STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATIONS OF TAP ROCK RESOURCES, LLC FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.

Case Nos. 22278 and 22279

NOTICE OF FILING REPLACEMENT EXHIBITS

Tap Rock Resources, LLC ("Tap Rock") gives notice of filing certain replacement exhibits, as follows:

1. Replacement Exhibit D (the Affidavit of Notce) in both cases, which includes the certified green card for Randall Cate, which was unavailable by the exhibit filing deadline.

2. Replacement Exhibit E (the Pooling Checklists) in each case, which is necessary due to the original checklists stating the incorrect acreage for the well units.

Respectfully submitted,

James Bruce

James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043
jamesbruc@aol.com

Attorney for Tap Rock Resources, LLC

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATIONS OF TAP ROCK RESOURCES, LLC FOR COMPULSORY POOLING, ~~LEA~~ EDDY COUNTY, NEW MEXICO.

Case Nos. 22278 and 22279

SELF-AFFIRMED STATEMENT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Tap Rock Resources, LLC.

3. Tap Rock Resources, LLC has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the applications filed herein.

4. Notice of the applications was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rules.

6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 12/14/21

James Bruce
James Bruce

Replacement
EXHIBIT D

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

November 15, 2021

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibits A and B

Ladies and gentlemen:

Enclosed are copies of the following applications for compulsory pooling, filed with the New Mexico Oil Conservation Division by Tap Rock Resources, LLC:

1. Case No. 22278, regarding Bone Spring wells in the SW/4 of Section 25 and the W/2 of Section 36;

2. Case No. 22279, regarding Bone Spring wells in the SE/4 of Section 25 and the E/2 of Section 36;

all in Township 26 South, Range 30 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, December 16, 2021. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to *emnrd.state.nm.us/OCD/hearings* or see the instructions posted on the Division's website, *http://emnrd.state.nm.us/OCD/announcements.html*. You are not required to attend this hearing, but as an owner of an interest who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, December 9, 2021. This statement may be filed online with the Division at *ocd.hearings@state.nm.us*, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and

ATTACHMENT A

identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce

James Bruce

Attorney for Tap Rock Resources, LLC

EXHIBIT A (w/2)

SW/4 Section 25, Township 26 South, Range 30 East, Eddy County, NM – ORRI ONLY

Tap Rock Minerals, LP
523 Park Point Dr., Suite 200
Golden, CO 80401

NW/4 Section 36, Township 26 South, Range 30 East, Eddy County, NM – ORRI ONLY

Randall S. Cate
P.O. Box 8329
Horseshoe Bay, TX 78657

Patrick J. Tower
1904 Western Dr.
Midland, TX 79705

Lots 3 and 4 Section 36, Township 26 South, Range 30 East, Eddy County, NM – WI OWNER

Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706

EXHIBIT B (E1/2)

SE/4 Section 25, Township 26 South, Range 30 East, Eddy County, NM – ORRI Only

Tap Rock Minerals, LP
523 Park Point Dr., Suite 200
Golden, CO 80401

NE/4 and Lot 1 Section 36, Township 26 South, Range 30 East, Eddy County, NM – ORRI Only

Randall S. Cate
P.O. Box 8329
Horseshoe Bay, TX 78657

Patrick J. Tower
1904 Western Dr.
Midland, TX 79705

Lot 2 Section 36, Township 26 South, Range 30 East, Eddy County, NM – WI Owner

Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706

Released to Imaging: 12/16/2021 2:47:54 PM

Received by OCD: 12/16/2021 2:03:07 PM

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:

Patrick J. Tower
1904 Western Dr.
Midland, TX 79705

9590 9402 5019 9063 1641 49

2. Article Number (Transfer from service label)

7020 2450 0002 1364 0626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R. Tower
☐ Agent
☐ Addressee

B. Received by (Printed Name) DW 550CV19
C. Date of Delivery 11-22-21

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

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

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

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TR NI

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

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7020 1810 0000 3290 5730

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

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

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

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7020 2450 0002 1364 0626

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To Patrick J. Tower
1904 Western Dr.
Midland, TX 79705
Street and Apt. No., or PO
City, State, ZIP+4®

Postmark Here

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron USA, Inc.
6301 Deauville Blvd.
Midland, TX 79706

9590 9402 5019 9063 1641 56

2. Article Number (Transfer from service label)

7020 1810 0000 3290 5730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Stephanie Gamboa
☐ Agent
☐ Addressee

B. Received by (Printed Name) Stephanie Gamboa
C. Date of Delivery 11/22/21

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

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

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

Released to Imaging: 12/16/2021 2:47:54 PM

Received by OCD: 12/16/2021 2:03:07 PM

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:

Tap Rock Minerals, LP
523 Park Point Dr., Suite 200
Golden, CO 80401

9590 9402 5019 9063 1641 70

2. 7020 2450 0002 1364 0602

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name): TAP Rock
C. Date of Delivery: 11-24-21

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

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

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

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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
$

Postmark Here

Sent To: Tap Rock Minerals, LP
Street and Apt. No., or PO: 523 Park Point Dr., Suite 200
City, State, ZIP+4®: Golden, CO 80401

7020 2450 0002 1364 0602

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

USPS Tracking®

FAQs

Tracking Number: 702024

Your item was picked up at the
78657.

