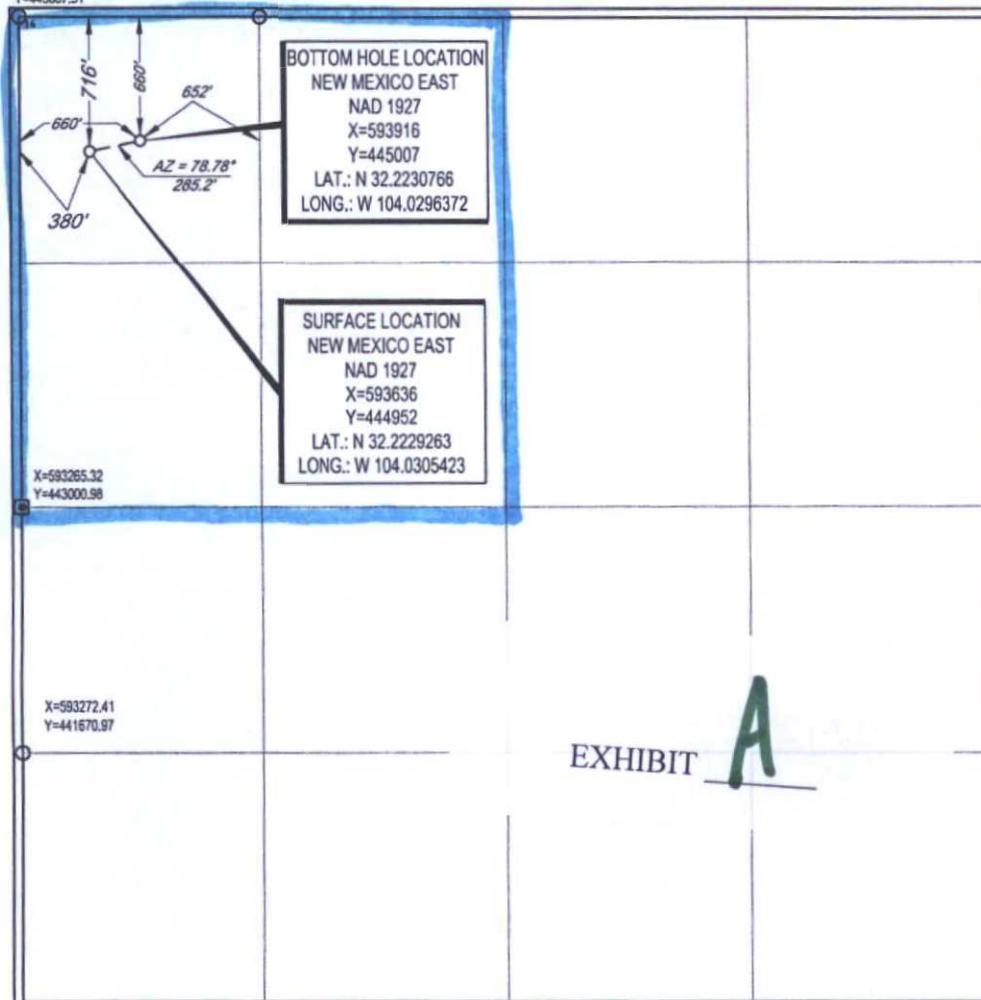
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24-S	29-E	-	716'	NORTH	380'	WEST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24-S	29-E	-	660'	NORTH	660'	WEST	EDDY

<sup>11</sup> Dedicated Acres 160	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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.

X=593252.57  
Y=445867.51  
X=594563.35  
Y=445666.56



<sup>17</sup>OPERATOR CERTIFICATION

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

<sup>18</sup>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 to the best of my belief.

02/11/2016

Date of Survey \_\_\_\_\_  
Signature and Seal of Professional Surveyor

**MICHAEL B. BROWN**  
NEW MEXICO  
18329  
PROFESSIONAL SURVEYOR

Certificate Number \_\_\_\_\_

COG Operating LLC  
600 West Illinois Ave.  
Midland, TX 79701

EXHIBIT **B**

Concho Oil and Gas LLC  
600 West Illinois Ave.  
Midland, TX 7970

Nestegg Energy Corporation  
2308 Sierra Vista  
Artesia, NM 88210

Bureau of Land Management  
620 East Greene Street  
Carlsbad, New Mexico 88220

Chevron U.S.A., Inc.  
15 Smith Road  
Midland, TX 79705

D. Stuart Harroun, Jr., Trustee of the D. Stuart  
Harroun, Jr. Revocable Trust UTA dated August 3, 1984  
515 Tres Lagunas Lane Ne  
Albuquerque, NM 87113

