

RECEIVED 5/31/2017	REVIEWER MAM	TYPE SWD	APP NO PMAM1715151228
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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: Legacy Reserves Operating, LP **OGRID Number:** 240974
Well Name: L R Chamberlin 4 **API:** 30-025-05314
Pool: SWD, Devonian **Pool Code:** 96101

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-1678

- 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

Brian Wood

Print or Type Name

Signature

5-20-17

Date

505 466-8120

Phone Number

brian@permitswest.com

e-mail Address

APPLICATION FOR AUTHORIZATION TO INJECT

I PURPOSE _____ Secondary Recovery _____ Pressure Maintenance XXX Disposal _____ Storage _____
Application qualifies for administrative approval? _____ Yes _____ No

II OPERATOR LEGACY RESERVES OPERATING, LP
ADDRESS P. O. BOX 10848, MIDLAND TX 79702
CONTACT PARTY BRIAN WOOD (PERMITS WEST, INC.) PHONE 505 466-8120

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 XXX 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)

L R Chamberlin 4
30-025-05314
SWD; Devonian

*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 BRIAN WOOD TITLE CONSULTANT
SIGNATURE  DATE MAY 9, 2017

E-MAIL ADDRESS brian@permitswest.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

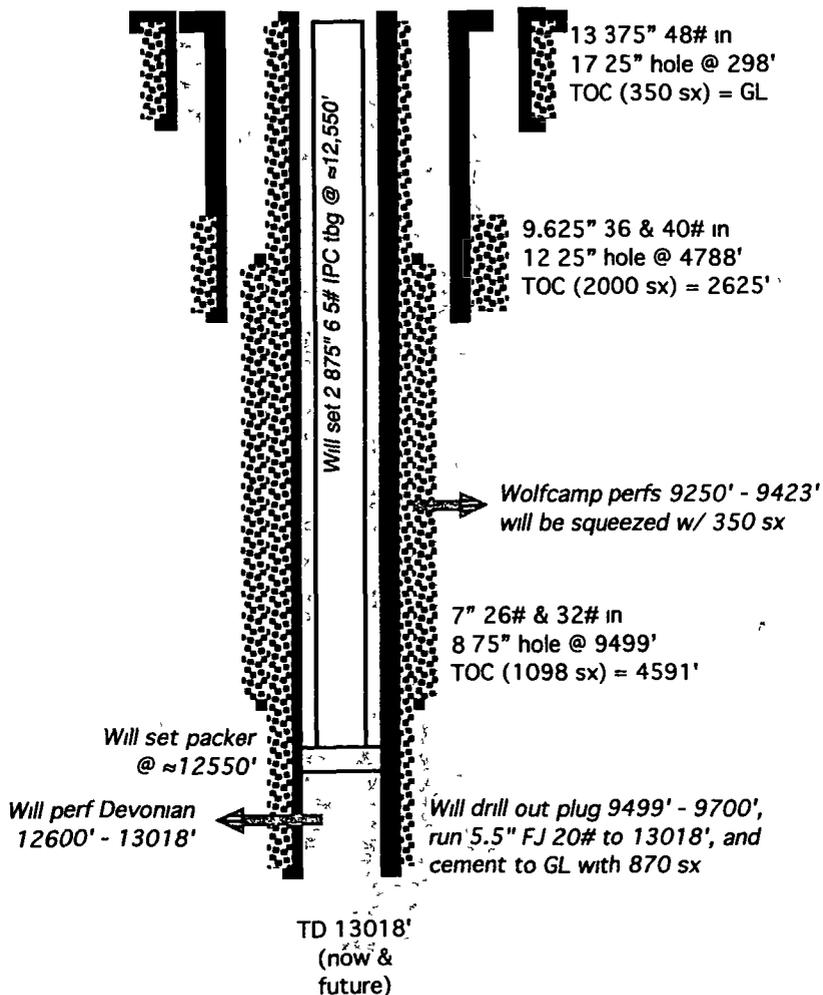
OPERATOR: LEGACY RESERVES OPERATING, LP

WELL NAME & NUMBER: L R CHAMBERLIN 4

WELL LOCATION: 2310 FSL & 2310 FWL K 14 15 S 37 E
 FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC

(not to scale)



WELL CONSTRUCTION DATA

Surface Casing

Hole Size 17.25" Casing Size 13.375"
 Cemented with 350 sx or _____ ft³
 Top of Cement SURFACE Method Determined CIRCULATE

Intermediate Casing

Hole Size 12.25" Casing Size 9.625"
 Cemented with 2000 sx. or _____ ft³
 Top of Cement 2625' Method Determined TEMP. SURV.

Production Casing

Hole Size 8.75" Casing Size 7"
 Cemented with 1098 sx or _____ ft³
 Top of Cement 4591' Method Determined TEMP. SURV.

Total Depth 9499' (liner), 9499' (PBDT), & 13018' (TD)

Injection Interval

5.5" LINER 12600 feet to 13018'

(Perforated or Open Hole, indicate which)

INJECTION WELL DATA SHEETTubing Size: 2.875" Lining Material: PLASTICType of Packer NICKEL PLATED &/OR STAINLESS STEELPacker Setting Depth: ≈12,550'

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

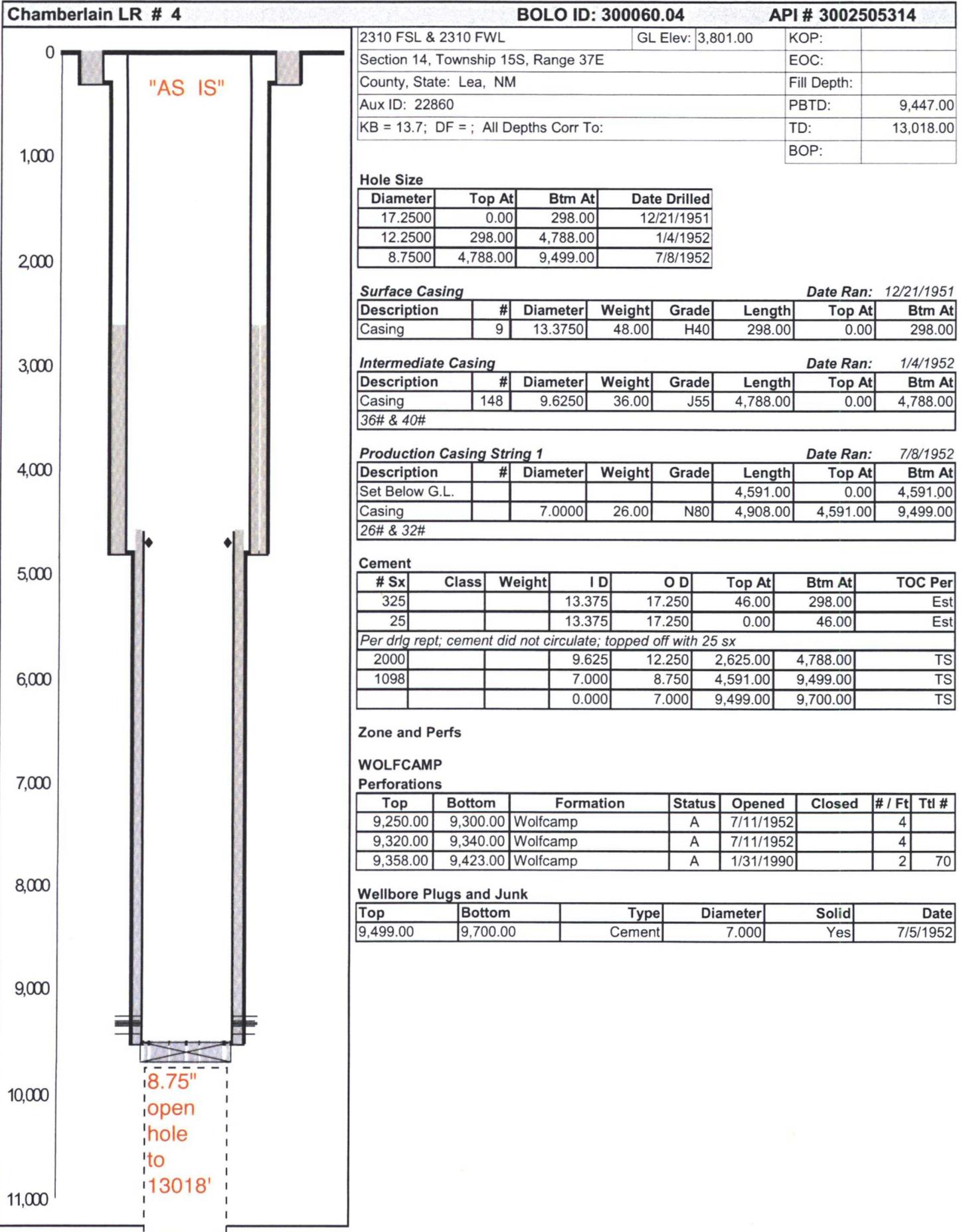
Additional Data

1. Is this a new well drilled for injection? _____ Yes XXX No
 If no, for what purpose was the well originally drilled? UNSUCCESSFUL DEVONIAN OIL WELL,
THEN COMPLETED AS A WOLFCAMP OIL WELL
- 2 Name of the Injection Formation DEVONIAN
- 3 Name of Field or Pool (if applicable) SWD; DEVONIAN (96101)
- 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 PERFORATED IN
WOLFCAMP 9250' - 9423' WHICH WILL BE SQUEEZED WITH 350 SACKS
- 5 Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area _____
OVER: WOLFCAMP (9250')

UNDER: NONE

Wellbore Schematic (From Surface to TD)

Printed: 2/8/2017



Chamberlain LR # 4 **BOLO ID: 300060.04** **API # 3002505314**

2310 FSL & 2310 FWL	GL Elev: 3,801.00	KOP:	
Section 14, Township 15S, Range 37E		EOC:	
County, State: Lea, NM		Fill Depth:	
Aux ID: 22860		PBTD:	9,447.00
KB = 13.7; DF = ; All Depths Corr To:		TD:	13,018.00
		BOP:	

Hole Size

Diameter	Top At	Btm At	Date Drilled
17.2500	0.00	298.00	12/21/1951
12.2500	298.00	4,788.00	1/4/1952
8.7500	4,788.00	9,499.00	7/8/1952

Surface Casing Date Ran: 12/21/1951

Description	#	Diameter	Weight	Grade	Length	Top At	Btm At
Casing	9	13.3750	48.00	H40	298.00	0.00	298.00

Intermediate Casing Date Ran: 1/4/1952

Description	#	Diameter	Weight	Grade	Length	Top At	Btm At
Casing	148	9.6250	36.00	J55	4,788.00	0.00	4,788.00

36# & 40#

Production Casing String 1 Date Ran: 7/8/1952

Description	#	Diameter	Weight	Grade	Length	Top At	Btm At
Set Below G.L.					4,591.00	0.00	4,591.00
Casing		7.0000	26.00	N80	4,908.00	4,591.00	9,499.00

26# & 32#

Cement

# Sx	Class	Weight	I D	O D	Top At	Btm At	TOC Per
325			13.375	17.250	46.00	298.00	Est
25			13.375	17.250	0.00	46.00	Est

Per drlg rept; cement did not circulate; topped off with 25 sx

2000			9.625	12.250	2,625.00	4,788.00	TS
1098			7.000	8.750	4,591.00	9,499.00	TS
			0.000	7.000	9,499.00	9,700.00	TS

Zone and Perfs

WOLFCAMP

Perforations

Top	Bottom	Formation	Status	Opened	Closed	# / Ft	Ttl #
9,250.00	9,300.00	Wolfcamp	A	7/11/1952		4	
9,320.00	9,340.00	Wolfcamp	A	7/11/1952		4	
9,358.00	9,423.00	Wolfcamp	A	1/31/1990		2	70

Wellbore Plugs and Junk

Top	Bottom	Type	Diameter	Solid	Date
9,499.00	9,700.00	Cement	7.000	Yes	7/5/1952

LEGACY RESERVES OPERATING, LP
L R CHAMBERLIN 4
2310' FSL & 2310' FWL
SEC. 14, T. 15 S., R. 37 E.
LEA COUNTY, NM

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30-025-05314

I. Plan is to convert a Wolfcamp oil well to a Devonian saltwater disposal well. Proposed disposal interval will be 12,600' - 13,018' in the SWD; Devonian (96101). The well is Temporarily Abandoned. Last production was in November 2013. See Exhibit A for map and Form C-102.

II. Operator: Legacy Reserves Operating, LP (OGRID 240974)
Operator phone number: (432) 689-5237
Operator address: P. O. Box 10848, Midland TX 79702
Contact for Application: Brian Wood (Permits West, Inc.)
Phone: (505) 466-8120

III. A. (1) Lease name: L R Chamberlin (fee) Closest lease line: 330'
Lease description: NWNE, NW4, N2SW4, SWSW Sec. 14 (= 320 acres)
Well name and number: L R Chamberlin 4
Location: 2310' FSL & 2310' FWL Section 14, T. 15 S., R. 37 E.

A. (2) Surface casing (13.375", 48#, H-40) was set at 298' in a 17.25" hole and cemented to GL with 350 sacks.

Intermediate casing (9.625", 36# & 40#, J-55) was set at 4,788' in a 12.25" hole and cemented to 2,625' (temperature survey) with 2,000 sacks.

An 8.75" hole was drilled to 13,018'. A 7" liner (26# & 32#, N-80) was set from 4,591' to 9,499' and cemented to 4,591' (temperature survey) with 1098 sacks. PBTd = 9,499'. The well is completed in the Wolfcamp from 9,250' to 9,423'.

Wolfcamp will be squeezed 350 sacks. Lead will consist of 150 sacks Class H + 0.1% retarder + 0.2% fluid loss + 0.2% dispersant. Density = 15.6 #/gal. Yield = 1.18 ft³/sack. Tail will consist of 200 sacks Class H neat. Density = 15.6 #/gal. Yield = 1.18 ft³/sack.

LEGACY RESERVES OPERATING, LP
L R CHAMBERLIN 4
2310' FSL & 2310' FWL
SEC. 14, T. 15 S., R. 37 E.
LEA COUNTY, NM

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Plug (9,499' - 9,700') will be drilled out and a second liner (5.5", flush joint, 20#, N-80) will be run from GL to 13,018' and cemented to GL with 1830 sacks.

Lead will consist of 960 sacks 50/50 poz Class H + 5% salt + 10% bentonite + 0.2% anti-settling agent + 0.3% retarder + 0.125 pound/sack celloflake + 3 pound/sack kolseal + 0.4 pound/sack de-foamer. Density = 11.9 #/gal. Yield = 2.47 ft³/sack.

Tail will consist of 870 sacks PVL + 1.3% salt + 5% cement expansion + 0.5% fluid loss + 0.1% anti-settling agent + 0.3% retarder + 0.4% #/sack de-foamer. Density = 12.6 #/gal. Yield = 1.62 ft³/sack.

- A. (3) Tubing will be 2.875", N-80, 6.5#, IPC. Setting depth will be \approx 12,550'. (Disposal interval will be 12,600' to 13,018'.)
- A. (4) A retrievable nickel plated or stainless steel packer will be set at \approx 12,550' (or \leq 100' above the top of the highest perforation which will be at 12,600').
- B. (1) Disposal zone will be the Devonian (SWD; Devonian (96101) pool). Estimated fracture gradient is \approx 0.45 psi per foot.
- B. (2) Disposal interval will be cased and cemented from 12,600' to 13,018'.
- B. (3) Well was drilled in 1951 as a Devonian oil well. No Devonian production was reported. It was completed in 1952 as a Wolfcamp oil well.
- B. (4) Wolfcamp is perforated from 9,250' to 9,423'.
- B. (5) Nine existing wells are in the area of review. Six penetrated the Devonian, of which 2 currently produce from the Devonian, 2 were plugged back and produce from the Wolfcamp, and 2 are P&A. The 2

LEGACY RESERVES OPERATING, LP
 L R CHAMBERLIN 4
 2310' FSL & 2310' FWL
 SEC. 14, T. 15 S., R. 37 E.
 LEA COUNTY, NM

30-025-05314

Devonian producers are separated from the L R Chamberlin 4 by a fault (Exhibit B).

Only zone in the area of review and above the Devonian that has been found to be productive is the Wolfcamp. It is perforated from 9250' to 9423' in this well, but will be squeezed. No oil or gas zone is below the Devonian in the area of review.

IV. This is not an expansion of an existing injection project. It is disposal only.

V. Exhibit C shows and tabulates the 9 existing wells (6 oil wells + 3 P&A) within a half-mile radius. Exhibit D shows 165 existing wells (57 oil wells + 43 P&A wells + 4 disposal wells + 61 water wells) within a 2-mile radius.

Exhibits E and F show all leases and lessors within a half-mile radius (only fee) and two-mile radius (only fee, BLM, and State) leases within each radius. Details on the leases within a half-mile are:

Aliquot Parts in Area of Review (T15S, R37E)	Lease	Lessee of Record	Devonian operator, if any
E2E2, SWNE, W2SE4, & SESW Sec. 14	McClure	Lynx	Lynx
NWNE, NW4, N2SW4, & SWSW Sec. 14	L R Chamberlin	Legacy	Legacy
SENE & NESE Sec. 15	Waller Fort	open	N/A
NWNE Sec. 23	Blanca	Cimarex	N/A
N2NW4 Sec. 23	Fort Shelton	open	N/A

LEGACY RESERVES OPERATING, LP
L R CHAMBERLIN 4
2310' FSL & 2310' FWL
SEC. 14, T. 15 S., R. 37 E.
LEA COUNTY, NM

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30-025-05314

VI. Six wells within ½ mile penetrated the Devonian (top = 12,239' in this well). A tabulation of the six wells and diagrams of the two P&A penetrators are in Exhibit G.

- VII.
1. Average injection rate will be \approx 20,000 bwpd.
Maximum injection rate will be \approx 25,000 bwpd.
 2. System will be open and closed. Some water will be trucked and some will be piped.
 3. Average injection pressure will be \approx 2,000 psi and maximum will be 2,520 psi (= 0.2 psi/foot x 12,600' (top perforation)).
 4. Main source of disposal water will be water produced from Wolfcamp and Devonian wells. Water analyses on file with Go-Tech from wells in T15S, R37E found Devonian TDS ranged from 53,162' to 150,312 mg/L and Wolfcamp TDS ranged from 12,510 to 210,507 mg/L. However, water produced from other Permian Basin zones could also be disposed:
 5. Closest Devonian current producers are 659' east (30025-05319) and 2507' northeast (30-025-05310). Both are separated from the L R Chamberlin 4 by a fault (see logs in Exhibit B). Devonian and Wolfcamp water analyses are in Exhibit H.

VIII. The Devonian (779' thick) in this well is a mix of alternating beds of shale and chert and shale and limestone. Closest in use underground source of drinking water is the \approx 300' deep Ogallala aquifer. Closest possible underground source of drinking water above the proposed disposal interval are the \approx 2,300' deep red beds. State Engineer records (Exhibit I) show the closest water well (L 01199 POD 1) is 1,295' north. Those same records show the deepest water well within 2-miles is 273' deep. No underground source of drinking water is below the proposed disposal interval.