Delivered, Indivi

December 9, 2021 at 9:09 am
HORSESHOE BAY, TX 78657

Feedback

Get Updates

Text & Email Updates

Tracking History

Product Information

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:

Randall S. Cate
P.O. Box 8329
Horseshoe Bay, TX 78657

9590 9402 5019 9063 1641 63

2. 7020 2450 0002 1364 0619

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Age
☐ Adc

B. Received by (Printed Name) Randall Cato
C. Date of D 12/9/

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

HORSESHOE BAY TX 78657
DEC 09 2021

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ ...ivery Restricted Delivery
☐ ...estricted Delivery (over $500)

☐ Priority Mail Expre
☐ Registered Mail™
☐ Registered Mail R Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirm
☐ Signature Confirm Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 TR NL Domestic Return Re

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OFFICIAL USE

Certified Mail Fee
$
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
$

Postmark Here

Sent To Randall S. Cate
Street and Apt. No., P.O. Box 8329
City, State, ZIP+4® Horseshoe Bay, TX 78657

7020 2450 0002 1364 0619

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

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COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case:	**22278**
Date	**December 16, 2021**
Applicant	Tap Rock Resources, LLC
Designated Operator & OGRID (affiliation if applicable)	Tap Rock Operating, LLC/OGRID No. 372043 The operator is the operating entity for applicant
Applicant's Counsel:	James Bruce
Case Title:	Application of Tap Rock Resources, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Nailed It Wells
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring formation
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Entire Bone Spring formation
Pool Name and Pool Code:	WC-015 G-06 S242630A; Bone Spring (Pool Code 98319)
Well Location Setback Rules:	Statewide rules and current horizontal well rules
Spacing Unit Size:	Quarter-quarter sections/40 acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	40 acres
Orientation:	South-North
Description: TRS/County	SW/4§25 and W/2§36-26S-30E, NMPM, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	Nailed It Fed. Com. Well No. 155H
Applicant's Ownership in Each Tract	Exhibits B-2 and B-4
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Nailed It Fed. Com. Well No. 121H API No. 30-015-Pending SHL: 330 FSL & 489 FWL§36 BHL: 2464 FSL & 660 FWL§25 FTP: 100 FSL & 660 FWL§36 LTP: 2464 FSL & 660 FWL§25 Formation: Bone Spring/TVD 9522 feet/MD 14472 feet

Replacement
EXHIBIT E

	Nailed It Fed. Com. Well No. 122H API No. 30-015-Pending SHL: 205 FSL & 2050 FWL§36 BHL: 2465 FSL & 1980 FWL§25 FTP: 100 FSL & 1980 FWL§36 LTP: 2465 FSL & 1980 FWL§25 Formation: Bone Spring/TVD 9522 feet/MD 14472 feet Nailed It Fed. Com. Well No. 151H API No. 30-015-Pending SHL: 305 FSL & 489 FWL§36 BHL: 2464 FSL & 331 FWL§25 FTP: 100 FSL & 331 FWL§36 LTP: 2464 FSL & 331 FWL§25 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet Nailed It Fed. Com. Well No. 152H API No. 30-015-Pending SHL: 230 FSL & 2050 FWL§36 BHL: 2465 FSL & 2160 FWL§25 FTP: 100 FSL & 2160 FWL§36 LTP: 2465 FSL & 2160 FWL§25 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet Nailed It Fed. Com. Well No. 155H API No. 30-015-Pending SHL: 305 FSL & 514 FWL§36 BHL: 2464 FSL & 1250 FWL§25 FTP: 100 FSL & 1250 FWL§36 LTP: 2464 FSL & 1250 FWL§25 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet
Horizontal Well First and Last Take Points	See above
Completion Target (Formation, TVD and MD)	See Above
AFE Capex and Operating Costs	
Drilling Supervision/Month $	$7000
Production Supervision/Month $	$700
Justification for Supervision Costs	Exhibit B page 3
Requested Risk Charge	Cost + 200%/Exhibit B page 3
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit D
Proof of Published Notice of Hearing (10 days before hearing)	Not necessary
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit B-2

