

# Initial Application Part I

Received: 08/22/2019

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

RECEIVED: <b>08/22/2019</b>	REVIEWER:	TYPE: <b>SWD</b>	APP NO: <b>pMAM1923548361</b>
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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:** Advance Energy Partners Hat Mesa LLC **OGRID Number:** 372417  
**Well Name:** Quick Shot Unit SWD No. 1 **API:** \_\_\_\_\_  
**Pool:** Devonian - Silurian **Pool Code:** 97869

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION  
 INDICATED BELOW**

**SWD-2254****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**2) NOTIFICATION REQUIRED TO:** Check those which apply.A. ☒ Offset operators or lease holdersB. ☒ Royalty, overriding royalty owners, revenue ownersC. ☐ Application requires published noticeD. ☐ Notification and/or concurrent approval by SLOE. ☐ Notification and/or concurrent approval by BLMF. ☒ Surface ownerG. ☒ For all of the above, proof of notification or publication is attached, and/or,H. ☐ No notice required**FOR OCD ONLY**☐ Notice Complete☐ 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.**

**6/6/2019****David Harwell**

Print or Type Name

Signature

Date

**832-672-4604**

Phone Number

**DHarwell@advanceenergypartners.com**

e-mail Address

**State of New Mexico**  
**Energy, Minerals and Natural Resources Department**  
**Oil Conservation Division**

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**Receipt of Fee Application Payment**

Quick shot SWD

**PO Number: V1I4D-190822-C-1080**

Payment Date: 8/22/2019 3:31:57 PM

Payment Amount: \$500.00

Payment Type: Credit Card

Application Type: Application for a fluid injection well permit.

Fee Amount: \$500.00

Application Status: Under OCD Review

OGRID: 372417

First Name: Debbie

Last Name: Moughon

Email: dmoughon@advanceenergypartners.com

**IMPORTANT:** If you are mailing or delivering your application, you must print and include your receipt of payment as the first page on your application. All mailed and delivered applications must be sent to the following address: 1220 S. St. Francis Dr., Santa Fe, NM 87505. For inquiries, reference the PO Number listed above.

5/30/2019

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

Attn: Ms. Heather Riley, Director

Re Application of Advance Energy Partners Hat Mesa LLC to permit for salt water disposal the proposed **Quick Shot Unit SWD Well No.1** to be located in is **370' FEL & 2667' FNL Section 6, Township 22 South, Range 33 East**, NMPM, Lea County, New Mexico.

Dear Ms. Riley,

Please find enclosed Form C-108 Application for Authority to Inject, supporting the above-referenced request to permit for **commercial disposal**, the Quick Shot Unit SWD No 1. The well (**370' FEL & 2667' FNL Section 6,, Township 22 South, Range 33 East**) is on a drill island. Attached is plat defining the drill island and the location of the Advance Energy Partners Hat Mesa LLC "Quick Shot Unit No. 1" within the island.

Advance Energy Partners seeks to optimize efficiency, both economically and operationally, of its operation in the southeast New Mexico. Advance Energy Partners respectfully requests administrative approval, without hearing, to dispose produced water into the Devonian – Silurian Formation. In support of this request please find the following documentation:

- Administrative Application Checklist
- Form C-108 with miscellaneous data attached
- An Injection Well Data Sheet with Wellbore Schematic
- Area of Review and Data Table of Surrounding Wells
- Publication
- Service List with Proof of Certified Mailing attached

Approval of this application is consistent with that goal as well as the NMOCD's mission of preventing waste and protection of correlative rights.

Published legal notice ran or about June 9, 2019 in the Hobbs News-Sun and all offset operators and other interested parties have been notified individually. The legal notice affidavit will be forwarded when received. This application also includes a wellbore schematic, area of review maps, leaseholder plats and other required information for a complete Form C-108.

I respectfully request that the approval of this salt water disposal well proceed swiftly and if you or your staff requires additional information or has any questions, please do not hesitate to call or email me.