LEGACY RESERVES OPERATING, LP
L R CHAMBERLIN 4
2310' FSL & 2310' FWL
SEC. 14, T. 15 S., R. 37 E.
LEA COUNTY, NM

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30-025-05314

Estimated formation tops are:

Ogallala = 0'
San Andres = 4,740'
Glorieta = 6,275'
Tubb = 7,385'
Abo = 8,075'
Wolfcamp = 9,268'
Mississippian = 12,220'
Devonian = 12,239'
disposal interval = 12,600' - 13,018'
TD = 13,018'

Eleven water wells are within a 1-mile radius according to State Engineer records (Exhibit I), deepest of which is 126'.

IX. The well will be stimulated with acid if needed.

X. A compensated neutron log was run and is on file with NMOCD.

XI. Two windmills (L 02391 & L 01568) were sampled (Exhibit J) on February 15, 2017. There will be >10,000' of vertical separation (including >2,000' of salt and anhydrite) between the bottom of the only likely underground water source (red beds) and the top of the Devonian.

XII. Closest Quaternary fault is ≈127 miles southwest (Exhibit K). Legacy Reserve Operating, LP is not aware of any geologic or engineering data that may indicate the Devonian is in hydrologic connection with any underground sources of water. Thousands of feet of evaporites and shale prevent that from occurring. Deepest water well within a 2-mile radius is 273'. There are 149 approved

LEGACY RESERVES OPERATING, LP
L R CHAMBERLIN 4
2310' FSL & 2310' FWL
SEC. 14, T. 15 S., R. 37 E.
LEA COUNTY, NM

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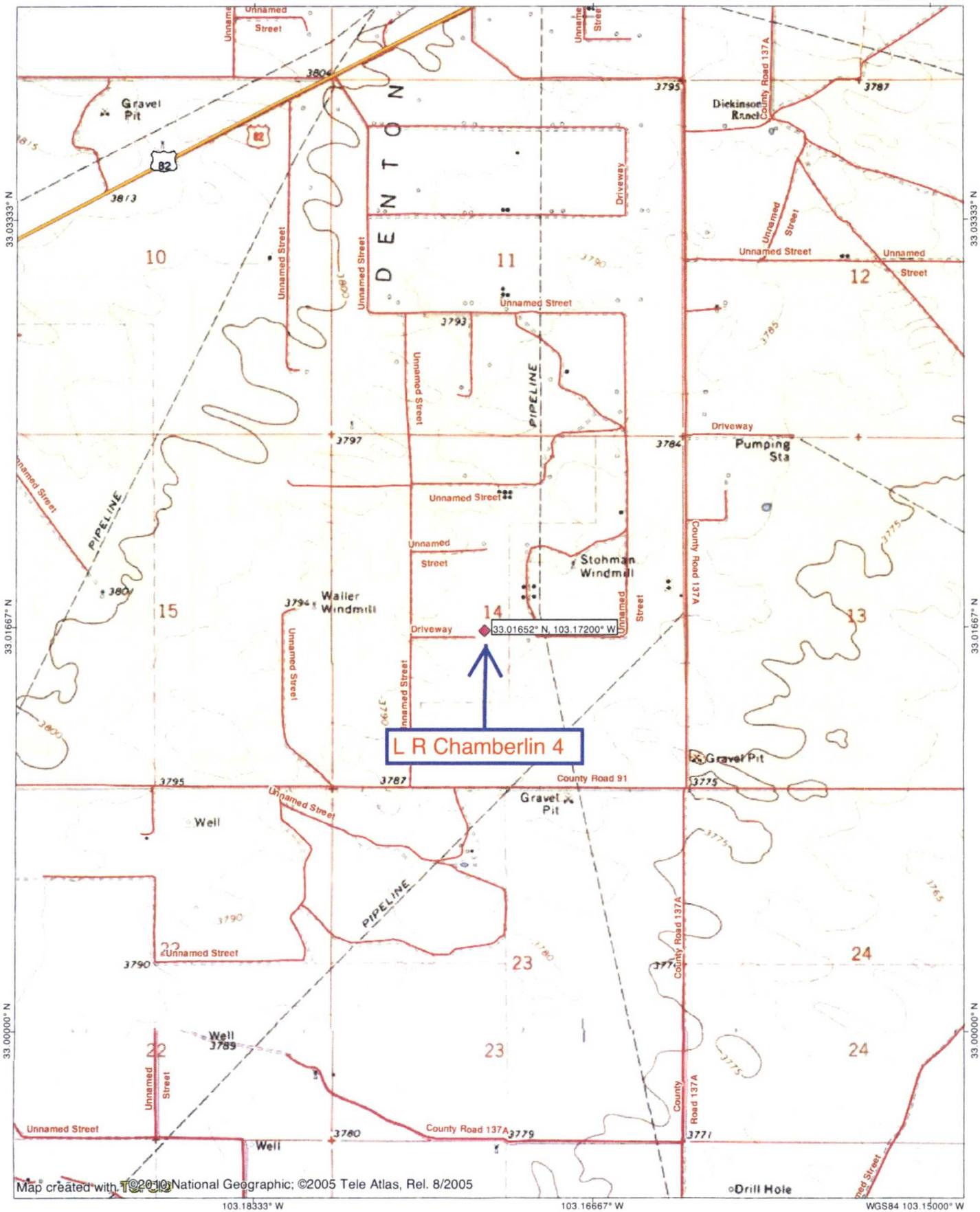
Devonian saltwater disposal wells and 11 approved Devonian water injection wells in New Mexico.

XIII. A legal ad (see Exhibit L) was published on March 17, 2017. Notice (this application) has been sent (Exhibit M) to the surface owner (Angell 2 Family LP), well operators (Lynx), lessees (Cimarex, Lynx), and unleased mineral owners (Bedeaux, Combs, ConocoPhillips, Craig, Fort, Giffen, Helm, K. Johnson, M. Johnson, Leon as Trustee for Stider & Tucker, Lowe Trust, Malone, Mason, E. Mauldin, G. Mauldin, L. Mauldin, Moore Trust, Mosbacher, Producing Royalties, Robinson, Shelton, Stidger, L. Sumpf, R. Sumpf, & Waller) within a half-mile.

103.18333° W

103.16667° W

WGS84 103.15000° W

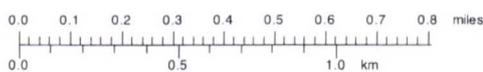


Map created with TOPO! National Geographic: ©2005 Tele Atlas, Rel. 8/2005

103.18333° W

103.16667° W

WGS84 103.15000° W



TN AMN

6.5°

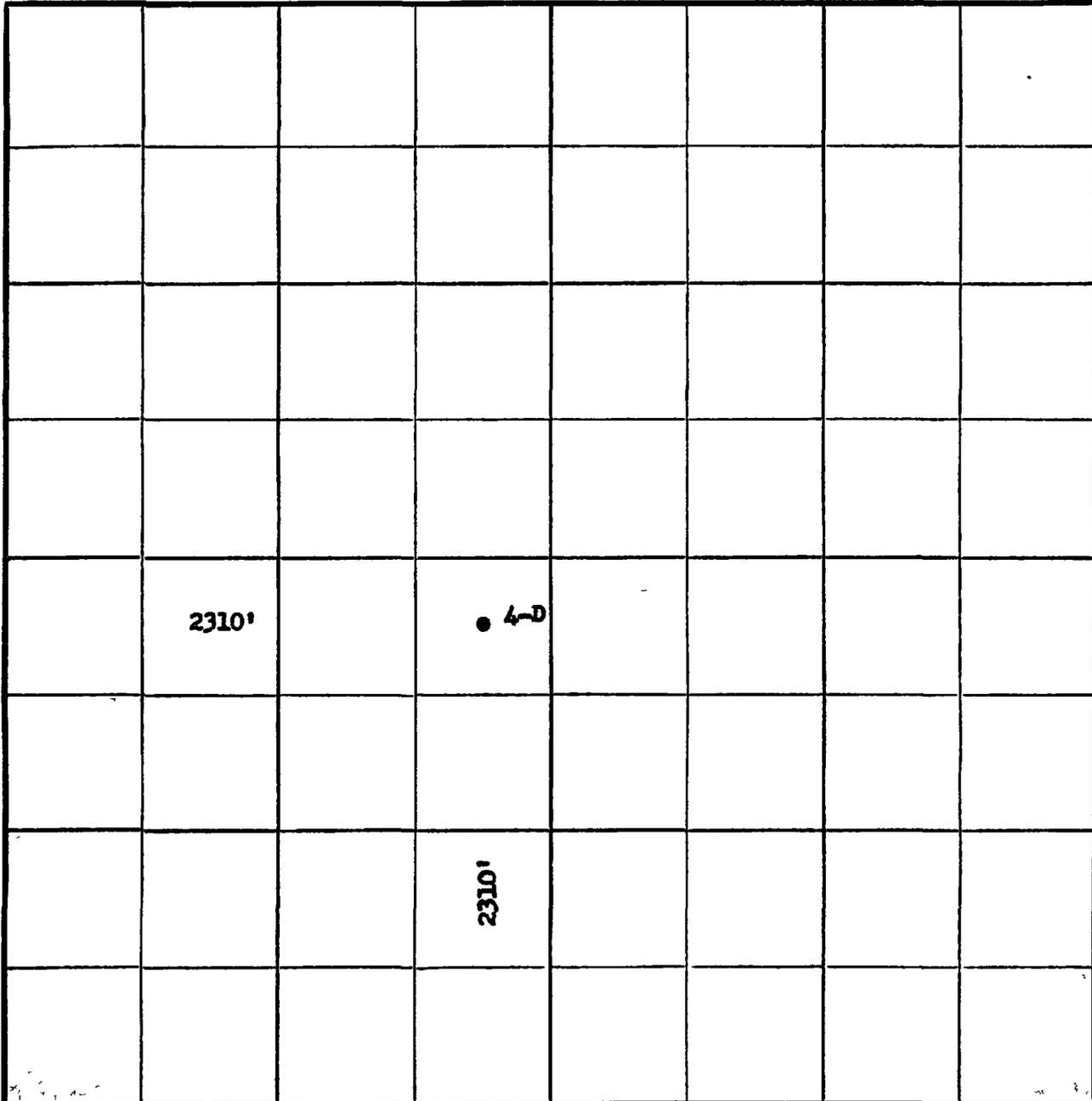
04/29/17

SECTION PLAT
GULF Y 636 11-46

SCALE 1 IN. = 800 FT.

Location Gulf Oil Corporation's No. 4thDth L. R. Chamberlain

SECTION 14 TOWNSHIP 15 S RANGE 37 E



This Plat exhibits the Exact Location of Gulf Oil Corporation's L. R. Chamberlain No. 4thDth located in the NE NE of SW Sec. 14 T 15 S R 37 E

This is to certify that I am a Registered Land Surveyor, that the above Map was prepared under my direction and that the same is true and correct to the best of my knowledge and belief

EXHIBIT A

J. A. Teague
J. A. Teague



May 2, 2017

Subject.

Disposal application
LR. Chamberlain #4
14-15s37e
Lea Co., NM
3202505314

The available geologic data has been examined and no evidence of open faults or hydrological connection between the injection zone and any offset well within one-half mile of proposed disposal well

The Chamberlain #4 Devonian top is -8438 The two wells within one-half mile is the Chamberlain #1 (-7700) and the McClure A#1 (-7701) both of which are separated from the Chamberlain #4 by a fault

Keith E. McKamey
Geology Manager
Legacy Reserves

EXHIBIT B

4 ●

LR CHAMBERLAIN
30025053140000

1 ●

PAT H MCCLURE A
30025053150000

1 ●

LR CHAMBERLAIN
30025053100000

Subsea
Depth
-700

-750

-760

-780

-790

-800

-810

-820

-830

-840

-850

-860

-870

-880

-890

-900

-910

-920

-930

-940

-950

-960

-970

-980

-990

-1000

-1010

-1020

-1030

-1040

-1050

-1060

-1070

-1080

-1090

-1100

-1110

-1120

-1130

-1140

-1150

-1160

-1170

-1180

-1190

-1200

Subsea
Depth
-700

-750

-760

-780

-790

-800

-810

-820

-830

-840

-850

-860

-870

-880

-890

-900

-910

-920

-930

-940

-950

-960

-970

-980

-990

-1000

-1010

-1020

-1030

-1040

-1050

-1060

-1070

-1080

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-1150

-1160

-1170

-1180

-1190

-1200

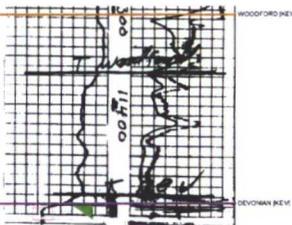
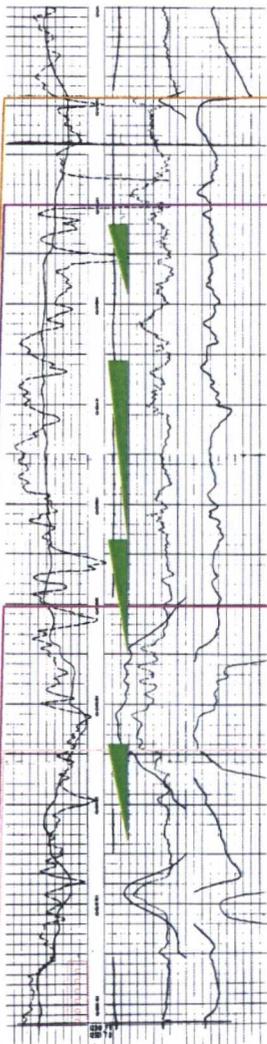
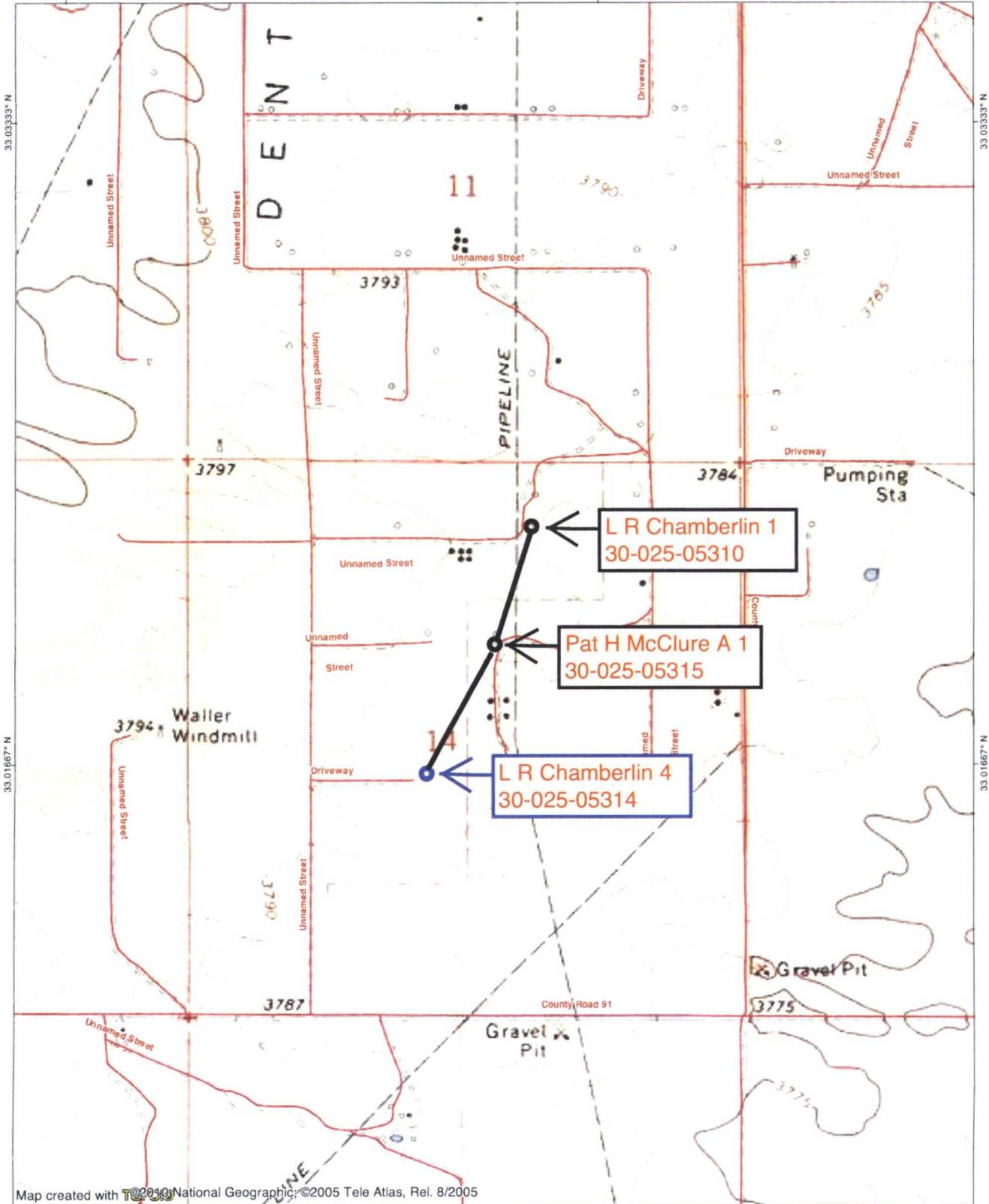