Eric D. Boyt  
P.O. Box 1015  
Midland, TX 79702

Herman Clifford Walker, III  
8001 Edinburgh Dr.  
Midland, TX 79707

J.M. Mineral Land & Co. Inc.  
P.O. Box 1015  
Midland, TX 79702

Jeffrey Caswell Neal, Trustee of the  
Neal Trust, dated December 11, 1990  
1311 Doepp Drive  
Carlsbad, NM 88220-4625

Magnolia Royalty Co., Inc.  
P.O. Box 10703  
Midland, TX 79702

Piper L. Nelms  
18706 Collins St.  
Tarzana, CA 91356

Tara L. Keene-Karson  
18700 Collins St.  
Tarzana, CA 91356

First National Bank of Santa Fe, Trustee of  
the Dorothy S. Harroun Irrevocable Trust  
dated October 13, 1983  
62 Lincoln Avenue  
Santa Fe, NM 87501

EXHIBIT

C

Bureau of Land Management  
620 East Greene Street  
Carlsbad, New Mexico 88220

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

February 22, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Attachment 1

Dear Sirs:

Matador Production Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a non-standard gas spacing and proration unit comprised of the NW¼ of Section 18, Township 24 South, Range 29 East, N.M.P.M., Eddy County, New Mexico. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 20 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,

  
James Bruce

Attorney for Matador Production Company

EXHIBIT

D

Attachment 1

Chevron U.S.A., Inc.  
15 Smith Road  
Midland, TX 79705

D. Stuart Harroun, Jr., Trustee of the D. Stuart  
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Tarzana, CA 91356

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Midland, TX 79701

Concho Oil and Gas LLC  
600 West Illinois Ave.  
Midland, TX 7970

Nestegg Energy Corporation  
2308 Sierra Vista  
Artesia, NM 88210

Bureau of Land Management  
620 East Greene Street  
Carlsbad, New Mexico 88220

## **McMillan, Michael, EMNRD**

---

**From:** jamesbruc@aol.com  
**Sent:** Tuesday, March 01, 2016 2:59 PM  
**To:** McMillan, Michael, EMNRD  
**Subject:** Re: Matador Zach Mc Cormack Federal Com Well 18-24S-29E Well No. 1

You are correct, but I will e-mail you tomorrow morning to clarify.

Have to get applications filed this afternoon.

Jim

-----Original Message-----

**From:** McMillan, Michael, EMNRD, EMNRD <Michael.McMillan@state.nm.us>  
**To:** Jim Bruce <jamesbruc@aol.com>  
**Cc:** Jones, William V, EMNRD, EMNRD <WilliamV.Jones@state.nm.us>  
**Sent:** Tue, Mar 1, 2016 2:53 pm  
**Subject:** Matador Zach Mc Cormack Federal Com Well 18-24S-29E Well No. 1

Jim:

I received your NSP application on Tuesday March 1, 2015.

I need a list of owners in the mineral interest estate in the NE/4 and SW/4.

Does Exhibit B relate to the NE/4 and Exhibit C relate to the SW/4?

Thank you

### **Michael A. McMillan**

Engineering and Geological Services Bureau, Oil Conservation Division  
1220 South St. Francis Dr., Santa Fe NM 87505  
O: 505.476.3448 F. 505.476.3462  
[Michael.mcmillan@state.nm.us](mailto:Michael.mcmillan@state.nm.us)

## McMillan, Michael, EMNRD

---

**From:** jamesbruc@aol.com  
**Sent:** Wednesday, March 02, 2016 10:48 AM  
**To:** McMillan, Michael, EMNRD  
**Subject:** Re: Matador Zach Mc Cormack Federal Com Well 18-24S-29E Well No. 1

Exhibit B lists the interest owners in the NE/4 -- COG and Concho are WI owners, Nestegg is an ORR owner, and the BLM is the mineral owner/lessor.

Exhibit C lists the interest owners in the SW/4 -- Chevron is the WI owner and the others (except the BLM) are fee royalty owners. The BLM is the unleased mineral owner of the SW/4SW/4.