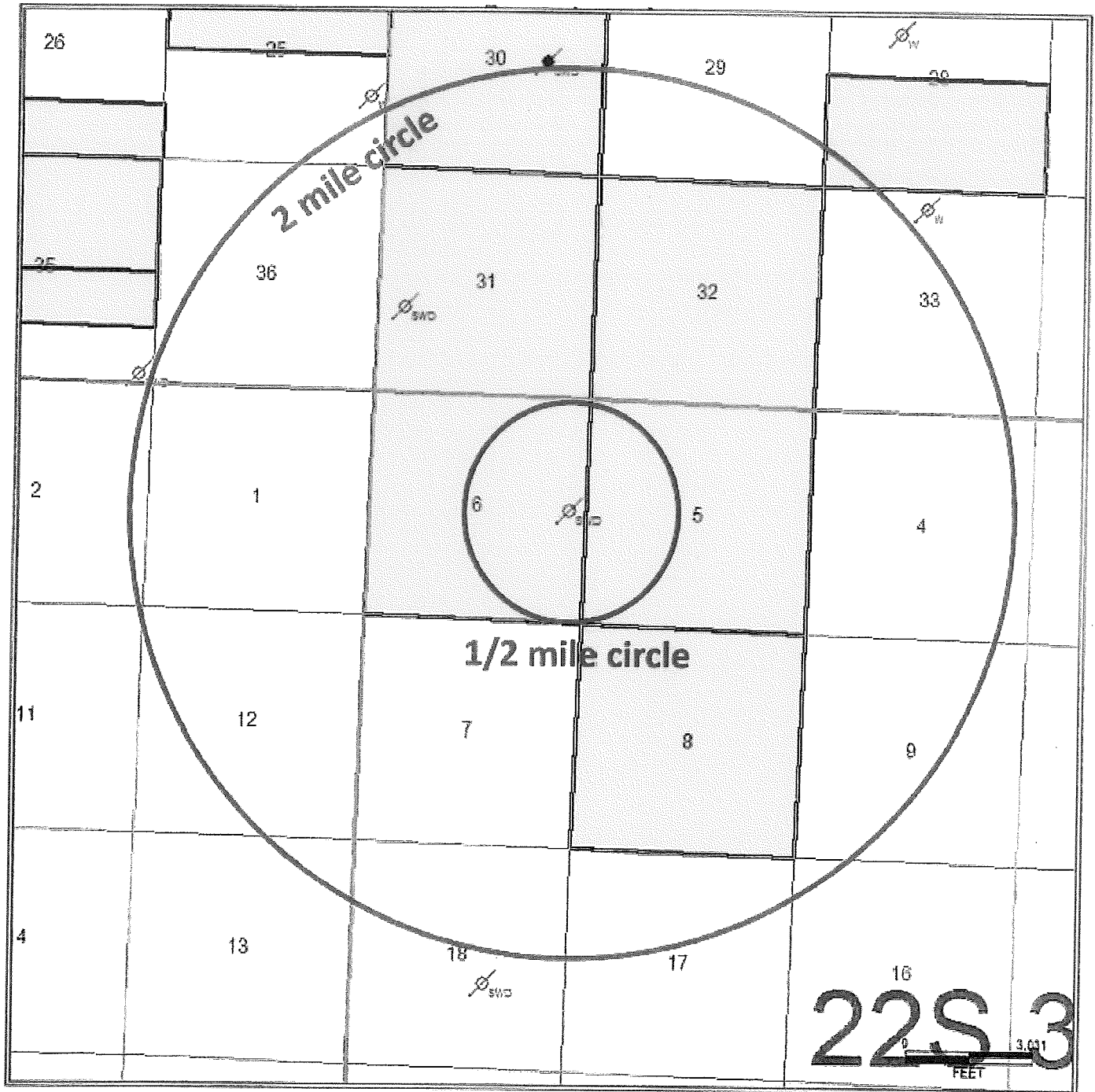
Best regards,



David Harwell

# Attachment

The Quick Shot Unit SWD Well No.1 in Sec 2  
(370' FEL & 2667' FNL Section 6, Township 22 South, Range 33 East)