EXHIBIT B

103.18333° W

WGS84 103.16667° W



Map created with ©2010 National Geographic, ©2005 Tele Atlas, Rel. 8/2005

103.18333° W

WGS84 103.16667° W

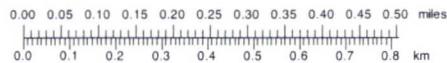
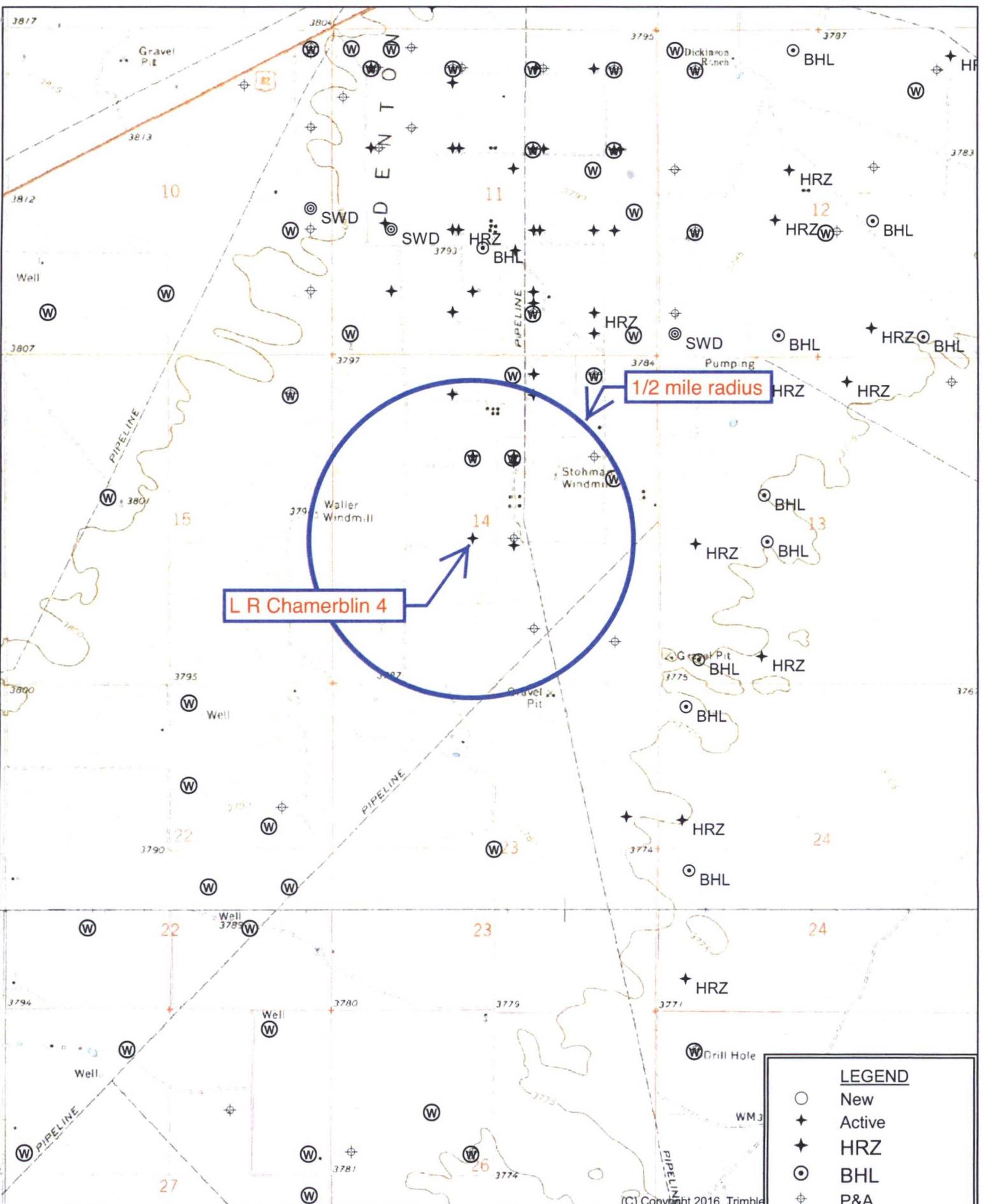


EXHIBIT B

TN MN

6.5°

05/10/17



L R Chamerblin 4

1/2 mile radius

LEGEND	
○	New
+	Active
✦	HRZ
⊙	BHL
⊕	P&A
⊗	INJ
⊙	SWD
⊗	Water



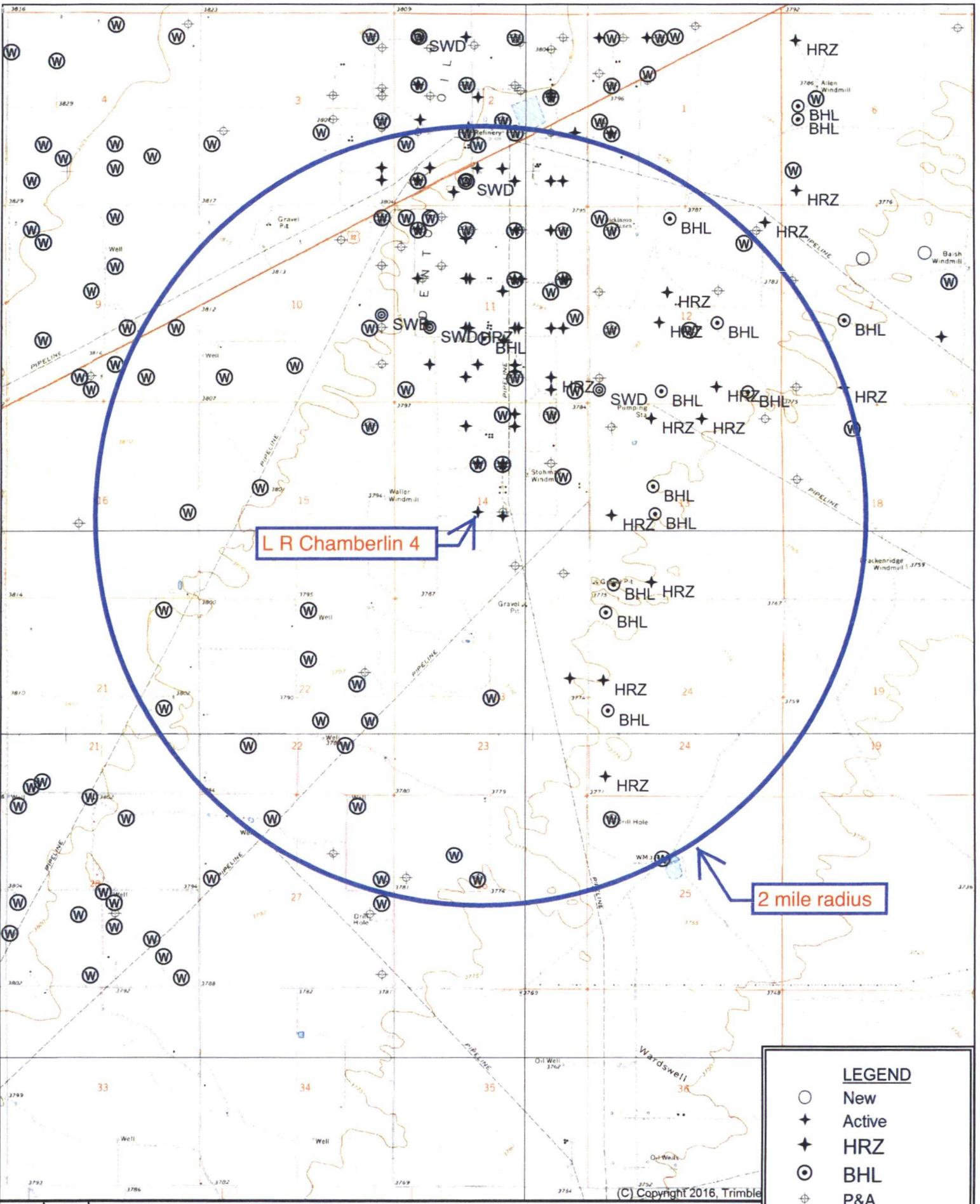
Quad: PRAIRIEVIEW
Scale: 1 inch = 2,000 ft.

EXHIBIT C

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OIL OR GAS WELLS WITHIN AREA OF REVIEW

API	WHO	WELL	TYPE	UNIT-SECTION-T15S-R37E	TVD	MOST RECENT ZONE	FEET FROM LR CHAMBERLIN 4
3002505319	Lynx	McClure B 001	P&A	J-14	12750	Denton, Devonian	659
3002505317	Lynx	Pat H McClure B 002	O	J-14	9411	Denton, Wolfcamp	669
3002505313	Legacy	L R Chamberlin 003	O	F-14	12712	Denton; Wolfcamp	1320
3002505316	Lynx	Pat H McClure A 002	O	G-14	9403	Denton, Wolfcamp	1382
3002505315	Lynx	Pat H McClure A 001	O	G-14	12325	Denton, Devonian	1471
3002528523	Lynx	McClure E 001	P&A	O-14	9550	Denton, Wolfcamp	1762
3002505312	Legacy	L R Chamberlin 002	O	C-14	12841	Denton, Wolfcamp	2336
3002505320	McAlester	Pat H McClure D 001	P&A	H-14	12750	Denton, Devonian	2376
3002505310	Legacy	L R Chamberlin 001	O	B-14	11513	Denton, Devonian	2507



L R Chamberlin 4

2 mile radius

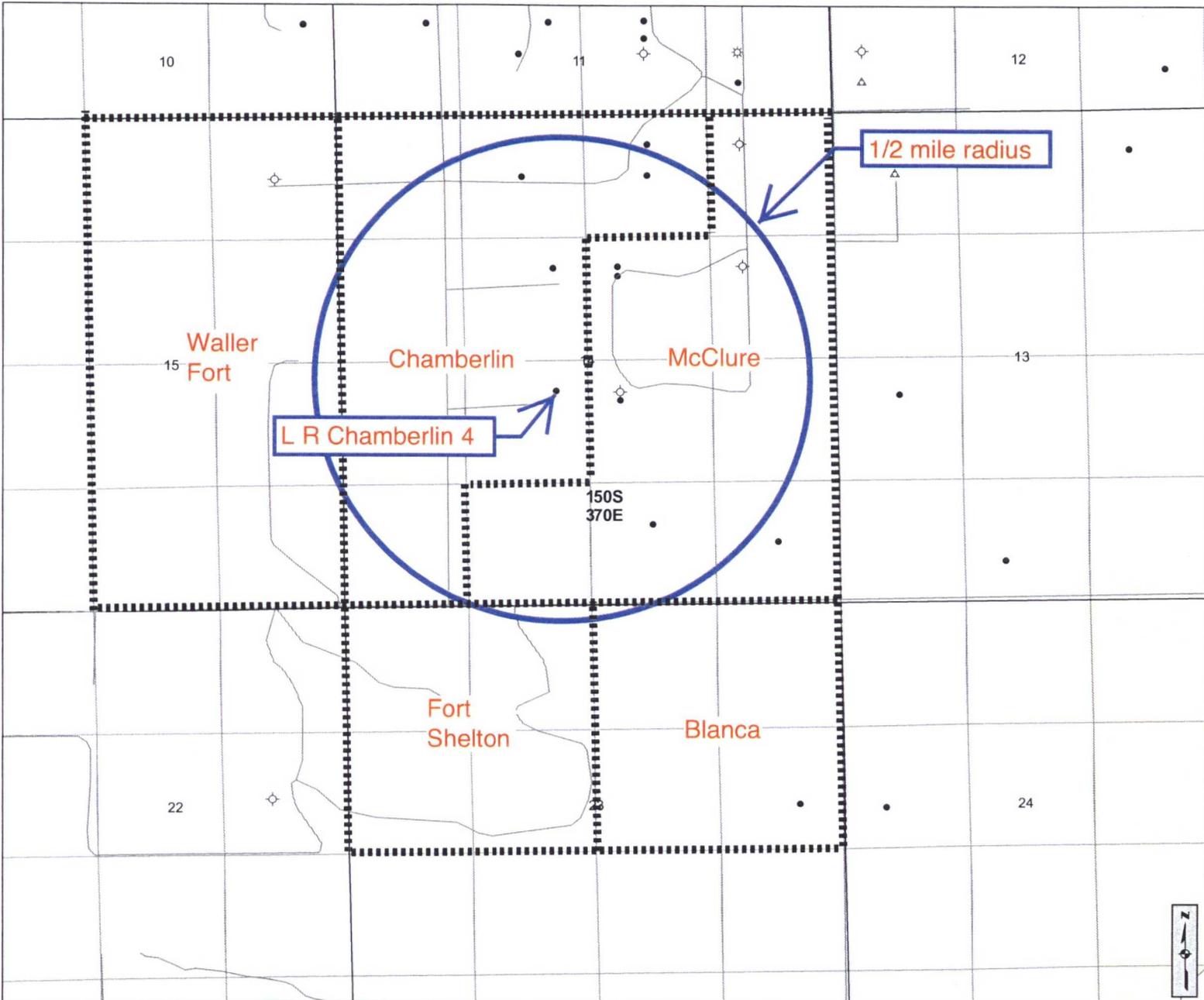
LEGEND	
○	New
+	Active
✦	HRZ
⊙	BHL
⊕	P&A
⊗	INJ
⊙	SWD
⊖	Water



Quad: PRAIRIEVIEW
Scale: 1 inch = 3,333 ft.

EXHIBIT D

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Cartographic Features

- County Boundaries
- County Seats
- City, Town or Village
- SLO District Offices
- SLO District Boundary
- Hwy Mileposts
- Interstate
- NM Hwy
- Continental Divide
- US Hwy
- Local Road

Federal Minerals Ownership

- All Minerals
- Coal Only
- Oil and Gas Only
- Oil, Gas and Coal Only
- Other Minerals

State Trust Lands

- Surface Estate
- Subsurface Estate
- Surface and Subsurface Estate

State Leases

- Oil and Gas Leases
- Agricultural Leases
- Commercial Leases
- Minerals Leases
- Not Available for Oil and Gas Leasing
- Oil and Gas Leasing Influenced by Restriction

Oil and Gas Related Features

- Oil and Gas Unit Boundary
- Participating Areas in Units
- Geologic Regions
- Volcanic Vents
- NMOC Order R-111-P
- Potash Enclave Outline

NMOC Oil and Gas Wells

- CO₂
- Injection
- Water
- Gas
- Miscellaneous
- Salt Water Disposal
- DA or PA



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**New Mexico State Land Office
Oil, Gas and Minerals**

0.04 0.09 0.18 0.27 0.36 Miles

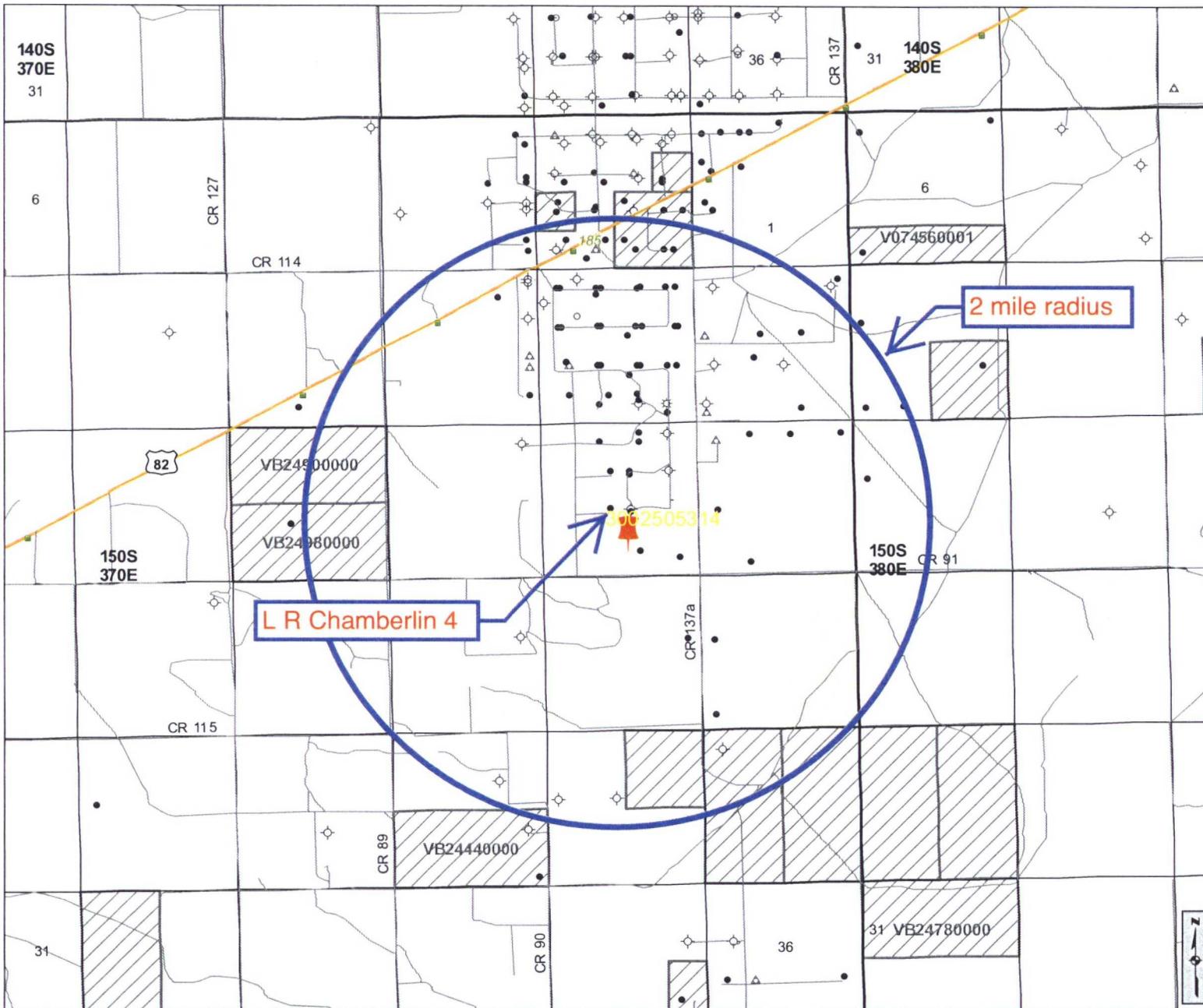
Universal Transverse Mercator Projection, Zone 13
1983 North American Datum

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Cartographic Features

- County Boundaries
- County Seats
- City, Town or Village
- SLO District Offices
- SLO District Boundary
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- Volcanic Vents
- NMOCD Order R-111-P
- Potash Enclave Outline

NMOCD Oil and Gas Wells

- CO₂
- Injection
- Oil
- Water
- Gas
- Miscellaneuous
- Salt Water Disposal
- DA or PA

New Mexico State Land Office Oil, Gas and Minerals

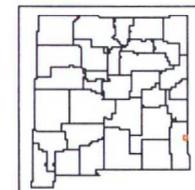
0 0.2 0.4 0.8 1.2 1.6
Miles
Universal Transverse Mercator Projection, Zone 13
1983 North American Datum