Jim

-----Original Message-----

**From:** McMillan, Michael, EMNRD, EMNRD <Michael.McMillan@state.nm.us>  
**To:** Jim Bruce <jamesbruc@aol.com>  
**Cc:** Jones, William V, EMNRD, EMNRD <WilliamV.Jones@state.nm.us>  
**Sent:** Tue, Mar 1, 2016 2:53 pm  
**Subject:** Matador Zach Mc Cormack Federal Com Well 18-24S-29E Well No. 1

Jim:

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I need a list of owners in the mineral interest estate in the NE/4 and SW/4.

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Thank you

## Michael A. McMillan

Engineering and Geological Services Bureau, Oil Conservation Division  
1220 South St. Francis Dr., Santa Fe NM 87505  
O: 505.476.3448 F. 505.476.3462  
[Michael.mcmillan@state.nm.us](mailto:Michael.mcmillan@state.nm.us)

JAMES BRUCE  
ATTORNEY AT LAW

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(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

RECEIVED OGD

2016 MAR 17 P 1: 23

March 11, 2016

Re: Matador Production Co.  
NSP application  
Lark McCormick Well No. 1

Re: Mike:

Enclosed are the certified green cards for this  
application. Everyone received notice.

Jim

**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:

Concho Oil and Gas LLC  
600 West Illinois Ave.  
Midland, TX 7970

9590 9403 0589 5183 8939 74

2. Article Number (Transfer from service label)

7012 0470 0001 5954 8728

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

2/29/16

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

3. Service Type

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

7012 0470 0001 5954 8728 (over \$500)

Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

COG Operating LLC  
600 West Illinois Ave.  
Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5954 8735

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

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

Concho Oil and Gas LLC  
600 West Illinois Ave.  
Midland, TX 7970

PS Form 3800, August 2006 See Reverse for Instructions

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1. Article Addressed to:

COG Operating LLC  
600 West Illinois Ave.  
Midland, TX 79701

9590 9403 0589 5183 8939 81

2. Article Number (Transfer from service label)

7012 0470 0001 5954 8735 (over \$500)

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

2/29/16

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

3. Service Type

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

7012 0470 0001 5954 8728

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

**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:

Piper L. Nelms  
18706 Collins St.  
Tarzana, CA 91356

2. Article Number (Transfer from service label)

9590 9402 1240 5246 2058 76

7012 0470 0001 5954 8766

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Adult Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Aaron Nelms

C. Date of Delivery

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

3. Service Type

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

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

Restricted Delivery (over \$500)

Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Bureau of Land Management

Sent To

620 East Greene Street  
 Carlsbad, New Mexico 88220

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

4642 6094 0000 0202 E102

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To

Piper L. Nelms  
18706 Collins St.  
Tarzana, CA 91356

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5954 8766

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
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1. Article Addressed to:

Bureau of Land Management  
 620 East Greene Street  
 Carlsbad, New Mexico 88220

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9590 9403 0589 5183 8939 50

7013 3020 0000 4609 2494

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Adult Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 T. Nelms

C. Date of Delivery  
 3/11/16

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

3. Service Type

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

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

Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>x Paul Truitt</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
First National Bank of Santa Fe, Trustee of the Dorothy S. Harroun Irrevocable Trust dated October 13, 1983 62 Lincoln Avenue Santa Fe, NM 87501		<i>Paul Truitt MAIN POST OFFICE</i> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
9590 9403 0589 5183 8939 98		3. Service Type <input 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	
2. Article Number (Transfer from service label)		7012 0470 0001 5954 8742 <input type="checkbox"/> Restricted Delivery	

PS Form 3811, April 2015 PSN 7530-02-000-9053 *M R* Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Jeffrey Caswell Neal, Trustee of the Neal Trust, dated December 11, 1990
Sent To	1311 Doepp Drive Carlsbad, NM 88220-4625
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 0470 0001 5954 8780

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	First National Bank of Santa Fe, Trustee of the Dorothy S. Harroun Irrevocable Trust dated October 13, 1983 62 Lincoln Avenue Santa Fe, NM 87501
Street, Apt. No. or PO Box No.	
City, State, ZIP	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 0470 0001 5954 8742