**APPLICATION FOR AUTHORIZATION TO INJECT**

- I. PURPOSE: \_\_\_\_\_ Secondary Recovery \_\_\_\_\_ Pressure Maintenance **XXX** Disposal \_\_\_\_\_ Storage  
Application qualifies for administrative approval? \_\_\_\_\_ Yes \_\_\_\_\_ No
- II. OPERATOR: **Advance Energy Partners Hat Mesa LLC**  
ADDRESS: **11490 Westheimer Rd. Suite 950, Houston, Texas 77077**  
CONTACT PARTY: **David Harwell** PHONE: **832-672-4604 (o) 281-235-3431 ©**
- 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? **XXX No (This is not an expansion of an existing project)**  
If yes, give the Division order number authorizing the project: \_\_\_\_\_
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
  2. Whether the system is open or closed;
  3. Proposed average and maximum injection pressure;
  4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
  5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- \*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- \*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: **David Harwell** TITLE: **Vice President**  
SIGNATURE: *David Harwell* DATE: *6-25-19*  
E-MAIL ADDRESS: **DHarwell@advanceenergypartners.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: \_\_\_\_\_

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

### 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.

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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: Advance Energy Partners Hat Mesa LLC

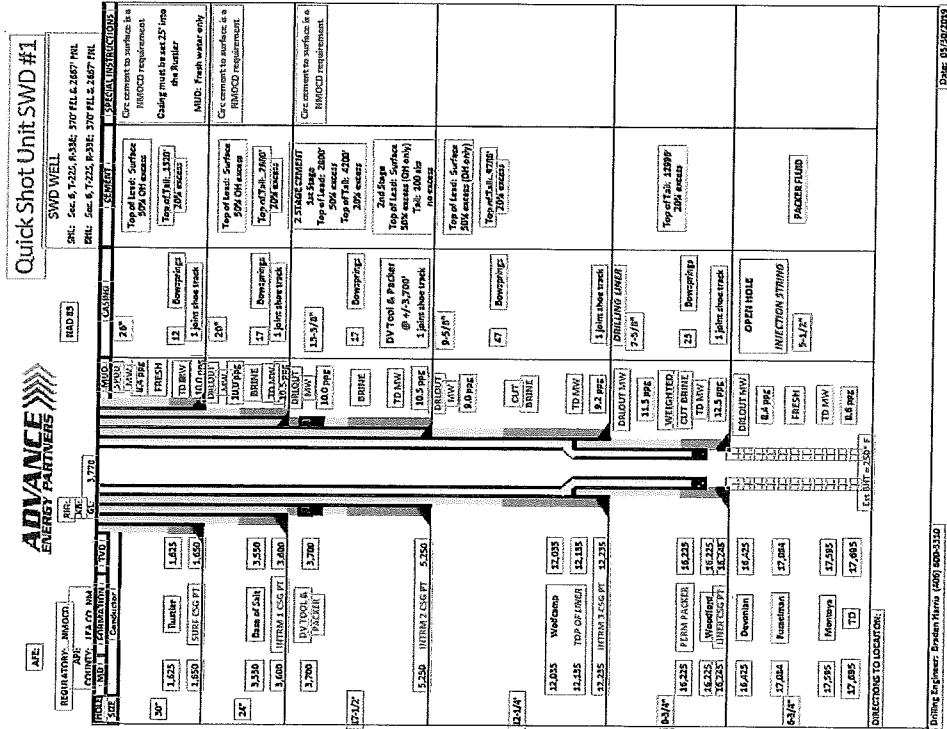
WELL NAME & NUMBER: Quick Shot Unit No. 1

WELL LOCATION: 370' FEL & 2667' FNL  
FOOTAGE LOCATION

UNIT LETTER 6 SECTION 22S TOWNSHIP 33E RANGE

WELLBORE SCHEMATIC (Also Attached)

WELL CONSTRUCTION DATA



Surface Casing

Hole Size: 30" & 24"

Casing Size: 26" & 20"

Cemented with: per vendor proposal

Top of Cement: Surface & Surface

Method Determined: Designed

Intermediate Casing

Hole Size: 17.5" & 12.25"

Casing Size: 13.625" & 9.875"

Top of Cement: Surface & Surface

Method Determined: Circulation

Production Casing

Hole Size: 8.75"

Casing Size: 7.625", 39# P-110 Csg.