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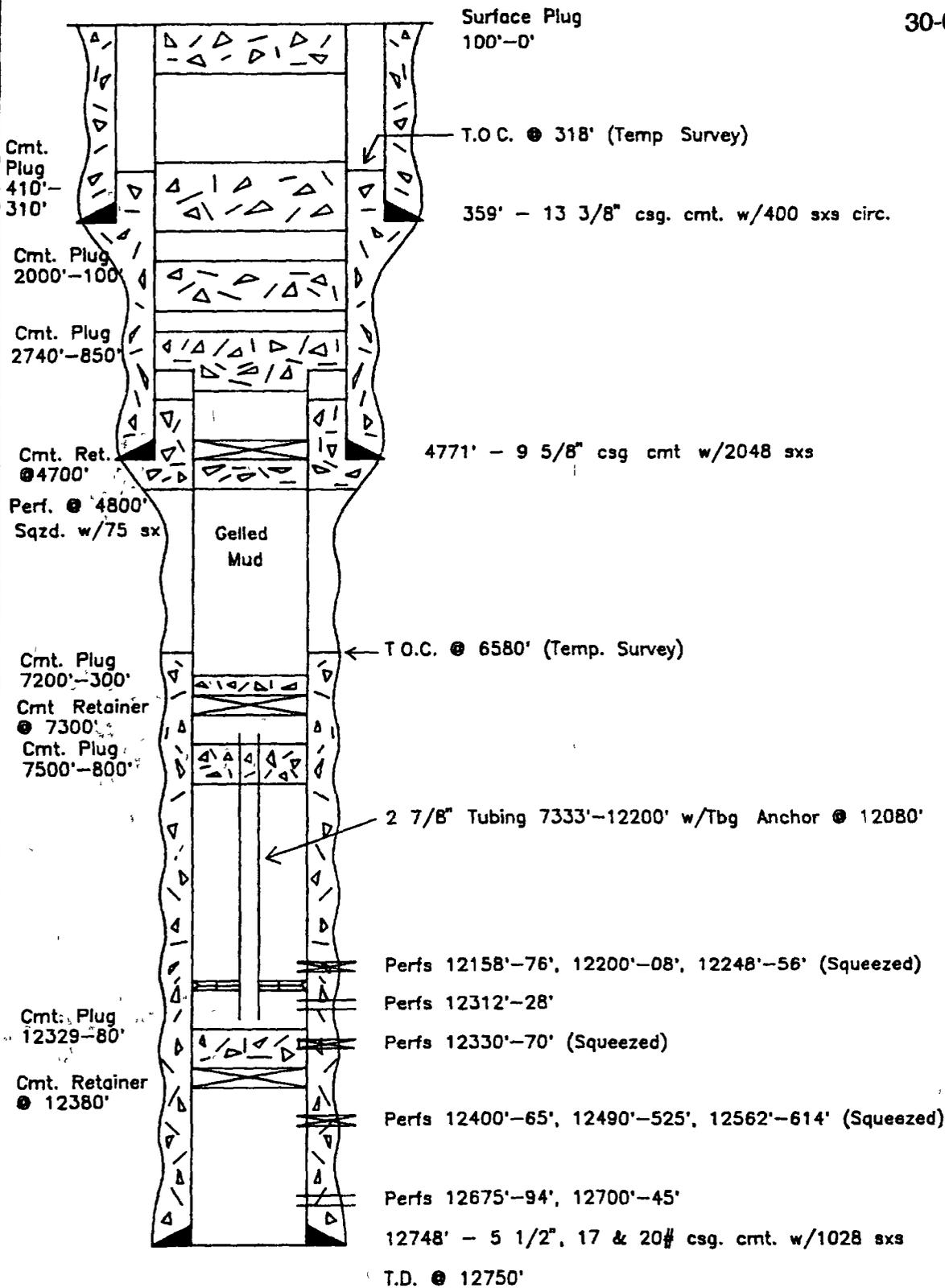
EXHIBIT F



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DEVONIAN PENETRATORS WITHIN 1/2 MILE

WELL	SPUD	TD	MOST RECENT POOL	WELL TYPE	HOLE O D	CASING O.D.	SET @	SACKS CEMENT	TOC	HOW TOC DETERMINED
McClure B 001	3/5/51	12750	Denton, Devonian	P&A	17 5	13.375	340	400	GL	no report
30-025-05319					12 25	9.625	4755	2048	318	temp. surv
J-14-15s-37e					8 75	5 5	12732	1028	6580	temp. surv
L R Chamberlin 3	7/28/51	12712	Denton, Wolfcamp	O	17 25	13.375	344	350	GL	circ
30-025-05313					12 25	9.625	4740	2000	no report	N/A
F-14-15s-37e					8 75	7	12697	840	8900	temp surv
Pat H McClure A 1	10/9/50	12325	Denton, Devonian	O	17 25	13 375	319	300	no report	N/A
30-025-05315					12 25	9 625	4715	1300	2300	temp surv
G-14-15s-37e					8.75	5 5	12310	1130	7530	temp surv
L R Chamberlin 2	4/5/51	12841	Denton, Wolfcamp	O	17 5	13 375	347	340	GL	circ.
30-025-05312					12.25	9 625	4705	2000	2630	temp surv.
C-14-15s-37e					9 875	7 625	11845	680	7240	temp surv
					9 875	5.5	12749	76	11780	TOL
Pat H McClure D 1	3/6/52	12750	Denton, Devonian	P&A	17.5	13.375	348	400	no report	N/A
30-025-05320					12 25	9 625	4735	2148	780	temp surv.
H-14-15s-37e					8 75	5 5	12550	400	9740	temp surv.
L R Chamberlin 1	10/12/49	11513	Denton, Devonian	O	17.5	13.375	313	350	no report	N/A
30-025-05310					12 25	9 625	4700	2000	2350	temp surv
B-14-15s-37e					8 75	7	11487	525	8325	temp. surv



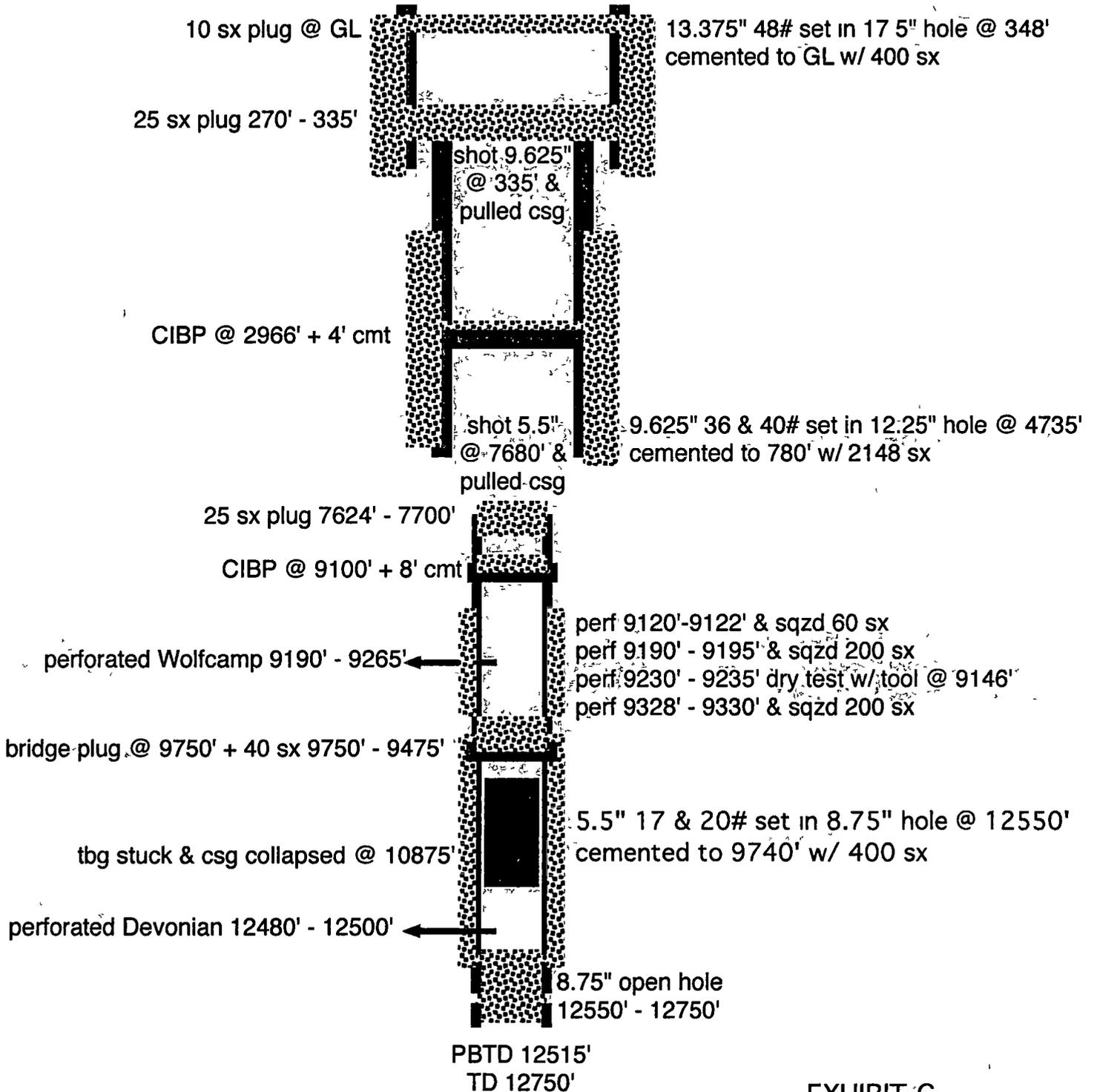
McClure "B" No. 1

EXHIBIT G

2310' FSL & FEL

Unit J, Sec. 14, T-15S, R-37E

McAlester's
 Pat H McClure D 1
 API 30-025-03520
 1650 FNL & 990 FEL 30-15s-37e
 Spud 3-6-52 and Plug 4-9-59



(not to scale)

EXHIBIT G

SORTED BY API NUMBER

API	T15S, R37E SECTION	FORMATION (IF KNOWN)	TDS mgL	Chloride mgL	Bicarbonate mgL	Sulfate mgL
3002505222	1	WOLFCAMP	74248	42818	686	2619
3002505222	1	WOLFCAMP	74328	42818	695	2592
3002505222	1	WOLFCAMP	80534	47250	486	2503
3002505235	2	WOLFCAMP		42900		
3002505238	2	DEVONIAN	114515	75600	461	1490
3002505241	2	DEVONIAN	92488	54630	443	1387
3002505241	2	DEVONIAN	92493	54630	443	1387
3002505244	2	DEVONIAN	74900	43800	780	1500
3002505246	2	DEVONIAN	53162	30344	831	1707
3002505261	3	WOLFCAMP	95356	55320	521	3671
3002505261	3	WOLFCAMP	95366	55328	521	3671
3002505268	10	WOLFCAMP	102002	60510	227	1992
3002505269	10	WOLFCAMP	72698	42080	647	2178
3002505271	10		59909	35020	183	1811
3002505273	11	DEVONIAN	59008	33600	738	1930
3002505273	11	DEVONIAN	61209	35400	669	1850
3002505273	11	DEVONIAN	61600	35400	670	1850
3002505273	11	DEVONIAN	62617	36000	757	1950
3002505273	11	WOLFCAMP	86905	51000	425	2300
3002505273	11	WOLFCAMP	87240	49600	814	5056
3002505276	11	WOLFCAMP	67891	39820	552	1677
3002505276	11	WOLFCAMP	81554	47820	446	2338
3002505281	11	DEVONIAN	61982			
3002505281	11	DEVONIAN	75084	42630	590	1797
3002505282	11	WOLFCAMP	81403	47260	342	2880
3002505282	11	WOLFCAMP	82157	47040	693	2866
3002505282	11	WOLFCAMP	83752	48530	633	2901
3002505283	11	WOLFCAMP	58505	35420	535	365
3002505283	11	WOLFCAMP	59043	37300	813	396
3002505283	11	WOLFCAMP	74318	43260	717	1944
3002505283	11	WOLFCAMP	86784	52320	96	1603
3002505284	11	WOLFCAMP	40064	20500	2583	2255
3002505284	11	WOLFCAMP	55720	26550	2452	3995
3002505287	11	WOLFCAMP	65796			
3002505287	11	WOLFCAMP	66985	39580	657	1249
3002505289	11	DEVONIAN	60079	34942	645	1578
3002505289	11	DEVONIAN	69133	40483	622	1639
3002505289	11	DEVONIAN	69793	41154	461	1551
3002505289	11	DEVONIAN	83221	46709	851	2447
3002505299	11	DEVONIAN	63071			
3002505299	11	DEVONIAN	65211			
3002505304	12	WOLFCAMP	75900	43200	900	2410
3002505304	12	WOLFCAMP	76885	44325	710	2568
3002505304	12	WOLFCAMP	89905	52242	618	2756
3002505304	12	WOLFCAMP	90451	52949	454	2534
3002505304	12	WOLFCAMP	96048	56865	614	1861
3002505304	12	WOLFCAMP	96861	59044	752	1935

SORTED BY API NUMBER

3002505304	12	WOLFCAMP	99000	60480	144	1034
3002505304	12	WOLFCAMP	110888	67630	739	1845
3002505304	12	WOLFCAMP	152803	98508	814	1394
3002505304	12	WOLFCAMP	197522	127561	183	1301
3002505305	12	WOLFCAMP	14123	7242	989	876
3002505305	12	WOLFCAMP	33871	17993	713	1917
3002505305	12	WOLFCAMP	45763	25652	1060	1897
3002505305	12	WOLFCAMP	47010	26532	933	1934
3002505305	12	WOLFCAMP	47857	26923	747	2051
3002505305	12	WOLFCAMP	48042	27399	698	1923
3002505305	12	WOLFCAMP	52451	29471	986	2180
3002505305	12	WOLFCAMP	52839	29720	821	2319
3002505305	12	WOLFCAMP	54452	30631	983	7456
3002505305	12	WOLFCAMP	59364	33117	889	2980
3002505305	12	WOLFCAMP	62834	35598	862	2537
3002505305	12	WOLFCAMP	63904	36026	1096	2509
3002505305	12	WOLFCAMP	65733	37612	927	2509
3002505305	12	WOLFCAMP	65782	37276	975	2621
3002505305	12	WOLFCAMP	66443	37676	989	2572
3002505305	12	WOLFCAMP	67385	38241	923	2650
3002505305	12	WOLFCAMP	67464	38241	1045	2679
3002505305	12	WOLFCAMP	67544	38120	1146	2618
3002505305	12	WOLFCAMP	67630	38241	1144	2693
3002505305	12	WOLFCAMP	70200	39872	973	2670
3002505305	12	WOLFCAMP	70437	39911	1124	2685
3002505305	12	WOLFCAMP	71025	40824	374	2738
3002505305	12	WOLFCAMP	72134	40414	1304	3053
3002505305	12	WOLFCAMP	72700	42000	1040	1860
3002505306	12		10411	3277	855	2755
3002505306	12	WOLFCAMP	119847	70563	198	2943
3002505306	12	WOLFCAMP	185998	109394	866	3333
3002505306	12	WOLFCAMP	193578	114359	185	3810
3002505307	12	WOLFCAMP	64567	36720	637	2624
3002505307	12	WOLFCAMP	68619	40200	1080	1200
3002505307	12	WOLFCAMP	68792	35815	357	6803
3002505307	12	WOLFCAMP	70800	40200	1000	250
3002505307	12	WOLFCAMP	72964	42107	731	2539
3002505308	12	WOLFCAMP	12510	2604	400	5242
3002505308	12	WOLFCAMP	83743	52570	254	400
3002505308	12	WOLFCAMP	109018	63917	564	2808
3002505309	13	WOLFCAMP	70780	39900	1190	2770
3002505310	14	DEVONIAN	54290	31000	710	1600
3002505310	14	DEVONIAN	54290	31000	710	1600
3002505312	14	WOLFCAMP	70482	41700	561	1450
3002505313	14	WOLFCAMP	91585	54460	371	2264
3002505313	14	WOLFCAMP	91599	54468	371	2264
3002505315	14	DEVONIAN	59408	35100	952	1120
3002505318	14	WOLFCAMP	84885	48300	645	1700
3002505318	14	WOLFCAMP	88689	53210	292	1650

SORTED BY API NUMBER

3002505319	14	DEVONIAN	61940	36000	550	1700
3002505320	14	WOLFCAMP	70506	39780	1529	2953
3002505323	36	DEVONIAN	56625	33400	425	800
3002505324	36	DEVONIAN	56377	32792	481	1632
3002505324	36	DEVONIAN	58974	33400	560	2500
3002505324	36	DEVONIAN	59174	34440	505	1711
3002509866	1	WOLFCAMP	210507	123000	207	4500
3002509868	1	DEVONIAN	63400	35992	337	3024
3002509868	1	DEVONIAN	65129	38140	442	1693
3002509868	1	DEVONIAN	77446	46400	433	1214
3002509868	1	DEVONIAN	150312	91800	262	1010
3002509872	35		96617			
3002520960	36		92543	54750	1395	2537
3002520960	36		99322	58890	563	2657
3002520960	36		102168	59070	563	2666



New Mexico Office of the State Engineer Water Column/Average Depth to Water

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file)

(R=POD has been replaced,

O=orphaned,

C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

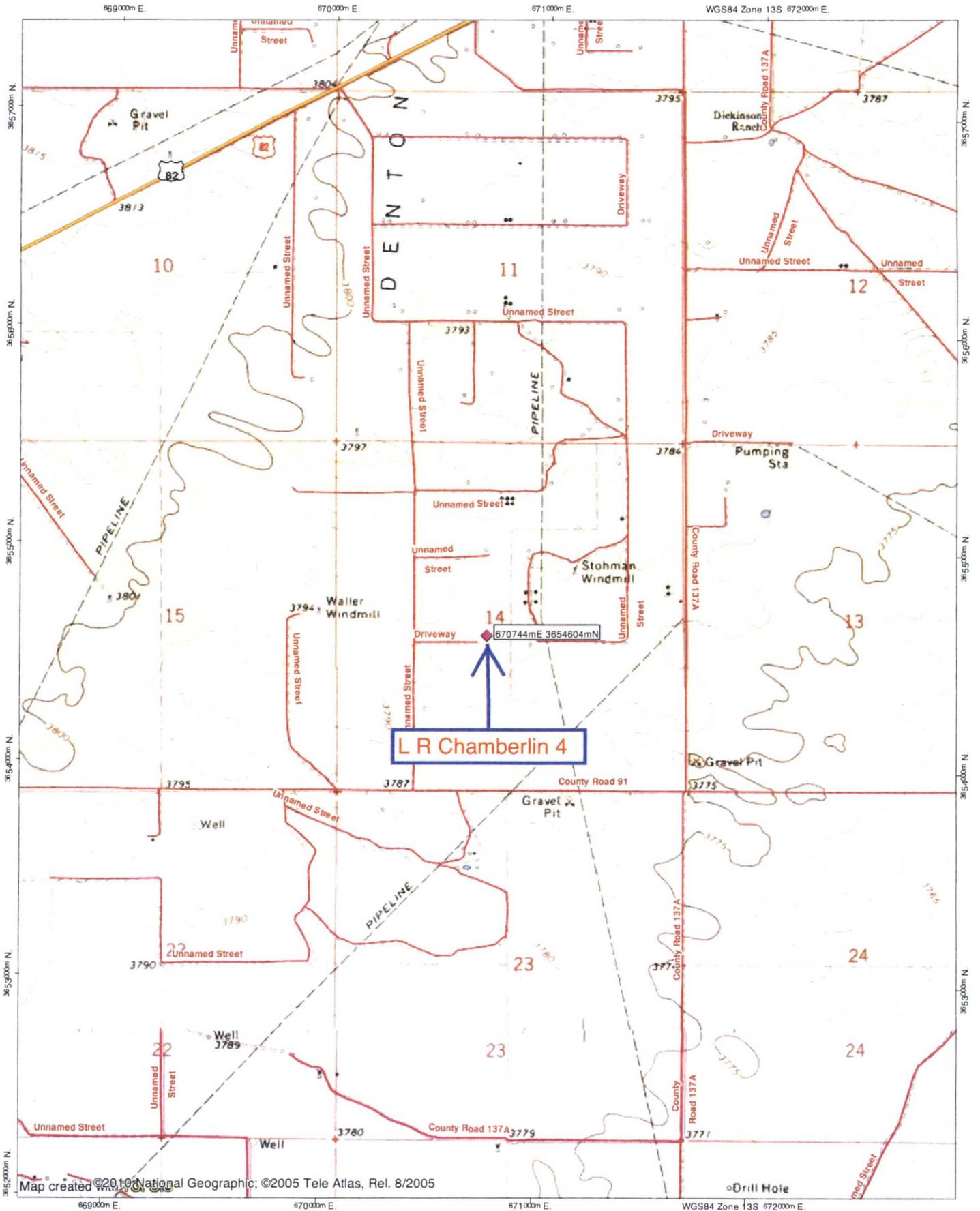
(In feet)