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>x Jeffrey Caswell Neal</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
Jeffrey Caswell Neal, Trustee of the Neal Trust, dated December 11, 1990 1311 Doepp Drive Carlsbad, NM 88220-4625		<i>JEFFREY NEAL 3-2-10</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
9590 9402 1240 5246 2058 90		3. Service Type <input 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	
2. Article Number (Transfer from service label)		7012 0470 0001 5954 8780 <input type="checkbox"/> Restricted Delivery	

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to:		B. Received by (Printed Name) <i>Stuart Harroun</i>	C. Date of Delivery <i>2/29/16</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
D. Stuart Harroun, Jr., Trustee of the D. Stuart Harroun, Jr. Revocable Trust UTA dated August 3, 1984 515 Tres Lagunas Lane Ne Albuquerque, NM 87113		9590 9402 1240 5246 2059 37 2. Article Number (Transfer from service label) 7012 0470 0001 5954 8827 (over \$500)	

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

Domestic Return Receipt

*M.E*

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Chevron U.S.A., Inc.	
15 Smith Road	
Midland, TX 79705	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 0470 0001 5954 8834

U.S. Postal Service™	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
D. Stuart Harroun, Jr., Trustee of the D. Stuart Harroun, Jr. Revocable Trust UTA dated August 3, 1984	
515 Tres Lagunas Lane Ne	
Albuquerque, NM 87113	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 0470 0001 5954 8827

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to:		B. Received by (Printed Name) <i>Clayton</i>	C. Date of Delivery <i>2/19/16</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
Chevron U.S.A., Inc. 15 Smith Road Midland, TX 79705		9590 9402 1240 5246 2059 44 2. Article Number (Transfer from service label) 7012 0470 0001 5954 8834 (over \$500)	

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

Domestic Return Receipt

*M.E*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>DMiles</u> C. Date of Delivery <u>3/2/16</u></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>1. Article Addressed to:</p> <p>Magnolia Royalty Co., Inc. P.O. Box 10703 Midland, TX 79702</p>		<p>3. Service Type</p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Restricted Delivery	
<p>9590 9402 1240 5246 2058 83</p>		<p>2. Article Number (over \$500) <u>7012 0470 0001 5954 8773</u> Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Eric D. Boyt P.O. Box 1015 Midland, TX 79702	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Magnolia Royalty Co., Inc. P.O. Box 10703 Midland, TX 79702	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>DMiles</u> C. Date of Delivery <u>3/2/16</u></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>1. Article Addressed to:</p> <p>Eric D. Boyt P.O. Box 1015 Midland, TX 79702</p>		<p>3. Service Type</p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Restricted Delivery	
<p>9590 9402 1240 5246 2059 20</p>		<p>2. Article Number (over \$500) <u>7012 0470 0001 5954 8810</u> Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

**SENDER COMPLETE THIS SECTION**

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

1. Article Addressed to:

J.M. Mineral Land & Co. Inc.  
P.O. Box 1015  
Midland, TX 79702

9590 9402 1240 5246 2059 06

2. *Transfer from service label*  
7012 0470 0001 5954 8797

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



- Agent
- Addressee

B. Received by (Printed Name)

DMILES

C. Date of Delivery

3/2/16

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

MZ

Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To

Tara L. Keene-Karson  
18700 Collins St.  
Tarzana, CA 91356

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0001 5954 8759

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To

J.M. Mineral Land & Co. Inc.  
P.O. Box 1015  
Midland, TX 79702

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

City, State, ZIP+4

PS Form 3800, August 2006

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:

Tara L. Keene-Karson  
18700 Collins St.  
Tarzana, CA 91356

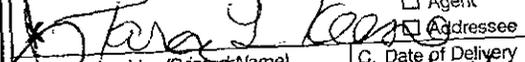
9590 9402 1240 5246 2058 69

2. *Transfer from service label*  
7012 0470 0001 5954 8759

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature



B. Received by (Printed Name)

C. Date of Delivery

3-1-16

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

MZ

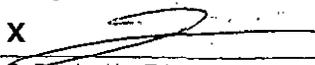
Domestic Return Receipt

7012 0470 0001 5954 8797

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

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

A. Signature  
**X** 

Agent  
 Addressee

B. Received by (Printed Name)  
 Herman Clifford Walker, III

C. Date of Delivery  
 3/7/16

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

1. Article Addressed to:

Herman Clifford Walker, III  
 8001 Edinburgh Dr.  
 Midland, TX 79707

3. Service Type
- |  |   |
|--|---|
| <input 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 |

2. Article Number (Transfer from service label)  
 9590 9402 1240 5246 2059 13  
 7012 0470 0001 5954 8803

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Nestegg Energy Corporation  
 2308 Sierra Vista  
 Artesia, NM 88210