Cemented with: per vendor proposal

Top of Cement: Top of Liner

Method Determined: Circulation

Total Depth: 17500

Injection Interval

Open Hole 16502 feet To 17,500 feet  
(Perforated or Open Hole; indicate which)



INJECTION WELL DATA SHEET

Tubing Size: 5 1/2" HCP-110 x 5" HCP-110

Lining Material: Plastic Coated

Type of Packer: Nickel plated 10K double grip retrievable or 10K nickel plate permanent or Weatherford Arrow Set Injection Packer

Packer Setting Depth: +/-16225'

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

Additional Data

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

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

2. Name of the Injection Formation: **Devonian - Silurian**

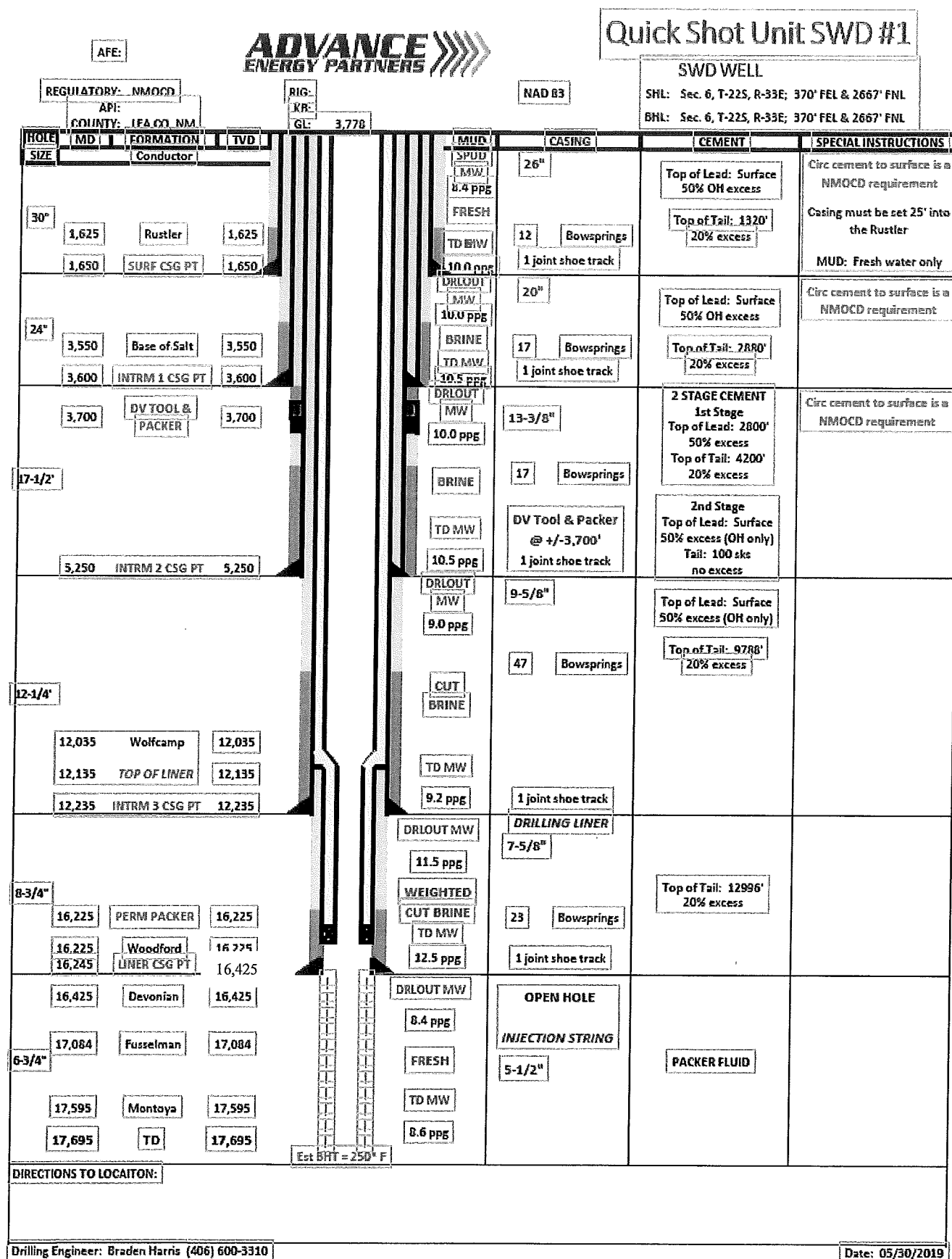
3. Name of Field or Pool (if applicable): **No**