POD Number	Code	Sub-basin	County	Q 64	Q 16	Q 4	Sec	Tws	Rng	X	Y	Distance	DepthWell	DepthWater	Water Column
<u>L 01199</u> POD1		L	LE	2	4	1	14	15S	37E	670736	3654999*	395	121	37	84
<u>L 01045</u>		L	LE	1	3	2	14	15S	37E	670939	3655004*	445	100	35	65
<u>L 02382</u>		L	LE		4	2	14	15S	37E	671444	3654911*	764	112	35	77
<u>L 01110</u> POD1		L	LE	1	1	2	14	15S	37E	670932	3655407*	824	115		
<u>L 00736</u>		L	LE	2	1	1	23	15S	37E	670354	3653787*	905	122		
<u>L 00736</u>	R	L	LE	2	1	1	23	15S	37E	670354	3653787*	905	122		
<u>L 01080</u>		L	LE	1	2	2	14	15S	37E	671336	3655412*	1001	120	32	88
<u>L 01320</u>		L	LE		3	4	11	15S	37E	671026	3655710*	1141	120	32	88
<u>L 00956</u> POD1		L	LE		2	2	15	15S	37E	669823	3655292*	1149	112		
<u>L 01207</u> POD1		L	LE		2	2	15	15S	37E	669823	3655292*	1149	120	32	88
<u>L 01237</u>		L	LE		2	2	15	15S	37E	669823	3655292*	1149	110	38	72
<u>L 02391</u>		L	LE	3	3	3	11	15S	37E	670118	3655599*	1175	80	37	43
<u>L 07665</u>		L	LE	4	4	4	11	15S	37E	671529	3655614*	1279	126	40	86
<u>L 07613</u>		L	LE				23	15S	37E	670879	3653083*	1526	96	45	51
<u>L 00735</u>		L	LE	1	1	2	22	15S	37E	669347	3653775*	1624	119	33	86
<u>L 10026</u>		L	LE	3	4	2	22	15S	37E	669757	3653178*	1734	150	65	85
<u>L 02268</u>		L	LE		2	4	10	15S	37E	669808	3656097*	1762		55	
<u>L 02302</u>		L	LE	2		24	11	15S	37E	671521	3656216*	1789	80	45	35
<u>L 07953</u>		L	LE	3	4	1	15	15S	37E	668921	3654776*	1831	100	68	32
<u>L 00735 S</u>		L	LE	1	3	2	22	15S	37E	669354	3653372*	1857	150	45	105
<u>L 01568</u> POD1		L	LE		1	3	12	15S	37E	671826	3656122*	1864	120	38	82
<u>L 01117</u> POD1		L	LE	3	4	2	11	15S	37E	671314	3656419*	1902	120	50	70
<u>L 01283</u>		L	LE		3	2	11	15S	37E	671012	3656515*	1929	120	40	80
<u>L 07610</u>		L	LE		3	2	11	15S	37E	671012	3656515*	1929	100		
<u>L 02468</u>		L	LE		2	4	22	15S	37E	669866	3652877*	1937	100	40	60
<u>L 13485</u> POD 1		L	LE	3	4	2	10	15S	37E	669192	3655778	1945	180	103	77
<u>L 01321</u>		L	LE		4	2	11	15S	37E	671415	3656520*	2030	120	32	88
<u>L 01323</u>		L	LE		4	2	11	15S	37E	671415	3656520*	2030	120	32	88



<u>L 05825</u>	L	LE	1	4	22	15S	37E	669462	3652871*	2155	148	45	103	
<u>L 05825 S2</u>	L	LE		4	22	15S	37E	669671	3652669*	2212	160	40	120	
<u>L 07054</u>	L	LE	4	1	1	22	15S	37E	668740	3653563*	2258	142	60	82
<u>L 09926</u>	L	LE	3	1	4	12	15S	37E	672480	3656131	2312	150	75	75
<u>L 01430</u>	L	LE	2	1	11	15S	37E	670601	3656913*	2313	120	33	87	
<u>L 01324</u>	L	LE	1	2	11	15S	37E	671004	3656917*	2327	120	32	88	
<u>L 02317</u>	L	LE	1	1	11	15S	37E	670197	3656908*	2368	110	65	45	
<u>L 00058</u>	L	LE		2	10	15S	37E	669598	3656694*	2383	112			
<u>L 00059 S</u>	L	LE	3	3	10	15S	37E	668604	3655676	2393	150	49	101	
<u>L 01332</u>	L	LE	2	2	11	15S	37E	671408	3656922*	2411	115	32	83	
<u>L 02303</u>	L	LE	2	2	4	16	15S	37E	668322	3654562*	2422	80	45	35
<u>L 00059</u>	L	LE	3	1	3	10	15S	37E	668503	3655575	2442	100		
<u>L 01322</u>	L	LE	2	1	1	11	15S	37E	670296	3657007*	2444	120	32	88
<u>L 01182 POD1</u>	L	LE	1	1	1	11	15S	37E	670096	3657007*	2488	110	35	75
<u>L 00222</u>	L	LE	1	3	1	22	15S	37E	668547	3653360*	2524	125	80	45
<u>L 01739 POD1</u>	L	LE	2	2	2	10	15S	37E	669893	3657001*	2543	110	55	55
<u>L 01077</u>	L	LE	1	1	12	15S	37E	671811	3656927*	2556	120			
<u>L 04956</u>	L	LE	1	1	1	12	15S	37E	671710	3657026*	2607	100	43	57
<u>L 00310</u>	L	LE	1	2	2	27	15S	37E	669779	3652171*	2617	140	72	68
<u>L 00064</u>	L	LE		3	22	15S	37E	668864	3652657*	2706	105			
<u>L 00064</u>	R	L		3	22	15S	37E	668864	3652657*	2706	105			
<u>L 06782</u>	L	LE		3	22	15S	37E	668864	3652657*	2706				
<u>L 01673 POD1</u>	L	LE	4	3	02	15S	37E	670594	3657315*	2715	120			
<u>L 00285</u>	L	LE	1	2	2	21	15S	37E	668137	3653757*	2741	105	49	56
<u>L 05541</u>	L	LE		1	1	25	15S	37E	671897	3652100*	2756	115	40	75
<u>L 01422</u>	L	LE		3	3	02	15S	37E	670190	3657310*	2762	100		
<u>L 05825 S</u>	L	LE	1	4	1	26	15S	37E	670593	3651780*	2828	130	60	70
<u>L 00222 S</u>	L	LE	3	1	3	22	15S	37E	668555	3652758*	2863	125	80	45
<u>L 07592</u>	L	LE	2	4	09	15S	37E	668194	3656073*	2942	100	70	30	
<u>L 11007</u>	R	L		4	09	15S	37E	667954	3655664	2985	130	75	55	
<u>L 00610 POD4</u>	L	LE	4	2	3	02	15S	37E	670687	3657616*	3012	120	37	83
<u>L 07198</u>	L	LE	4	2	3	02	15S	37E	670687	3657616*	3012	125	47	78
<u>L 07981</u>	L	LE	4	4	1	26	15S	37E	670793	3651580*	3024	142	70	72
<u>L 00165 POD2</u>	L	LE	2	1	27	15S	37E	669074	3652060*	3043	203	85	118	
<u>L 05331</u>	L	LE	2	1	27	15S	37E	669074	3652060*	3043	100	60	40	
<u>L 00285 S</u>	L	LE	1	2	4	21	15S	37E	668151	3652952*	3074	118	118	0





Map created ©2010 National Geographic; ©2005 Tele Atlas, Rel. 8/2005

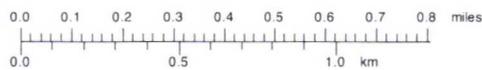
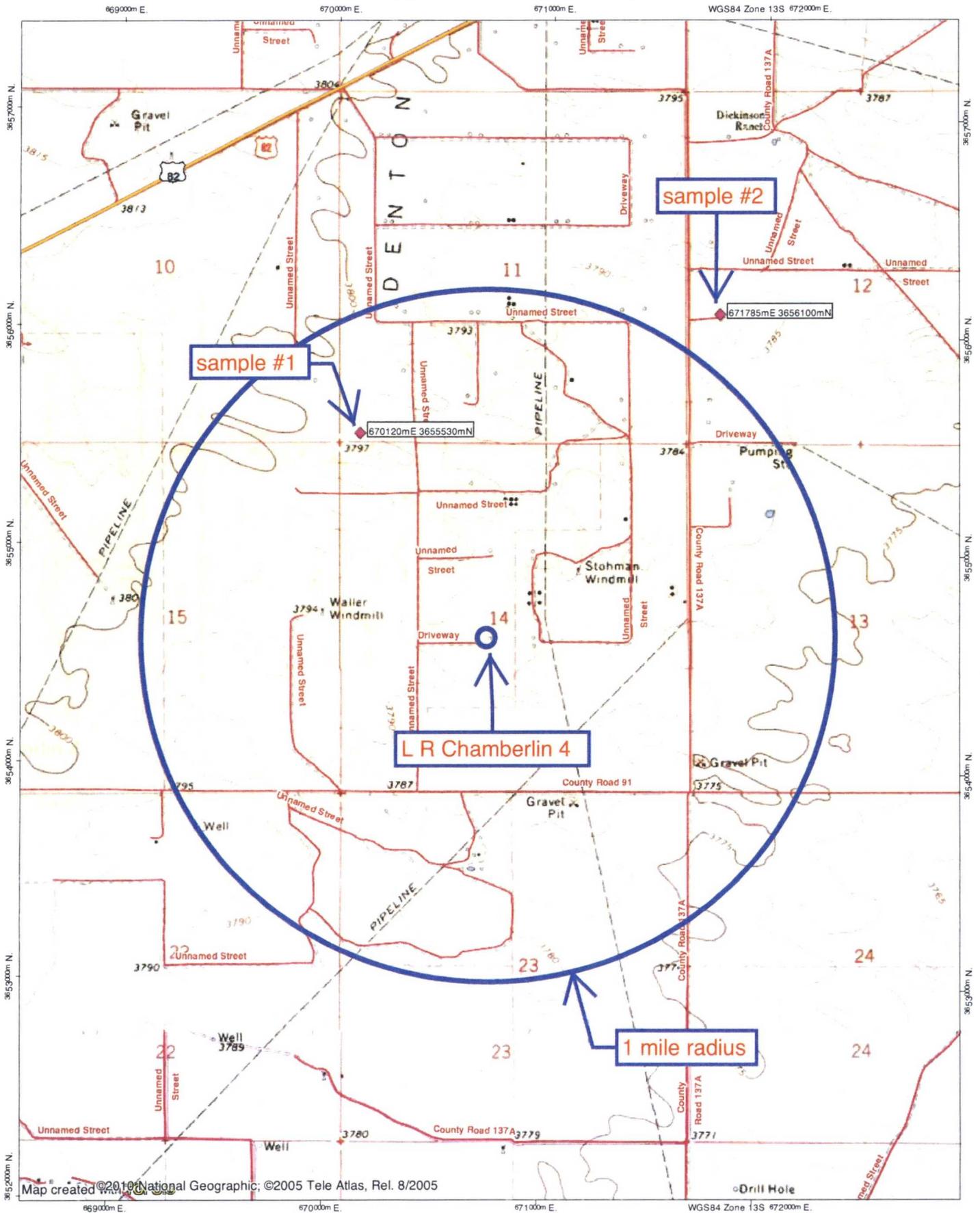


EXHIBIT I

TN & MN

7°



Map created by National Geographic; ©2005 Tele Atlas, Rel. 8/2005

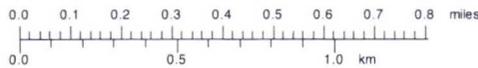


EXHIBIT J



sample 1

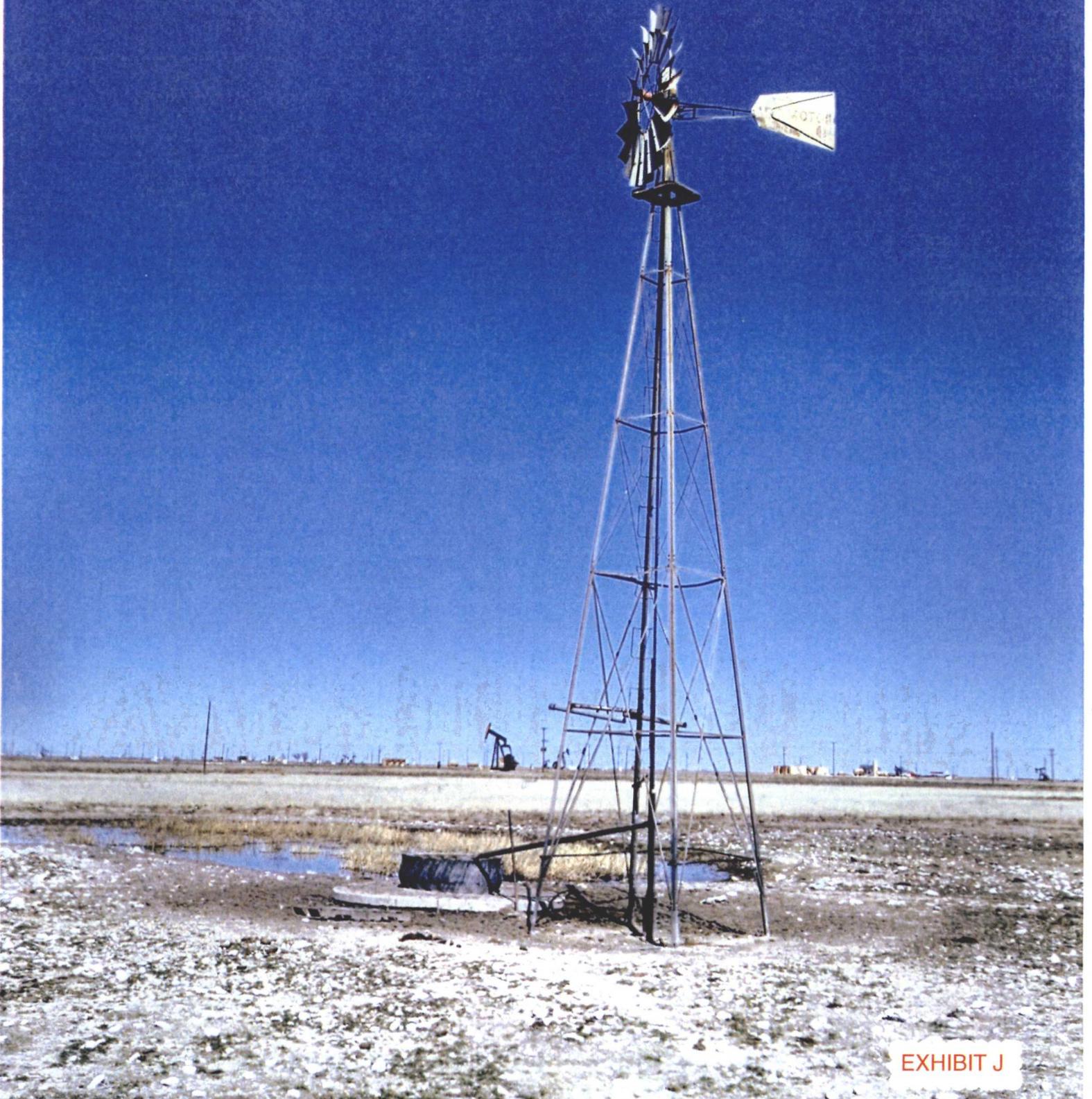


EXHIBIT J

sample 2

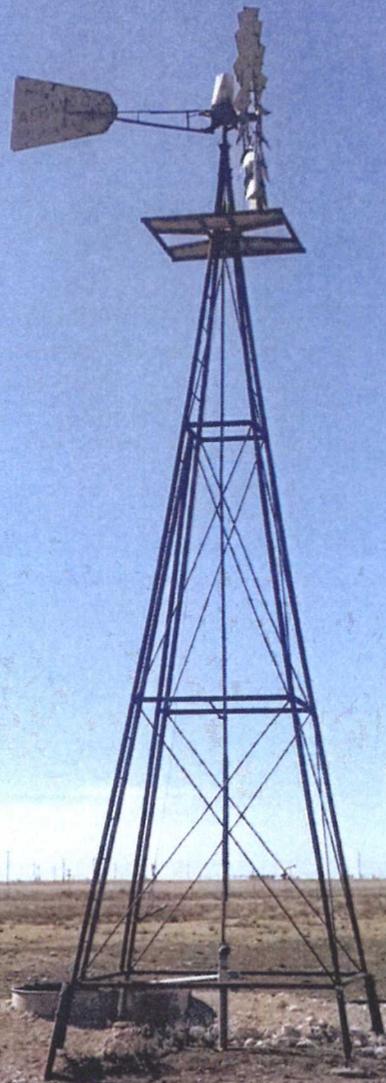


EXHIBIT J

Hall Environmental Analysis Laboratory, Inc.

Analytical Report

Lab Order 1702851

Date Reported 2/28/2017

CLIENT: Permits West

Client Sample ID: L+C #1

Project: Legacy Chamberlin SWD

Collection Date: 2/15/2017 12 34 00 PM

Lab ID: 1702851-001

Matrix: AQUEOUS

Received Date: 2/20/2017 11 52 00 AM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed	Batch
EPA METHOD 1664B							Analyst tnc
N-Hexane Extractable Material	ND	10.6		mg/L	1	2/21/2017 12 00 00 PM	30320
EPA METHOD 300.0: ANIONS							Analyst LGT
Chloride	51	10		mg/L	20	2/21/2017 12 27 01 AM	R40867
SM2540C MOD: TOTAL DISSOLVED SOLIDS							Analyst KS
Total Dissolved Solids	493	20.0		mg/L	1	2/22/2017 4 09 00 PM	30321

EXHIBIT J

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information

Qualifiers.	* Value exceeds Maximum Contaminant Level	B Analyte detected in the associated Method Blank
	D Sample Diluted Due to Matrix	E Value above quantitation range
	H Holding times for preparation or analysis exceeded	J Analyte detected below quantitation limits
	ND Not Detected at the Reporting Limit	P Sample pH Not In Range
	R RPD outside accepted recovery limits	RL Reporting Detection Limit
	S % Recovery outside of range due to dilution or matrix	W Sample container temperature is out of limit as specified

Hall Environmental Analysis Laboratory, Inc.