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

0052 6094 0000 0206 8701

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

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

A. Signature  
**X** 

Agent  
 Addressee

B. Received by (Printed Name)  
 Joel W. Miller

C. Date of Delivery  
 3/3/16

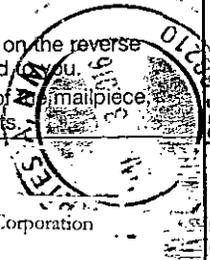
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

Nestegg Energy Corporation  
 2308 Sierra Vista  
 Artesia, NM 88210

3. Service Type
- |  |   |
|--|---|
| <input 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 |

2. Article Number (Transfer from service label)  
 9590 9403 0589 5183 8939 67  
 7013 3020 0000 4609 2500



**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Herman Clifford Walker, III  
 8001 Edinburgh Dr.  
 Midland, TX 79707

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

0012 0470 0001 5954 8803

API: <sup>v Eddy</sup> 30-015-43654

OPERATOR: Matador Prod. Co. (228537)

NSP- 2045

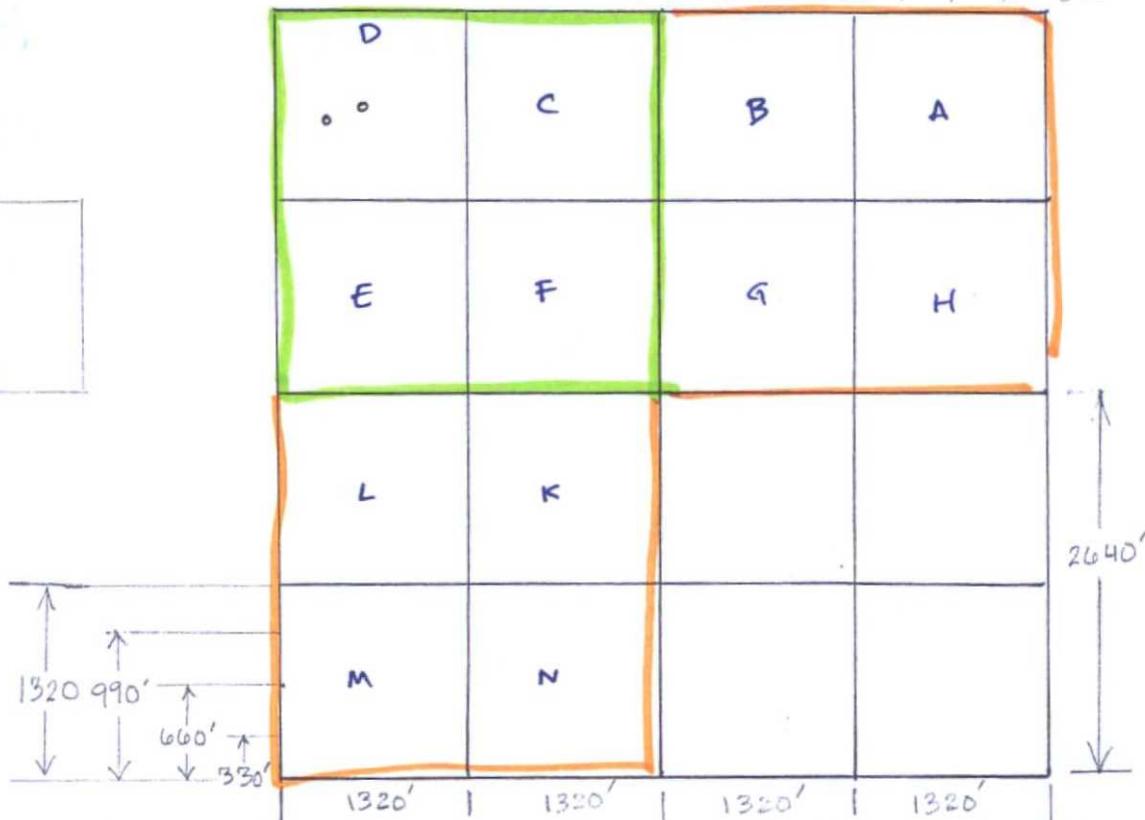
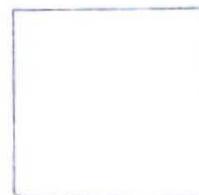
POOL: ~~Wolfcamp~~ Pierce Crossing; Wolfcamp NW (Gas) # 90712