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. **No**

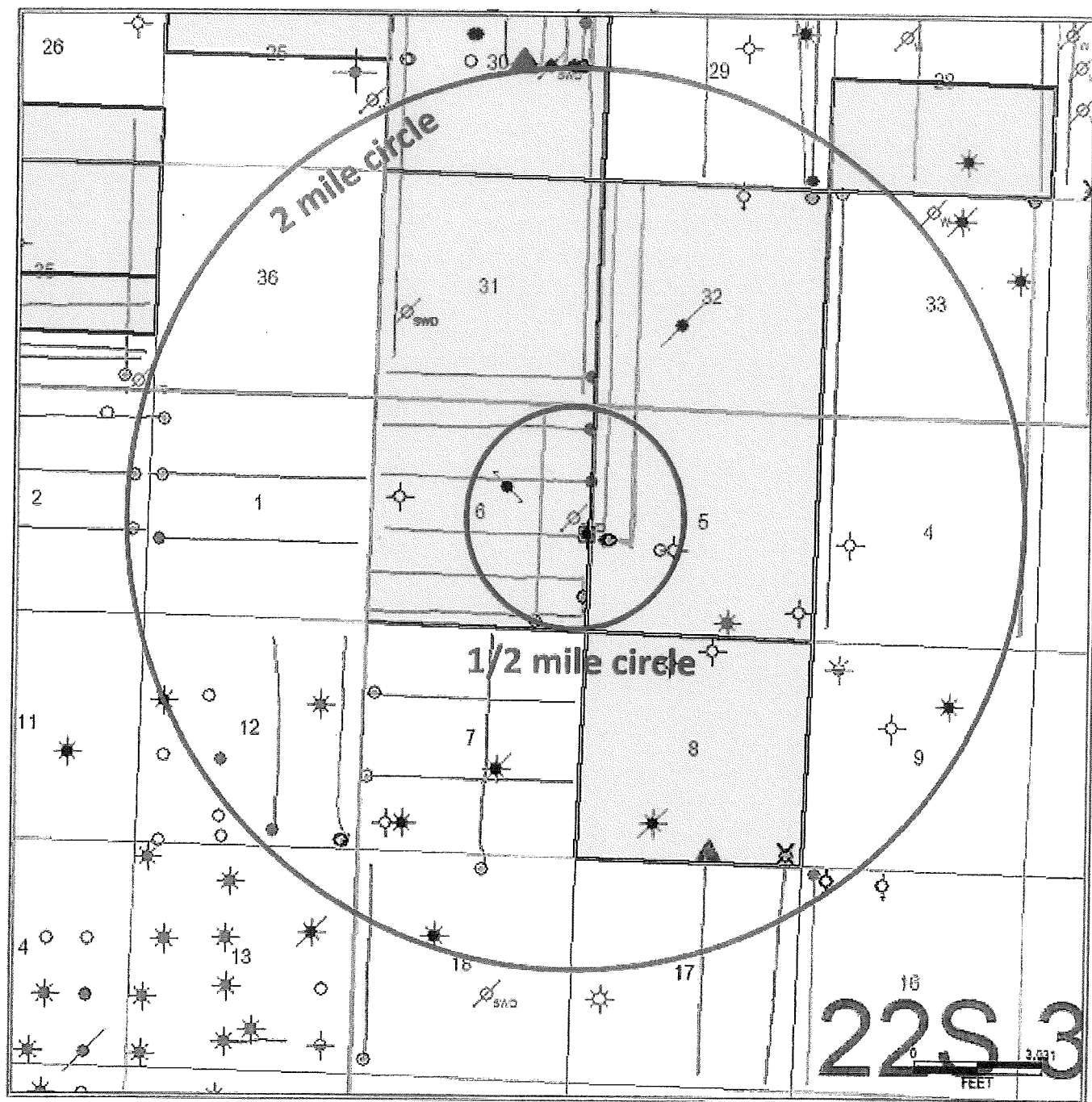
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

T / Brushy Canyon 8,450 – 8,500  
 T / 2<sup>nd</sup> Bone Sand 10,400- 10,550  
 T / 3<sup>rd</sup> Bone Sand 11,600 – 11,700  
 T Wolfcamp: 11,900 – 12,950  
 T / Penn: 12,700 -12,900  
 T / Morrow 13,700 – 14,000

# WELLBORE SCHEMATIC



Part 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.