CLIENT: Permits West

Client Sample ID: L+C #2

Project: Legacy Chamberlin SWD

Collection Date: 2/15/2017 3 43 00 PM

Lab ID: 1702851-002

Matrix: AQUEOUS

Received Date: 2/20/2017 11 52 00 AM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed	Batch
EPA METHOD 1664B							Analyst tnc
N-Hexane Extractable Material	ND	9.74		mg/L	1	2/21/2017 12 00 00 PM	30320
EPA METHOD 300.0 ANIONS							Analyst LGT
Chloride	49	10		mg/L	20	2/21/2017 12 51 50 AM	R40867
SM2540C MOD: TOTAL DISSOLVED SOLIDS							Analyst KS
Total Dissolved Solids	539	20.0	*	mg/L	1	2/22/2017 4 09 00 PM	30321



Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information

Qualifiers.	* Value exceeds Maximum Contaminant Level	B Analyte detected in the associated Method Blank
	D Sample Diluted Due to Matrix	E Value above quantitation range
	H Holding times for preparation or analysis exceeded	J Analyte detected below quantitation limits
	ND Not Detected at the Reporting Limit	P Sample pH Not In Range
	R RPD outside accepted recovery limits	RL Reporting Detection Limit
	S % Recovery outside of range due to dilution or matrix	W Sample container temperature is out of limit as specified

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO# 1702851

28-Feb-17

Client: Permits West
Project: Legacy Chamberlin SWD

Sample ID	MB-30320	SampType	MBLK	TestCode	EPA Method 1664B					
Client ID	PBW	Batch ID	30320	RunNo	40907					
Prep Date	2/21/2017	Analysis Date	2/21/2017	SeqNo	1281540	Units	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	ND	10.0								
Silica Gel Treated N-Hexane Extrac	ND	10.0								

Sample ID	LCS-30320	SampType	LCS	TestCode	EPA Method 1664B					
Client ID	LCSW	Batch ID	30320	RunNo	40907					
Prep Date	2/21/2017	Analysis Date	2/21/2017	SeqNo	1281541	Units	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	39.0	10.0	40.00	0	97.5	78	114			
Silica Gel Treated N-Hexane Extrac	19.2	10.0	20.00	0	96.0	64	132			

Qualifiers:

- | | |
|---|---|
| * Value exceeds Maximum Contaminant Level | B Analyte detected in the associated Method Blank |
| D Sample Diluted Due to Matrix | E Value above quantitation range |
| H Holding times for preparation or analysis exceeded | J Analyte detected below quantitation limits |
| ND Not Detected at the Reporting Limit | P Sample pH Not In Range |
| R RPD outside accepted recovery limits | RL Reporting Detection Limit |
| S % Recovery outside of range due to dilution or matrix | W Sample container temperature is out of limit as specified |



QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO# 1702851

28-Feb-17

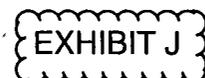
Client: Permits West
Project: Legacy Chamberlin SWD

Sample ID	MB	SampType	MBLK	TestCode	EPA Method 300 0 Anions						
Client ID	PBW	Batch ID	R40867	RunNo	40867						
Prep Date		Analysis Date	2/20/2017	SeqNo	1280031	Units	mg/L				
Analyte		Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride		ND	0.50								

Sample ID	LCS	SampType	LCS	TestCode	EPA Method 300 0 Anions						
Client ID	LCSW	Batch ID	R40867	RunNo	40867						
Prep Date		Analysis Date	2/20/2017	SeqNo	1280032	Units	mg/L				
Analyte		Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride		4.8	0.50	5.000	0	96.5	90	110			

Qualifiers

- * Value exceeds Maximum Contaminant Level
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified



QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO# 1702851

28-Feb-17

Client: Permits West
Project: Legacy Chamberlin SWD

Sample ID	MB-30321	SampType	MBLK	TestCode	SM2540C MOD	Total Dissolved Solids					
Client ID	PBW	Batch ID	30321	RunNo	40912						
Prep Date	2/21/2017	Analysis Date	2/22/2017	SeqNo	1281614	Units	mg/L				
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual	
Total Dissolved Solids	ND	20	0								

Sample ID	LCS-30321	SampType	LCS	TestCode	SM2540C MOD	Total Dissolved Solids					
Client ID	LCSW	Batch ID	30321	RunNo	40912						
Prep Date	2/21/2017	Analysis Date	2/22/2017	SeqNo	1281615	Units	mg/L				
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual	
Total Dissolved Solids	1010	20	0	1000	0	101	80	120			

Qualifiers.

- * Value exceeds Maximum Contaminant Level
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified





New Mexico Office of the State Engineer

Water Column/Average Depth to Water

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file)

(R=POD has been replaced,
O=orphaned,
C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest)

(NAD83 UTM in meters)

(In feet)

POD Number	Code	POD Sub-basin	County	Q Q Q				Rng	X	Y	Distance	DepthWell	Water		
				64	16	4	Sec						Tws	DepthWater	Column
<u>L 01199</u> POD1		L	LE	2	4	1	14	15S	37E	670736	3654999*	395	121	37	84
<u>L 01045</u>		L	LE	1	3	2	14	15S	37E	670939	3655004*	445	100	35	65
<u>L 02382</u>		L	LE		4	2	14	15S	37E	671444	3654911*	764	112	35	77
<u>L 01110</u> POD1		L	LE	1	1	2	14	15S	37E	670932	3655407*	824	115		
<u>L 00736</u>		L	LE	2	1	1	23	15S	37E	670354	3653787*	905	122		
<u>L 00736</u>	R	L	LE	2	1	1	23	15S	37E	670354	3653787*	905	122		
<u>L 01080</u>		L	LE	1	2	2	14	15S	37E	671336	3655412*	1001	120	32	88
<u>L 01320</u>		L	LE	3	4	11	15S	37E	671026	3655710*	1141	120	32	88	
<u>L 00956</u> POD1		L	LE	2	2	15	15S	37E	669823	3655292*	1149	112			
<u>L 01207</u> POD1		L	LE	2	2	15	15S	37E	669823	3655292*	1149	120	32	88	
<u>L 01237</u>		L	LE	2	2	15	15S	37E	669823	3655292*	1149	110	38	72	
<u>L 02391</u>		L	LE	3	3	3	11	15S	37E	670118	3655599*	1175	80	37	43
<u>L 07665</u>		L	LE	4	4	4	11	15S	37E	671529	3655614*	1279	126	40	86
<u>L 07613</u>		L	LE				23	15S	37E	670879	3653083*	1526	96	45	51
<u>L 00735</u>		L	LE	1	1	2	22	15S	37E	669347	3653775*	1624	119	33	86
<u>L 10026</u>		L	LE	3	4	2	22	15S	37E	669757	3653178*	1734	150	65	85
<u>L 02268</u>		L	LE		2	4	10	15S	37E	669808	3656097*	1762		55	
<u>L 02302</u>		L	LE	2	2	4	11	15S	37E	671521	3656216*	1789	80	45	35
<u>L 07953</u>		L	LE	3	4	1	15	15S	37E	668921	3654776*	1831	100	68	32
<u>L 00735 S</u>		L	LE	1	3	2	22	15S	37E	669354	3653372*	1857	150	45	105
<u>L 01568</u> POD1		L	LE		1	3	12	15S	37E	671826	3656122*	1864	120	38	82
<u>L 01117</u> POD1		L	LE	3	4	2	11	15S	37E	671314	3656419*	1902	120	50	70
<u>L 01283</u>		L	LE		3	2	11	15S	37E	671012	3656515*	1929	120	40	80
<u>L 07610</u>		L	LE		3	2	11	15S	37E	671012	3656515*	1929	100		
<u>L 02468</u>		L	LE		2	4	22	15S	37E	669866	3652877*	1937	100	40	60
<u>L 13485</u> POD 1		L	LE	3	4	2	10	15S	37E	669192	3655778	1945	180	103	77
<u>L 01321</u>		L	LE		4	2	11	15S	37E	671415	3656520*	2030	120	32	88
<u>L 01323</u>		L	LE		4	2	11	15S	37E	671415	3656520*	2030	120	32	88



<u>L 05825</u>	L	LE	1	4	22	15S	37E	669462	3652871*	2155	148	45	103	
<u>L 05825 S2</u>	L	LE		4	22	15S	37E	669671	3652669*	2212	160	40	120	
<u>L 07054</u>	L	LE	4	1	1	22	15S	37E	668740	3653563*	2258	142	60	82
<u>L 09926</u>	L	LE	3	1	4	12	15S	37E	672480	3656131	2312	150	75	75
<u>L 01430</u>	L	LE	2	1	11	15S	37E	670601	3656913*	2313	120	33	87	
<u>L 01324</u>	L	LE	1	2	11	15S	37E	671004	3656917*	2327	120	32	88	
<u>L 02317</u>	L	LE	1	1	11	15S	37E	670197	3656908*	2368	110	65	45	
<u>L 00058</u>	L	LE		2	10	15S	37E	669598	3656694*	2383	112			
<u>L 00059 S</u>	L	LE	3	3	10	15S	37E	668604	3655676	2393	150	49	101	
<u>L 01332</u>	L	LE	2	2	11	15S	37E	671408	3656922*	2411	115	32	83	
<u>L 02303</u>	L	LE	2	2	4	16	15S	37E	668322	3654562*	2422	80	45	35
<u>L 00059</u>	L	LE	3	1	3	10	15S	37E	668503	3655575	2442	100		
<u>L 01322</u>	L	LE	2	1	1	11	15S	37E	670296	3657007*	2444	120	32	88
<u>L 01182 POD1</u>	L	LE	1	1	1	11	15S	37E	670096	3657007*	2488	110	35	75
<u>L 00222</u>	L	LE	1	3	1	22	15S	37E	668547	3653360*	2524	125	80	45
<u>L 01739 POD1</u>	L	LE	2	2	2	10	15S	37E	669893	3657001*	2543	110	55	55
<u>L 01077</u>	L	LE		1	1	12	15S	37E	671811	3656927*	2556	120		
<u>L 04956</u>	L	LE	1	1	1	12	15S	37E	671710	3657026*	2607	100	43	57
<u>L 00310</u>	L	LE	1	2	2	27	15S	37E	669779	3652171*	2617	140	72	68
<u>L 00064</u>	L	LE		3	22	15S	37E	668864	3652657*	2706	105			
<u>L 00064</u>	R	L		3	22	15S	37E	668864	3652657*	2706	105			
<u>L 06782</u>	L	LE		3	22	15S	37E	668864	3652657*	2706				
<u>L 01673 POD1</u>	L	LE	4	3	02	15S	37E	670594	3657315*	2715	120			
<u>L 00285</u>	L	LE	1	2	2	21	15S	37E	668137	3653757*	2741	105	49	56
<u>L 05541</u>	L	LE		1	1	25	15S	37E	671897	3652100*	2756	115	40	75
<u>L 01422</u>	L	LE		3	3	02	15S	37E	670190	3657310*	2762	100		
<u>L 05825 S</u>	L	LE	1	4	1	26	15S	37E	670593	3651780*	2828	130	60	70
<u>L 00222 S</u>	L	LE	3	1	3	22	15S	37E	668555	3652758*	2863	125	80	45
<u>L 07592</u>	L	LE		2	4	09	15S	37E	668194	3656073*	2942	100	70	30
<u>L 11007</u>	R	L		4	09	15S	37E	667954	3655664	2985	130	75	55	
<u>L 00610 POD4</u>	L	LE	4	2	3	02	15S	37E	670687	3657616*	3012	120	37	83
<u>L 07198</u>	L	LE	4	2	3	02	15S	37E	670687	3657616*	3012	125	47	78
<u>L 07981</u>	L	LE	4	4	1	26	15S	37E	670793	3651580*	3024	142	70	72
<u>L 00165 POD2</u>	L	LE		2	1	27	15S	37E	669074	3652060*	3043	203	85	118
<u>L 05331</u>	L	LE		2	1	27	15S	37E	669074	3652060*	3043	100	60	40
<u>L 00285 S</u>	L	LE	1	2	4	21	15S	37E	668151	3652952*	3074	118	118	0

<u>L_01197_POD1</u>	L	LE	3	1	3	02	15S	37E	670083	3657612*	3079	112		
<u>L_10685</u>	L	LE		2	3	02	15S	37E	670588	3657717*	3116	150	84	66
<u>L_06625</u>	L	LE	3	2	2	12	15S	37E	672920	3656845*	3123	130	80	50
<u>L_01136_POD1</u>	L	LE		1	4	02	15S	37E	670991	3657722*	3127	118		
<u>L_07666</u>	L	LE	4	4	2	27	15S	37E	669986	3651568*	3129	126	60	66
<u>L_06482</u>	L	LE		2	1	18	15S	38E	673858	3655347*	3201	273	130	143

Average Depth to Water **53 feet**
 Minimum Depth **32 feet**
 Maximum Depth **130 feet**

Record Count: 70

UTMNAD83 Radius Search (in meters)

Easting (X): 670744

Northing (Y): 3654604

Radius: 3220

***UTM location was derived from PLSS - see Help**

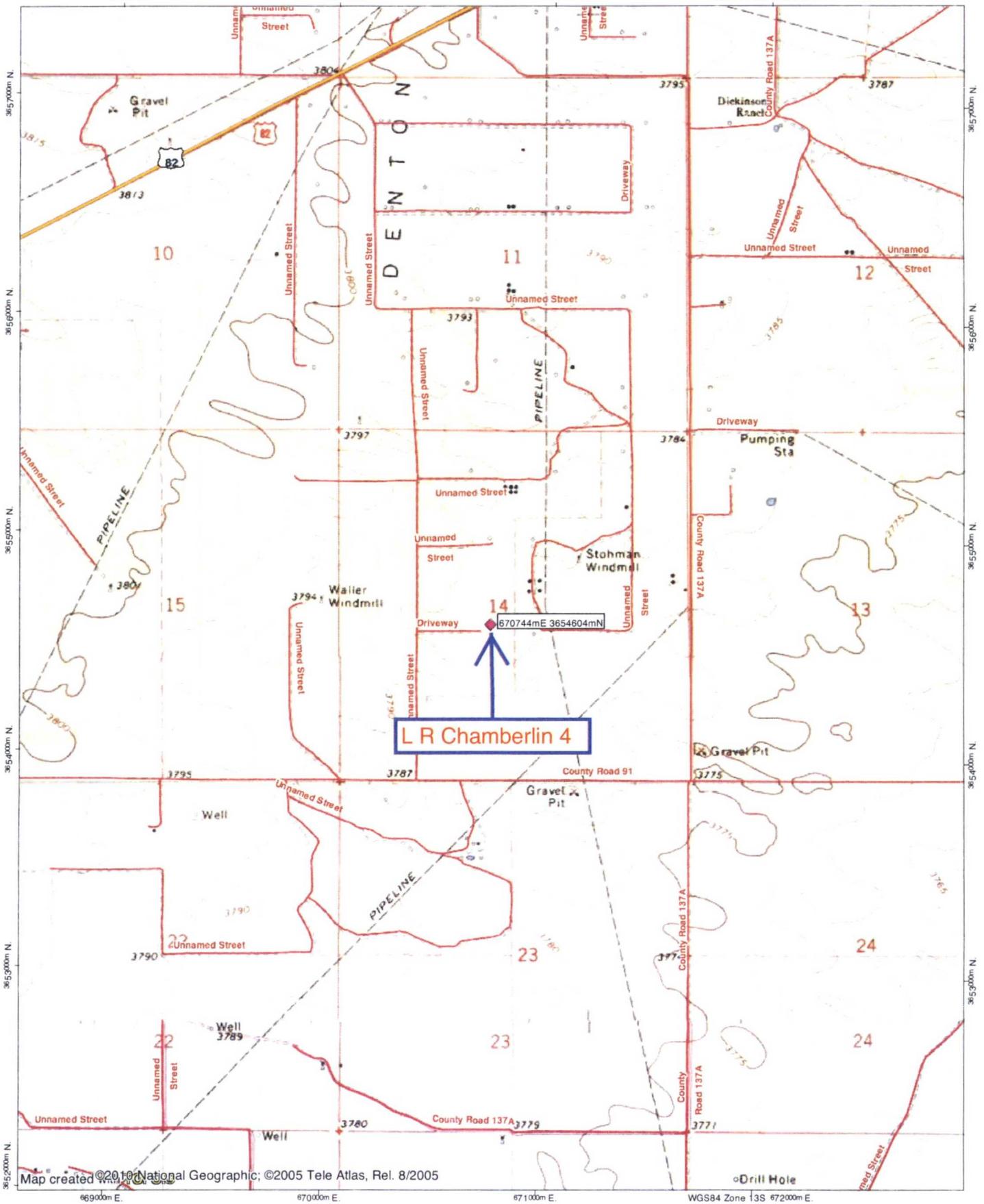
The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data

2/13/17 4 16 PM

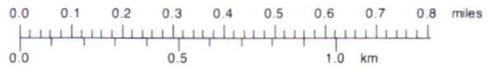
WATER COLUMN/ AVERAGE DEPTH TO WATER



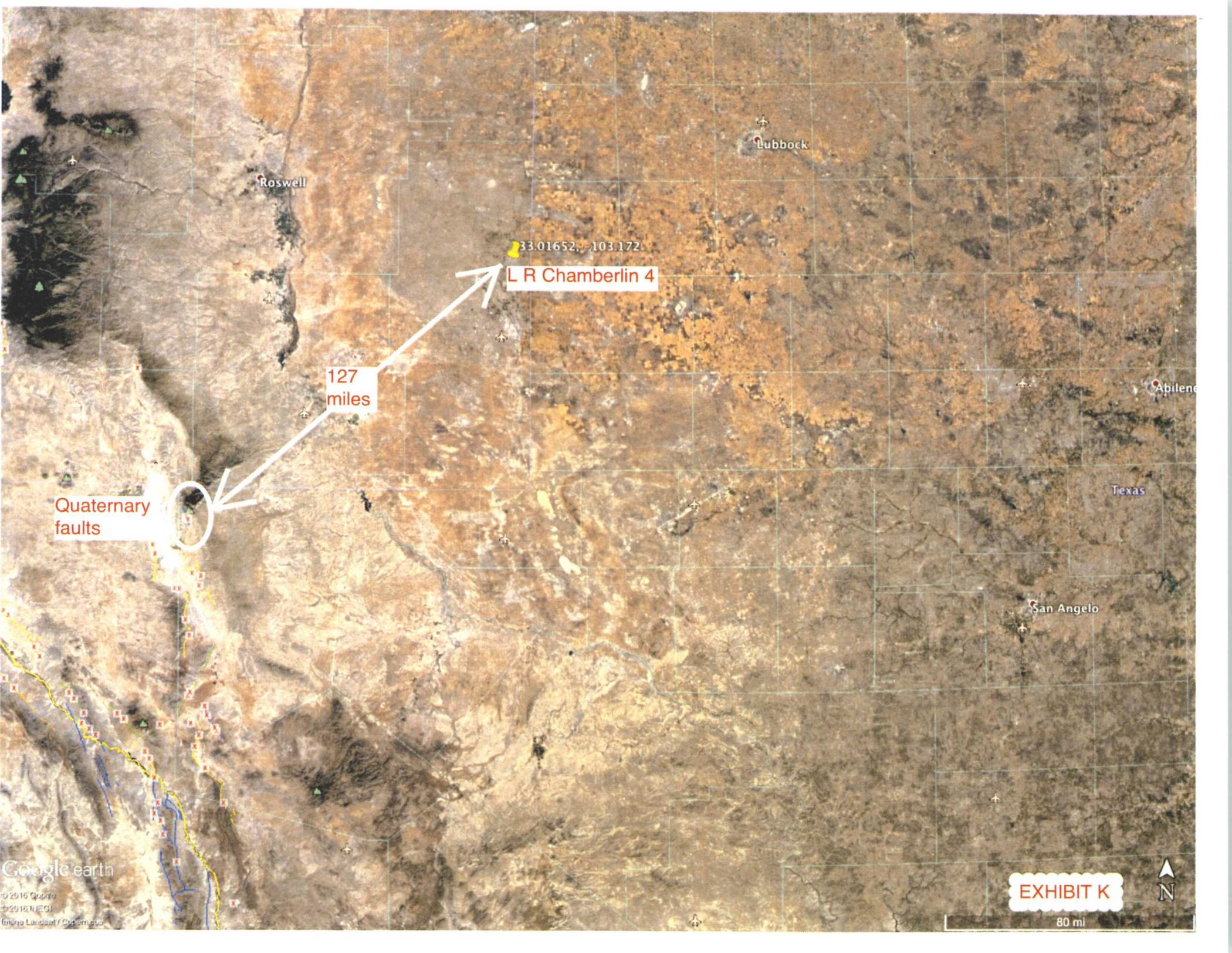
669000m E. 670000m E. 671000m E. WGS84 Zone 13S 672000m E.



