

State of New Mexico  
Energy, Minerals and Natural Resources Department

Susana Martinez  
Governor

David F. Martin  
Cabinet Secretary

Brett F. Woods, Ph.D.  
Deputy Cabinet Secretary

David Catanach  
Division Director  
Oil Conservation Division



January 26, 2016

OGRID No. 13046

Lanexco Inc.  
PO BOX 2730  
Midland, TX 79702

Via Certified Mail

Dear Operator:

Rule 19.15.7.24 of the Oil Conservation Division (OCD) requires that C-115(s) (Monthly Production Reports) be filed electronically on or before the 15<sup>th</sup> day of the second month following the month of production. As of today, we have not received your electronically submitted C-115(s) for **JUNE 2014**. It is the Operator's duty to file their monthly reports and update the OCD with any change in contact information per 19.15.9.8 NMAC.

Despite our attempts to notify you of this violation, no reports has been received by the OCD. You are hereby being notified that **effective immediately, the OCD has now revoked your authorization to transport from or inject into all wells your company operates.**

In addition to the State Land Office, the New Mexico Taxation and Revenue Department, and the Bureau of Land Management, we will also take steps to notify purchasers and transporters of this revocation. Any unauthorized transportation or injection will be in violation of the Oil and Gas Act (the Act) and the OCD will bring compliance actions against anyone participating in violations of the Act.

Immediate action is now required by you if you wish to restore your transportation and injection authority. Please contact Daniel Sanchez at [Daniel.Sanchez@state.nm.us](mailto:Daniel.Sanchez@state.nm.us) (505-476-3493) to schedule a compliance conference. If no attempt to contact the OCD is made and the wells fall on to the OCD's inactive well list, the OCD will schedule a compliance hearing and seek an order requiring the wells to be plugged in accordance with division rules. In the event of non-compliance with a division order, the OCD will be authorized to plug and abandon your wells, seize any associated financial assurance, and seek any indemnification and additional penalties available under the Act. Any operator or their principals who are out of compliance with a division order will not be given a new OGRID number to authorize them to operate in the state of New Mexico.

Sincerely,

Daniel Sanchez  
OCD Compliance and Enforcement Manager

Ec: Aubrey Dunn, [adunn@sl.o.state.nm.us](mailto:adunn@sl.o.state.nm.us), New Mexico State Land Office, P.O. Box 1148, Santa Fe, NM 87504;  
Tom Zelenka, Joseph Galluzzi, [tzelenka@blm.gov](mailto:tzelenka@blm.gov), [jgalluzz@blm.gov](mailto:jgalluzz@blm.gov), Bureau of Land Management, P.O. Box 27115, Santa Fe, NM 87502;  
Joan Ishimoto, [joan.ishimoto@state.nm.us](mailto:joan.ishimoto@state.nm.us), New Mexico Taxation and Revenue Dept., 1200 South Saint Francis Dr., Santa Fe, NM 87505

1220 South St. Francis Drive • Santa Fe, New Mexico 87505  
Phone (505) 476-3440 • Fax (505) 476-3462 • [www.emnrd.state.nm.us/ocd](http://www.emnrd.state.nm.us/ocd)

<p>■ 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> <p>1. Article Addressed to: <i>Lanexco PO BOX 2730 Midland, TX 79702</i></p>  <p>9590 9403 0561 5173 9417 40</p> <p>2. Article Number (Transfer from service label) 7012 0470 0000 0882 4232</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td>C. Date of Delivery</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">3. Service Type</td> </tr> <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 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 checked="" 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> <tr> <td><input type="checkbox"/> All Restricted Delivery</td> <td></td> </tr> </table>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		B. Received by (Printed Name)	C. Date of Delivery	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No		3. Service Type		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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"/> All Restricted Delivery	
A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee																							
B. Received by (Printed Name)	C. Date of Delivery																						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No																							
3. Service Type																							
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																						
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																						
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																						
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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"/> All Restricted Delivery																							