Tract List (including lease numbers and owners)	Exhibits B-2 and B-3
Pooled Parties (including ownership type)	Exhibits B-3 and B-4
Unlocatable Parties to be Pooled	None
Ownership Depth Severance (including percentage above & below)	None
Joinder	
Sample Copy of Proposal Letter	Exhibit B-5
List of Interest Owners (*i.e.* Exhibit A of JOA)	Exhibit B-3
Chronology of Contact with Non-Joined Working Interests	Exhibit B-6
Overhead Rates In Proposal Letter	
Cost Estimate to Drill and Complete	Exhibit B-5
Cost Estimate to Equip Well	Exhibit B-5
Cost Estimate for Production Facilities	Exhibit B-5
Geology	
Summary (including special considerations)	Exhibit C
Spacing Unit Schematic	Exhibit C-7
Gunbarrel/Lateral Trajectory Schematic	Exhibit C-8
Well Orientation (with rationale)	Standup/Exhibit C
Target Formation	Bone Spring
HSU Cross Section	Exhibit C-10
Depth Severance Discussion	Not Applicable
Forms, Figures and Tables	
C-102	Exhibit B-1
Tracts	Exhibit B-2
Summary of Interests, Unit Recapitulation (Tracts)	Exhibits B-2 and B-3
General Location Map (including basin)	Exhibit C-7
Well Bore Location Map	Exhibits C-7, 8, and 9
Structure Contour Map - Subsea Depth	Exhibit C-9
Cross Section Location Map (including wells)	Exhibit C-9
Cross Section (including Landing Zone)	Exhibit C-10
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	James Bruce
Signed Name (Attorney or Party Representative):	James Bruce
Date:	December 14, 2021

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case:	**22279**
Date	**December 16, 2021**
Applicant	Tap Rock Resources, LLC
Designated Operator & OGRID (affiliation if applicable)	Tap Rock Operating, LLC/OGRID No. 372043 The operator is the operating entity for applicant
Applicant's Counsel:	James Bruce
Case Title:	Application of Tap Rock Resources, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Nailed It Wells
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring formation
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Entire Bone Spring formation
Pool Name and Pool Code:	WC-015 G-06 S242630A; Bone Spring (Pool Code 98319)
Well Location Setback Rules:	Statewide rules and current horizontal well rules
Spacing Unit Size:	Quarter-quarter sections/40 acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	40 acres
Orientation:	South-North
Description: TRS/County	SE/4§25 and E/2§36-26S-30E, NMPM, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	Nailed It Fed. Com. Well No. 156H
Applicant's Ownership in Each Tract	Exhibits B-2 and B-4
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Nailed It Fed. Com. Well No. 123H API No. 30-015-Pending SHL: 736 FSL & 2050 FEL§36 BHL: 2465 FSL & 1980 FEL§25 FTP: 100 FSL & 1980 FEL§36 LTP: 2465 FSL & 1980 FEL§25 Formation: Bone Spring/TVD 9544 feet/MD 14494 feet

Replacement
EXHIBIT E

	Nailed It Fed. Com. Well No. 124H API No. 30-015-Pending SHL: 711 FSL & 2050 FEL §36 BHL: 2466 FSL & 660 FEL §25 FTP: 100 FSL & 660 FEL §36 LTP: 2466 FSL & 660 FEL §25 Formation: Bone Spring/TVD 9544 feet/MD 14494 feet Nailed It Fed. Com. Well No. 153H API No. 30-015-Pending SHL: 711 FSL & 1970 FWL §36 BHL: 2465 FSL & 2160 FWL §25 FTP: 100 FSL & 2160 FWL §36 LTP: 2465 FSL & 2160 FWL §25 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet Nailed It Fed. Com. Well No. 154H API No. 30-015-Pending SHL: 736 FSL & 1945 FEL §36 BHL: 2466 FSL & 331 FEL §25 FTP: 100 FSL & 331 FEL §36 LTP: 2466 FSL & 331 FEL §25 Formation: Bone Spring/TVD 10177 feet/MD 15027 feet Nailed It Fed. Com. Well No. 156H API No. 30-015-Pending SHL: 711 FSL & 1945 FEL §36 BHL: 2465 FSL & 1250 FEL §25 FTP: 100 FSL & 1250 FEL §36 LTP: 2465 FSL & 1250 FEL §25 Formation: Bone Spring/TVD 10092 feet/MD 15042 feet
Horizontal Well First and Last Take Points	See above
Completion Target (Formation, TVD and MD)	See Above
AFE Capex and Operating Costs	
Drilling Supervision/Month $	$7000
Production Supervision/Month $	$700
Justification for Supervision Costs	Exhibit B page 3
Requested Risk Charge	Cost + 200%/Exhibit B page 3
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit D
Proof of Published Notice of Hearing (10 days before hearing)	Not necessary
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Ownership Depth Severance (including percentage above & below)	None
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Target Formation	Bone Spring
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Depth Severance Discussion	Not Applicable
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C-102	Exhibit B-1
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Structure Contour Map - Subsea Depth	Exhibit C-9
Cross Section Location Map (including wells)	Exhibit C-9
Cross Section (including Landing Zone)	Exhibit C-10
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	James Bruce
Signed Name (Attorney or Party Representative):	James Bruce
Date:	December 14, 2021