Map created ©2010 National Geographic; ©2005 Tele Atlas, Rel. 8/2005



TN MN 7" 02/13/17



Roswell

Lubbock

33.01652, -103.172

L R Chamberlin 4

127
miles

Quaternary
faults

Abilene

Texas

San Angelo

Google earth

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Google Landmark / Copernicus

EXHIBIT K



80 mi



May 2, 2017

Subject:

Disposal application
LR. Chamberlain #4
14-15s37e
Lea Co., NM
3202505314

The available geologic data has been examined and no evidence of open faults or hydrological connection between the injection zone and any offset well within one-half mile of proposed disposal well.

The Chamberlain #4 Devonian top is -8438. The two wells within one-half mile is the Chamberlain #1 (-7700) and the McClure A#1 (-7701) both of which are separated from the Chamberlain #4 by a fault.

Keith E. McKamey
Geology Manager
Legacy Reserves

EXHIBIT K

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

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

Beginning with the issue dated
March 17, 2017
and ending with the issue dated
March 17, 2017



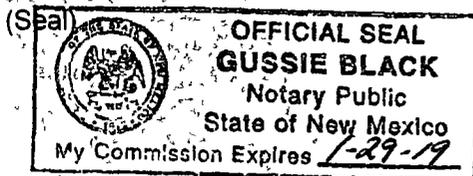
Publisher

Sworn and subscribed to before me this
17th day of March 2017



Business Manager

My commission expires
January 29, 2019



LEGAL NOTICE
March 17, 2017

Legacy Reserves, Operating, LP will apply to deepen and convert the L R Chamberlain 4" oil well to a saltwater disposal well. The well is at 2310 FSL & 2310 FWL Sec 14, T 15 S, R 37 E, Lea County and is .11 miles northeast of Lovington, NM. Disposal will be into the Devonian from 12,600' to 13,018'. Maximum injection pressure will be 2,520 psi. Maximum disposal rate will be 25,000 bwpd. Interested parties must file objections or requests for hearing with the NM Oil Conservation Division, 1220 South Saint Francis Dr., Santa Fe, NM 87505 within 15 days. Additional information can be obtained by contacting Brian Wood, Permits West, Inc., 37 Verano Loop, Santa Fe, NM 87508. Phone number is (505) 466-8120 #31648.

02108485

00190277

BRIAN WOOD
PERMITS WEST
37 VERANO LOOP
SANTA FE, NM 87508

EXHIBIT L

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


PERMITS WEST, INC.
PROVIDING PERMITS for LAND USERS
37 Verano Loop, Santa Fe, New Mexico 87508 (505) 466-8120

May 9, 2017

Angell 2 Family LP
PO Box 190
Lovington NM 88260

TYPICAL LETTER

Legacy Reserves Operating, LP is applying (see attached application) to convert the L.R Chamberlin 4 oil well to a saltwater disposal well. As required by NM Oil Conservation Division (NMOCD) rules, I am notifying you of the following proposal. This letter is a notice only. No action is needed unless you have questions or objections.

Well: L.R Chamberlin 4 TD = 13,018'
Proposed Disposal Zone: Devonian (12,600' – 13,018')
Location: 2310' FSL & 2310' FWL Sec 14, T 15 S, R 37 E., Lea County, NM
Approximate Location: 11 miles northeast of Lovings, NM
Applicant Name: Legacy Reserves Operating, LP (432) 689-5237
Applicant's Address: P O. Box 10848, Midland TX 79702

Submittal Information: Application for a saltwater disposal well will be filed with the NMOCD. If you have an objection, or wish to request a hearing, then it must be filed with the NMOCD within 15 days of receipt of this letter. NMOCD address is 1220 South St Francis Dr. Santa Fe, NM 87505. Their phone number is (505) 476-3440.

Please call me if you have any questions.

Sincerely,



Brian Wood

EXHIBIT M

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Adult Signature Restricted Delivery \$

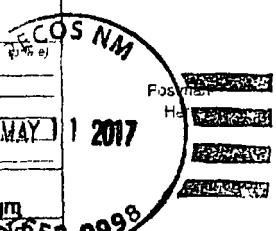
Postage \$

Total Postage and Fees \$ **Lynx Petroleum**
600 N Marienfeld
Suite 600
Midland TX 79701
Legacy-Chamberlin

Street and Apt No. or PO Box No.

City, State ZIP+4®

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



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Certified Mail Restricted Delivery \$

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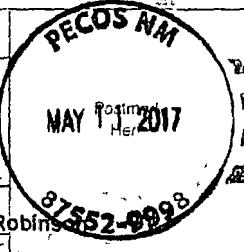
Postage \$ **1.82**

Total Postage and Fees \$ **6313 Meredith**
Bellaire TX 77401
Legacy-Chamberlin

Street and Apt No. or PO Box No.

City, State ZIP+4®

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

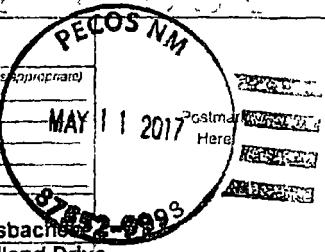
Postage \$

Total Postage and Fees \$ **Robert Mosbacher**
5941 Woodland Drive
Dallas TX 75225
Legacy-Chamberlin

Street and Apt No. or PO Box No.

City, State ZIP+4®

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

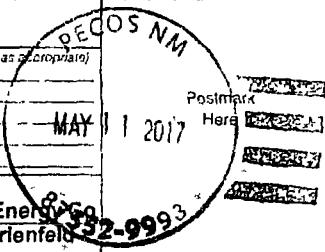
Postage \$

Total Postage and Fees \$ **Cimarex Energy Co**
600 N Marienfeld
Suite 600
Midland TX 79701
Legacy-Chamberlin

Street and Apt No. or PO Box No.

City, State ZIP+4®

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

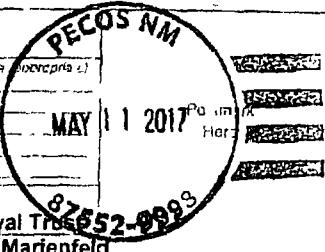
Postage \$

Total Postage and Fees \$ **Moore Loyal Trust**
403 North Marienfeld
Midland TX 79701
Legacy-Chamberlin

Street and Apt No. or PO Box No.

City, State ZIP+4®

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **Erma Lowe Trust**
800 Rivercrest Road
Fort Worth TX 76107
Legacy-Chamberlin

Street and Apt No. or PO Box No.

City, State ZIP+4®

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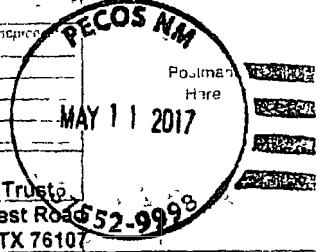


EXHIBIT M

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

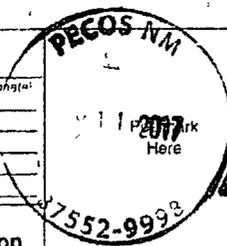
Total Postage and Fees \$ **Mary Helm Mason**
750 E. Alamos
Fresno CA 93704

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City, State, ZIP+4®

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5251 6851 0000 0991 5102

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

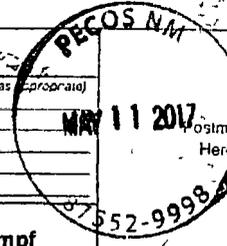
Total Postage and Fees \$ **Robert Sumprif**
900 Willshire Blvd
Room 618
Los Angeles CA 99017

Sent To **Legacy-Chamberlin**

Street and Apt. No. or PO Box No

City, State, ZIP+4®

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **David Co...**
PO Box 276...
Longbeach CA 90801

Sent To **Legacy-Chamberlin**

Street and Apt. No. or PO Box No

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

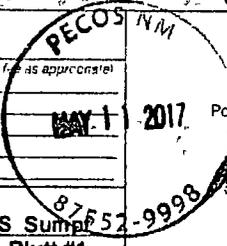
Total Postage and Fees \$ **Louise S. Sumprif**
2555 W. Bluff #1
Fresno CA 93711

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **Estate of Hillard R. ...**
PO Box "O"
Oakhurst CA 93644

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **Martha Helm ...**
21 Harvard Drive
Bernardville NJ 7924

Sent To **Legacy-Chamberlin**

Street and Apt. No. or PO Box No

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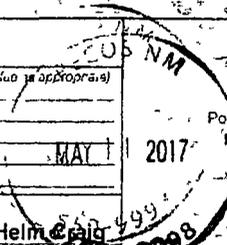


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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

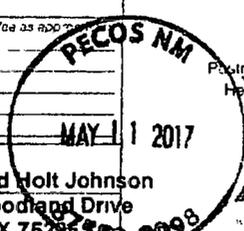
Mariland Holt Johnson
5941 Woodland Drive
Dallas TX 75252-9998

Sent To **Legacy-Chamberlin**

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

City, State, ZIP+4® _____

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Frank M Helm Jr
PO Box 1188
Pinecrest CA 95364

Sent To **Legacy-Chamberlin**

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

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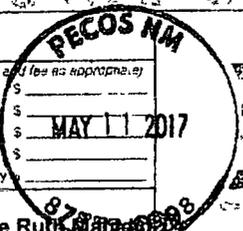
Eddie Ruth
1300 West Ave N
Lovington NM 88260

Sent To **Legacy-Chamberlin**

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

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

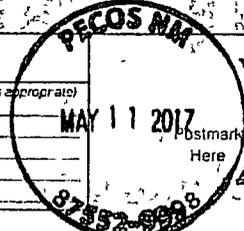
F Kirk Johnson IV
5941 Woodland Drive
Dallas TX 75225

Sent To **Legacy-Chamberlin**

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

City, State, ZIP+4® _____

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

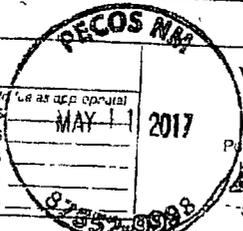
Lynn C Mauldin
1326 E Rose Lane
Hobbs NM 87240

Sent To **Legacy-Chamberlin**

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

City, State, ZIP+4® _____

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Garwin Mauldin
2805 Shore Lake
Irving TX 75061

Sent To **Legacy-Chamberlin**

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

City, State, ZIP+4® _____

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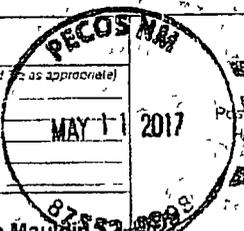


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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **Estate of Charles Walter**

Sent To **PO Box 1241**
Lubbock TX 79408

Legacy-Chamberlin

Street and Apt. No. or PO Box No

City, State ZIP+4®

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **Karen Shelton**

Sent To **14104 La Cueva NE**
Albuquerque NM 87123

Legacy-Chamberlin

Street and Apt. No. or PO Box No

City, State ZIP+4®

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **Conoco Phillips**

Sent To **330 North "A" Street**
#6-100
Midland TX 79705

Legacy-Chamberlin

Street and Apt. No. or PO Box No

City, State ZIP+4®

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **Producing Resources**

Sent To **4433 Brownfield Hwy**
Lubbock TX 79407

Legacy-Chamberlin

Street and Apt. No. or PO Box No

City, State ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9072-9 See Reverse for Instructions

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **Mary Frances Leon**

Sent To **Sharon Stider Trust**
Route 1
Petersburg TX 79250

Legacy-Chamberlin

Street and Apt. No. or PO Box No

City, State ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9072-9 See Reverse for Instructions

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **Mary Frances Leon**

Sent To **Beverly Grace Tucker Trust**
Route 1
Petersburg TX 79250

Legacy-Chamberlin

Street and Apt. No. or PO Box No

City, State ZIP+4®

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EXHIBIT M

7015 1660 0000 1583 1716

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

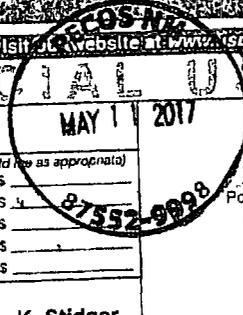
Total Postage and Fees \$ _____

Sent To **Sharon K Stidger**
12655 Crossroads Park Drive
Apt #223
Houston TX 77065
Legacy-Chamberlin

Street and Apt No, or PO Box No _____

City, State, ZIP+4® _____

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

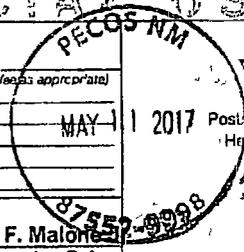
Total Postage and Fees \$ _____

Sent To **Charles F. Malone**
2701 Chrysler Drive
Roswell NM 88201
Legacy-Chamberlin

Street and Apt No, or PO Box No _____

City, State, ZIP+4® _____

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

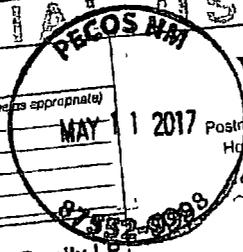
Total Postage and Fees \$ _____

Sent To **Angell 2 Family LP**
PO Box 190
Lovington NM 88260
Legacy-Chamberlin

Street and Apt No, or PO Box No _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions



7015 1660 0000 1583 1701

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To **Royce Fort**
PO Box 10204
Midland TX 79702
Legacy-Chamberlin

Street and Apt No, or PO Box No _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

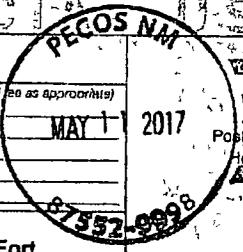


EXHIBIT M

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

Article Addressed to
Angell 2 Family LP
PO Box 190
Lovington NM 88260

Legacy-Chamberlin

9590 9402 2329 6225 4757 26

Article Number (Transfer from service label)
7015 1660 0000 1583 1693

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5-15-17*

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™
 Signature Confirmation Restricted Delivery

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

1. Article Addressed to
F Kirk Johnson IV
5941 Woodland Drive
Dallas TX 75225

Legacy Chamberlin

9590 9402 2329 6225 4756 41

2. Article Number (Transfer from service label)
7015 1660 0000 1583 1639

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5-15-17*

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™
 Signature Confirmation Restricted Delivery

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

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

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

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

Article Addressed to
Cimarex Energy Co
600 N Marrenfeld
Suite 600
Midland TX 79701

Legacy-Chamberlin

9590 9402 2329 6225 4754 74

Article Number (Transfer from service label)
7015 1660 0000 1583 1563

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5/15/17*

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™
 Signature Confirmation Restricted Delivery

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

1. Article Addressed to
Marshall Holt Johnson
5941 Woodland Drive
Dallas TX 75225

Legacy-Chamberlin

9590 9402 2329 6225 4754 74

2. Article Number (Transfer from service label)
7015 1660 0000 1583 1846

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5-15-17*

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™
 Signature Confirmation Restricted Delivery

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

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

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

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

Article Addressed to
Conoco Phillips
330 North 'A' Street
#6-100
Midland TX 79705

Legacy-Chamberlin

9590 9402 2329 6225 4756 72

Article Number (Transfer from service label)
7015 1660 0000 1583 1761

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5/10/17*

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™
 Signature Confirmation Restricted Delivery

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

1. Article Addressed to
Mary Frances Leon
Beverly Grace Tucker Trust
Route 1
Petersburg TX 79250

Legacy-Chamberlin

9590 9402 2329 6225 4756 76

2. Article Number (Transfer from service label)
7015 1660 0000 1583 1747

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5-15-17*

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™
 Signature Confirmation Restricted Delivery

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

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

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

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

Article Addressed to
David Combs
PO Box 2767
Longbeach CA 90801

Legacy-Chamberlin

9590 9402 2329 6225 4755 42

Article Number (Transfer from service label)
7015 1660 0000 1583 1495

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5/15/17*

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™
 Signature Confirmation Restricted Delivery

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

1. Article Addressed to
Mary Frances Leon
Sharon Studer Trust
Route 1
Petersburg TX 79250

Legacy Chamberlin

9590 9402 2329 6225 4751 02

2. Article Number (Transfer from service label)
7015 1660 0000 1583 1730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5-15-17*

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™
 Signature Confirmation Restricted Delivery

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

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

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

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

Article Addressed to
Frank M Helm Jr
PO Box 1188
Pinecrest CA 95364

Legacy Chamberlin

9590 9402 2329 6225 4756 27

Article Number (Transfer from service label)
7015 1660 0000 1583 1495

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5/15/17*

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™
 Signature Confirmation Restricted Delivery

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

1. Article Addressed to
Erma Lowe Trust
800 Rivercrest Road
Fort Worth TX 76107

Legacy Chamberlin

9590 9402 2329 6225 4754 98

Article Number (Transfer from service label)
7015 1660 0000 1583 1498

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *5/15/17*

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™
 Signature Confirmation Restricted Delivery

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

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

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3
Print your name and address on the reverse so that we can return the card to you
Attach this card to the back of the mailpiece, or on the front if space permits.
Article Addressed to:
Moore Loyal Trust
403 North Manenfeld
Midland TX 79701

Legacy Chamberlin

9590 9402 2329 6225 4755 04

Article Number (Transfer from service label)
7015 1660 0000 1583 1532

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee
B. Received by (Printed Name) C. Date of Delivery
Peggy Packington 5-15-17
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
 Adult Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you
Attach this card to the back of the mailpiece, or on the front if space permits.
Article Addressed to:
Charles F. Malone Jr
2701 Chrysler Drive
Roswell NM 88201

Legacy- Chamberlin

9590 9402 2329 6225 4754 50

Article Number (Transfer from service label)
7015 1660 0000 1583 1723

S Form 3811 July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee
B. Received by (Printed Name) C. Date of Delivery
5-16-17
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
 Adult Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you
Attach this card to the back of the mailpiece, or on the front if space permits.
Article Addressed to:
Estate of Charles Waller
PO Box 1241
Lubbock TX 79408

Legacy- Chamberlin

9590 9402 2329 6225 4755 80

Article Number (Transfer from service label)
7015 1660 0000 1583 1785

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

COMPLETE THIS SECTION ON DELIVERY

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

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
 Adult Restricted Delivery

Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to
 Angell 2 Family LP
 PO Box 190
 Lovington NM 88260