PMAM1606155228

SEC. 18 T. 24S R. 29E

990'  
660'  
330'

Fee & Federal



WELL NAME: Zach McCormick Well #1

GAS: 320' ACRE SPACING  
660' SET BACK

NSP

OIL: 40' ACRE SPACING  
330' SETBACK

DATE RECEIVED: 3 / 1 / 16 + 21 DAYS => 3 / 22 / 16

N/A IF NO COMMON INT OR WAIVER SIGN

# OCD Permitting

Home Land Searches Land Details

## Section : 18-24S-29E

Type: Normal

Total Acres: 638.88

County: Eddy (15)

D (1) Federal <sup>1</sup> Fee <sup>2</sup> (15) 39.5	C (C) Federal <sup>1</sup> Federal <sup>2</sup> (15) 40	B (B) Federal <sup>1</sup> Federal <sup>2</sup> (15) 40	A (A) Fee <sup>1</sup> Federal <sup>2</sup> (15) 40
E (2) Federal <sup>1</sup> Fee <sup>2</sup> (15) 39.68	F (F) Fee <sup>1</sup> Fee <sup>2</sup> (15) 40	G (G) Federal <sup>1</sup> Federal <sup>2</sup> (15) 40	H (H) Fee <sup>1</sup> Federal <sup>2</sup> (15) 40
L (3) Federal <sup>1</sup> Fee <sup>2</sup> (15) 39.76	K (K) Fee <sup>1</sup> Fee <sup>2</sup> (15) 40	J (J) Fee <sup>1</sup> Fee <sup>2</sup> (15) 40	I (I) Fee <sup>1</sup> Fee <sup>2</sup> (15) 40
M (4) Federal <sup>1</sup> Federal <sup>2</sup> (15) 39.84	N (N) Fee <sup>1</sup> Fee <sup>2</sup> (15) 40	O (O) Fee <sup>1</sup> Fee <sup>2</sup> (15) 40	P (P) Fee <sup>1</sup> Fee <sup>2</sup> (15) 40

159.28

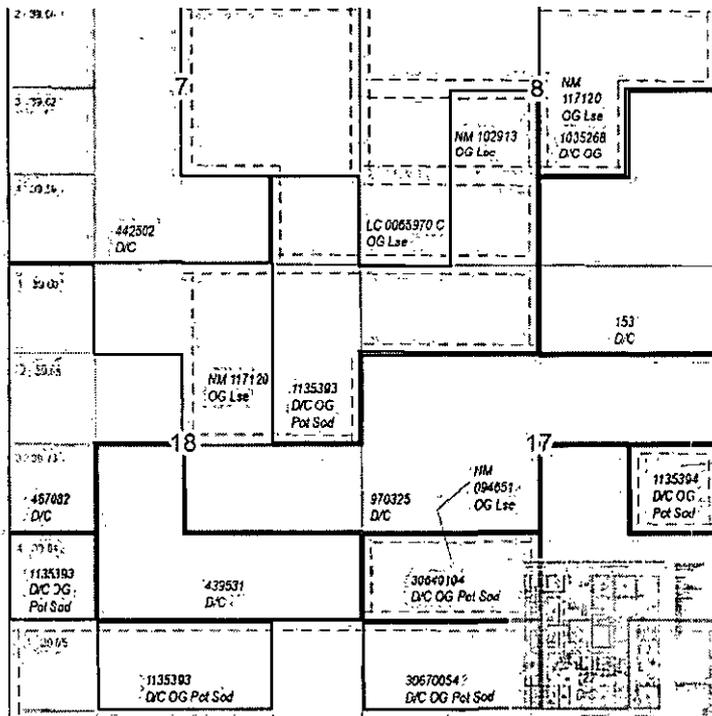
Note <sup>1</sup> = Surface Owner Rights

Note <sup>2</sup> = Sub-Surface Mineral Rights

### Land Restrictions

No land restrictions found for this section.

[Return to Search](#)



50%

**zoom view**