**No wells penetrate the proposed disposal interval within a half or 1 mile area of review**

## Part VII. Operations Plan

1. Upon approval of all permits for SWD, operations would begin within 30 days. Completion of the well operations will take approximately 2 – 3 months. Facility construction including installation of the tank battery, berms, plumbing and other and associated equipment would be occurring during the same interval but at a different location from the well. In any event, it is not expected for the construction phase of the project to last more than 60 days, depending on availability of contractors and equipment. The operator has negotiated a Surface Use Agreement for the facility and well site.
2. Prior to commencing any work, an NOI sundry(ies.) will be submitted to configure the well for SWD and will detail the completion workover including all work otherwise described above, any change to the procedure noted herein and to perform mechanical integrity pressure test per OCD test procedures. (Notify NMOCD 24 hours prior) The casing/tubing annulus will be monitored for communication with injection fluid or loss of casing integrity.
3. The SWD facility will not be fenced so that trucks may access for load disposal 24/7.
4. The well and injection equipment will be a closed system and equipped with pressure limiting devices and volume meters. The annulus, loaded with an inert, anti-corrosion packer fluid, will be monitored for pressure.
5. The tanks will be equipped with telemetry devices and visual alarms to alert the operator and customers of full tanks or an overflow situation.
6. Proposed Maximum injection pressure = ~3285 psi (0.2 psi/ft. x 16,425')
7. Proposed average daily injection rate = 18,000 BWPD  
Proposed maximum daily injection rate = 25,000 BWPD
8. Potential releases will be contained and cleaned up immediately. The operator shall repair or otherwise correct the situation within 48 hours before resuming operations. OCD will be notified within 24 hours of any release greater than 5 bbl. If required, remediation will start as soon as practicable. Operator shall comply with 19.15.29 NMAC and 19.15.30 NMAC, as necessary and appropriate.

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.

Quick Shot Unit SWD No. 1 Estimated Tops:

Formation	Depth
Rustler	1565'
Delaware	5335'
Bone Spring	8795'
Wolfcamp	12,035'
Strawn	13,425'
Mississippian Lime	15,630'
Woodford	16,225'
Devonian	16,425'
Silurian	16,869'

The injection zone is the Devonian/Silurian/Upper Ordovician, a mixture of non-hydrocarbon bearing limestones and dolomites estimated from 16,425' to 18,150'. Any underground drinking water sources will be shallower than 1565', the estimated top of the Rustler Anhydrite.

**Geoscience Validation**

NAME: Donald E. Glover

TITLE: President of MVG America LLC

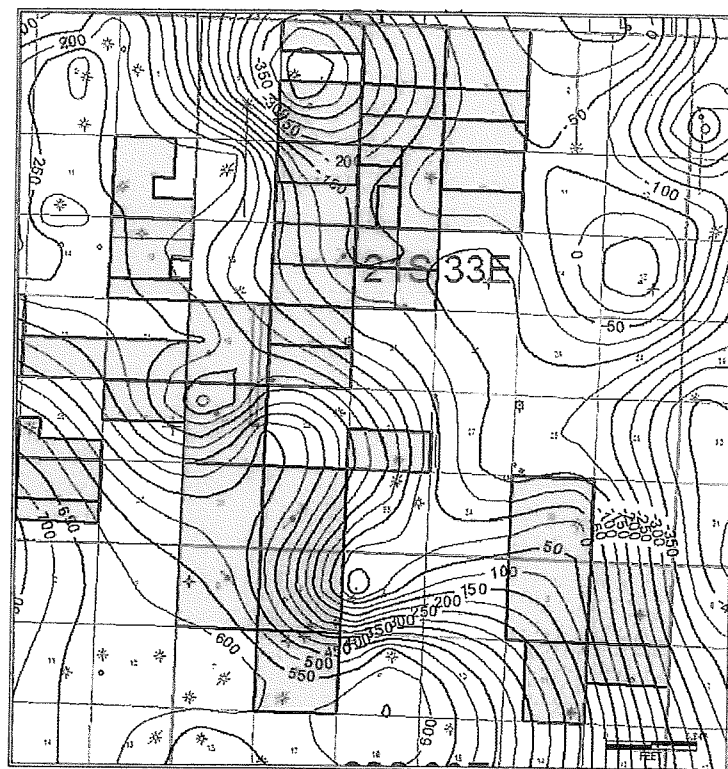
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