Legacy- Chamberlin

2 Article Number (Transfer from service label)
 7015 1660 0000 1583 1693

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

COMPLETE THIS SECTION ON DELIVERY

A Signature
 Agent
 Address

B Received by (Printed Name) C Date of Delivery

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

3 Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restr^{ed} Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to
 Cimarex Energy Co
 600 N Marienfeld
 Suite 600
 Midland TX 79701

Legacy- Chamberlin

2 Article Number (Transfer from service label)
 7015 1660 0000 1583 1563

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

COMPLETE THIS SECTION ON DELIVERY

A Signature
 Agent
 Address

B Received by (Printed Name) C Date of Delivery

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

3 Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restr^{ed} Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to
 Conoco Phillips
 330 North "A" Street
 #6-100
 Midland TX 79705

Legacy- Chamberlin

2 Article Number (Transfer from service label)
 7015 1660 0000 1583 1761

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

COMPLETE THIS SECTION ON DELIVERY

A Signature
 Agent
 Address

B Received by (Printed Name) C Date of Delivery

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

3 Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restr^{ed} Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	<p>A Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1 Article Addressed to</p> <p>David Combs PO Box 2767 Longbeach CA 90801</p> <p>Legacy- Chamberlin</p> <p>9590 9402 2329 6225 4755 42</p>	<p>B Received by (Printed Name)</p> <p>C Date of Delivery</p>	
	<p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below</p> <p>MAY 15 2017</p> <p>USPS</p>	
<p>2 Article Number (Transfer from service label)</p> <p>7015 1660 0000 1583 1495</p>	<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restrict Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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>1 Article Addressed to</p> <p>Estate of Hillard R Giffen PO Box "O" Oakhurst CA 93644</p> <p>Legacy- Chamberlin</p> <p>9590 9402 2329 6225 4756 10</p>	<p>B Received by (Printed Name)</p> <p>C Date of Delivery</p>	
	<p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below</p> <p>RECEIVED</p> <p>718 05 14 2017 IRS</p> <p>FRESNO, CA</p>	
<p>2 Article Number (Transfer from service label)</p> <p>7015 1660 0000 1584 471</p>	<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restrict Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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 <i>[Signature]</i></p>	
<p>1 Article Addressed to</p> <p>Frank M Helm Jr PO Box 1188 Pinecrest CA 95364</p> <p>Legacy- Chamberlin</p> <p>9590 9402 2329 6225 4756 27</p>	<p>B Received by (Printed Name)</p> <p>C Date of Delivery</p>	
	<p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below</p> <p>Katie Romm 5/15/17</p>	
<p>2 Article Number (Transfer from service label)</p> <p>7015 1660 0000 1583 1853</p>	<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restrict Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B Received by (Printed Name)	C Date of Delivery 5-15-17
1 Article Addressed to F Kirk Johnson IV 5941 Woodland Drive Dallas TX 75225 Legacy Chamberlin	D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No <i>Angelica Hassentruft</i>	
2 Article Number (Transfer from service label) 7015 1660 0000 1583 1839	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"/> Delivery Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		<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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B Received by (Printed Name)	C Date of Delivery 5-15-17
1 Article Addressed to Marsland Holt Johnson 5941 Woodland Drive Dallas TX 75225 Legacy Chamberlin	D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No <i>Angelica Hassentruft</i>	
2 Article Number (Transfer from service label) 7015 1660 0000 1583 1846	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 (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		<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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Signature <input checked="" type="checkbox"/> X <i>Cherise Leon</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B Received by (Printed Name) Cherise Leon	C Date of Delivery 5-15-17
1 Article Addressed to Mary Frances Leon Beverly Grace Tucker Trust Route 1 Petersburg TX 79250 Legacy Chamberlin	D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No	
2 Article Number (Transfer from service label) 7015 1660 0000 1583 1747	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 (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		<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

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1 Article Addressed to Mary Frances Leon Sharon Stider Trust Route 1 Petersburg TX 79250</p> <p>Legacy- Chamberlin</p> <p>9590 9402 2329 6225 4757 02</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) 7015 1660 0000 1583 1730</p>	<p>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</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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<ul style="list-style-type: none"> Complete items 1, 2, and 3 Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1 Article Addressed to Erma Lowe Trust 800 Rivercrest Road Fort Worth TX 76107</p> <p>Legacy- Chamberlin</p> <p>9590 9402 2329 6225 4754 98</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) 7015 1660 0000 1583 1549</p>	<p>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</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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<p>1 Article Addressed to Moore Loyal Trust 403 North Marienfeld Midland TX 79701</p> <p>Legacy- Chamberlin</p> <p>9590 9402 2329 6225 4755 04</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) 7015 1660 0000 1583 1532</p>	<p>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</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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<p>1 Article Addressed to</p> <p>Charles F Malone Jr 2701 Chrysler Drive Roswell NM 88201</p> <p>Legacy- Chamberlin</p> <p>9590 9402 2329 6225 4754 50</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>7015 1660 0000 1583 1723</p>	<p>3 Service Type</p> <table border="0"> <tr> <td><input 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>Restricted Delivery (over \$500)</p>	<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
<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												
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<p>1 Article Addressed to</p> <p>Estate of Charles Waller PO Box 1241 Lubbock TX 79408</p> <p>Legacy- Chamberlin</p> <p>9590 9402 2329 6225 4755 80</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>7015 1660 0000 1583 1785</p>	<p>3 Service Type</p> <table border="0"> <tr> <td><input 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>Restricted Delivery (over \$500)</p>	<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
<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												
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<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

USPS Tracking® Results

[FAQs > \(http //faq usps com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

[Track Another Package +](#)

[Remove X](#)

Tracking Number: 7015166000015831846



Product & Tracking Information

[See Available Actions](#)

Postal Product: Features Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
May 15, 2017, 3 13 pm	Delivered, Left with Individual ▲	DALLAS, TX 75225
Your item was delivered to an individual at the address at 3 13 pm on May 15, 2017 in DALLAS, TX 75225		
May 15, 2017, 9 14 am	In Transit to Destination	
May 15, 2017, 4 12 am	Departed USPS Facility	DALLAS, TX 75260
May 13, 2017, 10 59 am	Arrived at USPS Facility	DALLAS, TX 75260

[See More ▾](#)

Available Actions

- [Text Updates ▾](#)
- [Email Updates ▾](#)

[See Less ▲](#)

Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions

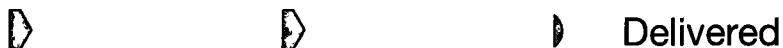
USPS Tracking® Results

[FAQs > \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

[Track Another Package +](#)

[Remove X](#)

Tracking Number: 70151660000015831839



Product & Tracking Information

[See Available Actions](#)

Postal Product: **Features**
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
May 15, 2017, 3 13 pm	Delivered, Left with Individual ▲	DALLAS, TX 75225
Your item was delivered to an individual at the address at 3 13 pm on May 15, 2017 in DALLAS, TX 75225		
May 15, 2017, 9 14 am	In Transit to Destination	
May 15, 2017, 4 12 am	Departed USPS Facility	DALLAS, TX 75260
May 13, 2017, 10 59 am	Arrived at USPS Facility	DALLAS, TX 75260

[See More](#) ▼

Available Actions

- [Text Updates](#) ▼
- [Email Updates](#) ▼

[See Less](#) ▲

Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Wednesday, May 31, 2017 2:24 PM
To: brian@permitswest.com
Cc: Goetze, Phillip, EMNRD, Jones, William V, EMNRD, Lowe, Leonard, EMNRD
Subject: Legacy Reserves Operating, LP LR Chamberlin SWD Well No 4 suspended administrative SWD application

Brian
Legacy Reserves Operating, LP LR Chamberlin SWD Well No 4 administrative SWD application was received on May 31, 2017
Your application has been suspended on May 31, 2017 because Legacy Operating, LP is out of 5.9 compliance. Legacy Reserves Operating, LP has 16 inactive wells. The maximum allowed for Legacy Reserves Operating, LP is 10 wells.

The application will be suspended until 4:00 PM June 9, 2017.

If the issue is not resolved by the specified time, the application will be cancelled, and Legacy Reserves, LP will be required to submit a new application.

Thank You

MICHAEL A. MCMILLAN
Engineering Bureau, Oil Conservation Division
1220 south St. Francis Dr, Santa Fe NM 87505
O 505 476 3448
Michael.McMillan@state.nm.us

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Wednesday, June 14, 2017 2:08 PM
To: 'Brian Wood'
Cc: Goetze, Phillip, EMNRD, Jones, William V, EMNRD
Subject: RE: Legacy Reserves Operating, LP LR Chamberlin SWD Well No 4 suspended administrative SWD application

Brian
I need clarification from the geologist

The geologist showed that the top of the Devonian is 12240 feet
Is the geologist picking the base of the Devonian 12855 feet?
The problem is that Legacy requested injection into the Devonian formation, and if the base of the Devonian is 12855 feet, this will be the bottom of the approved injection interval

How are the return receipts for the parties that were FedEx'd?

Thank You

Michael McMillan
1220 South, St Francis
Santa Fe, New Mexico
505-476-3448
Michael.mcmillan@state.nm.us

From: McMillan, Michael, EMNRD
Sent: Tuesday, June 13, 2017 3:48 PM
To: 'Brian Wood' <brian@permitswest.com>
Subject: RE: Legacy Reserves Operating, LP LR Chamberlin SWD Well No 4 suspended administrative SWD application

Do you have FedEx receipt for F Kirk Johnson IV, and Marsland Holt Johnson?

Thanks
Mike

From: Brian Wood [<mailto:brian@permitswest.com>]
Sent: Friday, June 9, 2017 2:23 PM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Cc: Goetze, Phillip, EMNRD <Phillip.Goetze@state.nm.us>, Jones, William V, EMNRD <WilliamV.Jones@state.nm.us>, Lowe, Leonard, EMNRD <Leonard.Lowe@state.nm.us>
Subject: Re: Legacy Reserves Operating, LP LR Chamberlin SWD Well No 4 suspended administrative SWD application

Thanks!

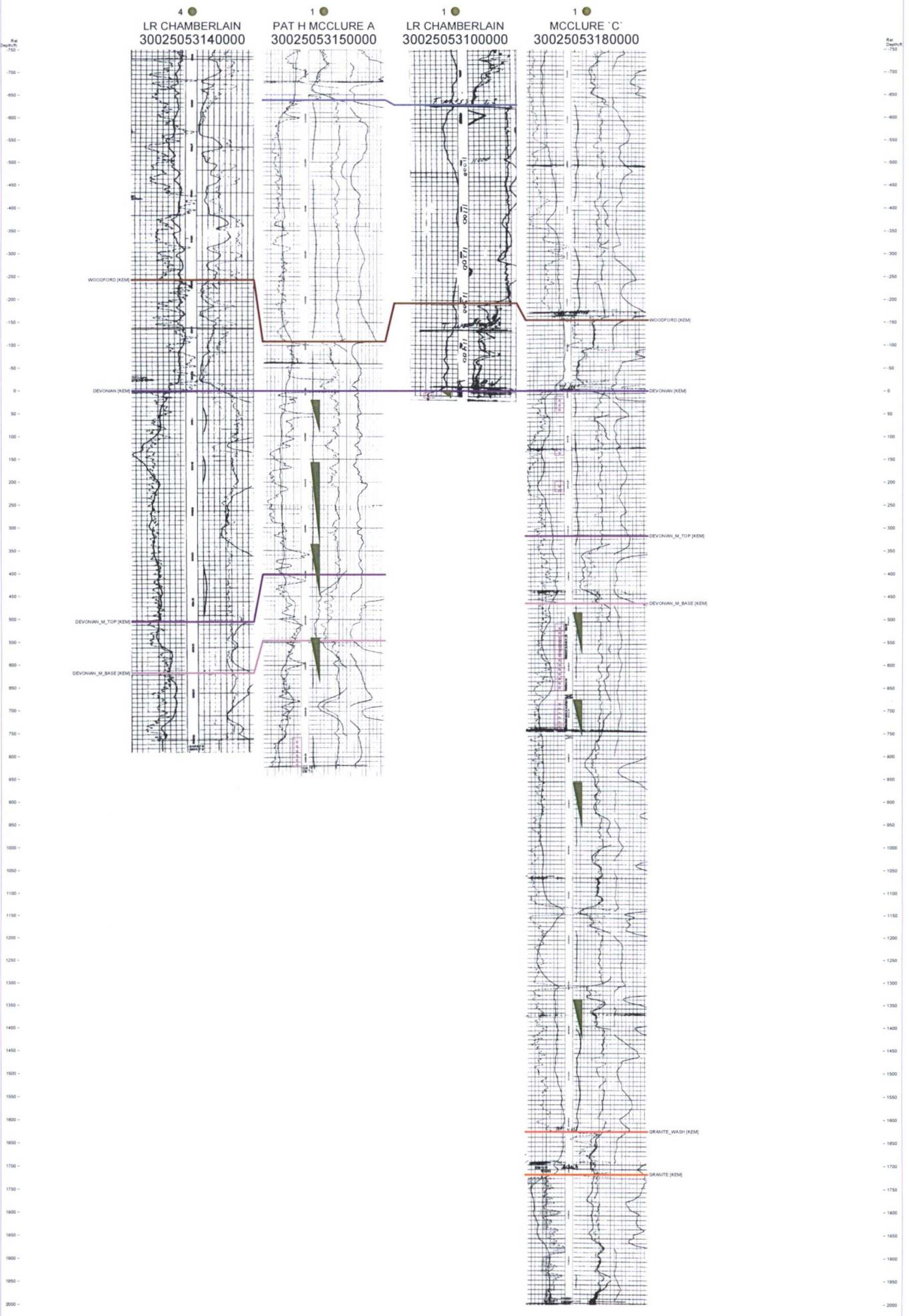
McMillan, Michael, EMNRD

From: Brian Wood <brian@permitswest.com>
Sent: Sunday, June 18, 2017 3:59 PM
To: McMillan, Michael, EMNRD
Subject: Legacy's LR Chamberlin 4 Devonian question
Attachments: Denton - Chamberlain #4 to McClure #1C Miss-Granite kem 6-16-17.pdf

The Devonian M Base is a marker within the Devonian
The Chamberlin 4 log ends in the middle of the Devonian

McClure C 1 (30-025-05318) is 3300' NE of Chamberlin 4
Based on its log (attached), Legacy projects Devonian bottom at ≈13200'
LR Chamberlin 4 TD is now 13018 and will not change

Let me know if you need anything else





C-108 Review Checklist: Received 5/31/2017 Add Request June 15, 2017 Reply Date June 18, 2017 Suspended _____ [Ver 15]

*needed
CLARIFICATION*

ORDER TYPE WFX / PMX / SWD Number _____ Order Date _____ Legacy Permits/Orders _____

Well No 4 Well Name(s) LR Chamberlin

API 30-0 25-05314 Spud Date 12-1-51 New or Old OLN -> Liner
(UIC Class II Primacy 03/07/1982)

Footages 2310 FSL Lot _____ or Unit K Sec 14 Tsp 15S Rge 37E County LEG

General Location 2.8 miles NW Livingston Pool SW DEVONIAN Pool No 96101
Brick Wood

BLM 100K Map PLUM Operator LEGACY RESOURCES OPERATIONS, LLC OGRID 240974 Contact AGL

COMPLIANCE RULE 59 Total Wells 1011 Inactive Y Fincl Assur OK Compl Order? Y IS 59 OK? Y Date 6-7-2017

WELL FILE REVIEWED Current Status TIA

WELL DIAGRAMS NEW Proposed or RE-ENTER Before Conv After Conv Logs in Imaging Y 1440 COG (NO DEV LOGS)

Planned Rehab Work to Well Dub Liner From 13018' Surface

Well Construction Details	Sizes (in) Borehole / Pipe	Setting Depths (ft)	Cement (Sx or Cf)	Cement Top and Determination Method
Planned ___ or Existing ___ Surface	<u>17 1/2 / 13 3/8</u>	<u>298'</u>	<u>350</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___ Interm/Prod	<u>12 1/4 / 6 5/8</u>	<u>4788</u>	<u>2000</u>	<u>2625 / TS</u>
Planned ___ or Existing ___ Interm/Prod	<u>8 3/4 / 7"</u>	<u>6499</u>	<u>1098</u>	<u>4591 / TS</u>
Planned ___ or Existing ___ Prod/Liner	<u>7" / 5 1/2"</u>	<u>13018'</u>	<u>1830</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___ Liner				
Planned ___ or Existing ___ <u>OH/PERF</u>	<u>12600 / 13018</u>			

Injection Lithostratigraphic Units	Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details
Adjacent Unit Litho Struc Por		<u>WD</u>	<u>11400</u>	Drilled TD <u>13018</u> PBTD _____
Confining Unit Litho Struc Por		<u>DV</u>	<u>12240</u>	NEW TD _____ NEW PBTD _____
Proposed Inj Interval TOP		<u>DV</u>	<u>12240</u>	NEW Open Hole <input checked="" type="radio"/> or NEW Perfs <input type="radio"/>
Proposed Inj Interval BOTTOM		<u>DV</u>	<u>13018</u>	Tubing Size <u>2 7/8</u> in Inter Coated? <u>Y</u>
Confining Unit Litho Struc Por				Proposed Packer Depth <u>12550</u> ft
Adjacent Unit Litho Struc Por				Min Packer Depth <u>12500</u> (100-ft limit)
				Proposed Max Surface Press <u>2520</u> psi
				Admin Inj Press <u>2520</u> (0.2 psi per ft)

AOR: Hydrologic and Geologic Information

POTASH R-111-P N/A Noticed? _____ BLM Sec Ord WIPP Noticed? _____ Salt/Salado T 2445 B 2440 NW Cliff House fm N/A

FRESH WATER Aquifer Quaternary Max Depth 130 HYDRO AFFIRM STATEMENT By Qualified Person

NMOSE Basin LEG CAPITAN REEF thru adj NA No Wells within 1-Mile Radius? 2 FW Analyzers Y

Disposal Fluid Formation Source(s) WAF Chambers Devonian Analysis? Y On Lease Operator Only or Commercial

Disposal Int Inject Rate (Avg/Max BWPD) 15K/20K Protectable Waters? _____ Source _____ System Closed or Open

HC Potential Producing Interval? N/A Formerly Producing? _____ Method Logs DSP P&A/Other _____ 2-Mile Radius Pool Map

AOR Wells 1/2-M Radius Map? Y Well List? Y Total No Wells Penetrating Interval _____ Horizontals? _____

Penetrating Wells No Active Wells 1 Num Repairs? _____ on which well(s)? _____ Diagrams? _____

Penetrating Wells No P&A Wells 2 Num Repairs? _____ on which well(s)? _____ Diagrams? Y

NOTICE. Newspaper Date MARCH 17, 2017 Mineral Owner _____ Surface Owner Angela Family LLC Date 5/14/2017

RULE 26 7(A) Identified Tracts? _____ Affected Persons Clintner, Lyn, Luvina, etc N Date 5/15/2017

Order Conditions. Issues SUPPLY DEV LOGS TO HUBBS B/F INJECTION.