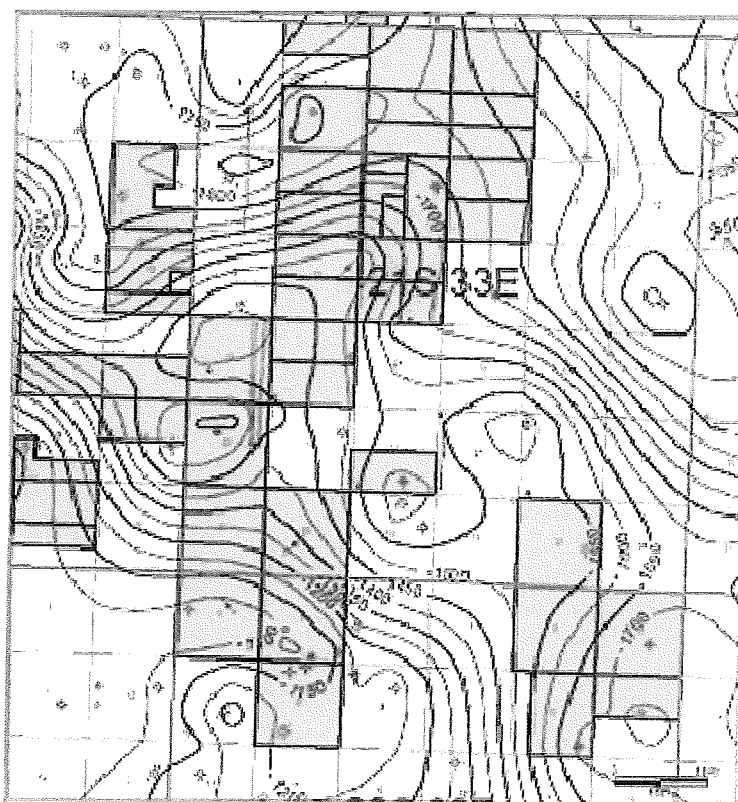
6/25/19

## Capitan Reef Basement

**Top Capitan Reef SSTVD Structure Map**



**Base Capitan Reef SSTVD Structure Map**



IX. Describe the proposed stimulation program, if any.

20 to 40 Gallons per feet of 20% HCL acid.  
The estimated open hole footage is between  
1000' – 1500'.



\*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).

**No Log Available Across Proposed  
Devonian/Silurian/Upper  
Ordovician Injection Interval.  
Well logs will be filed with the  
Division.**

\*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

No Fresh water wells are with the 2 miles radius. Attached is potential disposed water samples:

## SOURCE ZONE

### WOLFCAMP

Lab ID

## SOURCE ZONE

### BONE SPRING

API No	3002502429	Lab ID	
Well Name	LEA UNIT	Sample ID	4916
	005	Sample No	
Location	ULSTR 12 20 S 34 E	Lat / Long	32.58504 -103.61106
	1980 S 1980 E	County	Lea
Operator (when sampled)		Unit	J
	Field LEA		
Sample Date		Analysis Date	
	Sample Source DST	Depth (if known)	
	Water Typ		
ph		alkalinity_as_caco3_mgL	
ph_temp_F		hardness_as_caco3_mgL	
specificgravity		hardness_mgL	
specificgravity_temp_F		resistivity_ohm_cm	
tds_mgL	202606	resistivity_ohm_cm_temp_	
tds_mgL_180C		conductivity	
chloride_mgL	118100	conductivity_temp_F	
sodium_mgL		carbonate_mgL	
calcium_mgL		bicarbonate_mgL	5196
iron_mgL		sulfate_mgL	992
barium_mgL		hydroxide_mgL	
magnesium_mgL		h2s_mgL	
potassium_mgL		co2_mgL	
strontium_mgL		o2_mgL	
manganese_mgL		anionremarks	
Remarks			

# SOURCE ZONE

## DELAWARE

API No	3002508367	Lab ID	
Well Name	BELL LAKE UNIT	Sample ID	4347
	007	Sample No	
Location	ULSTR 01 24 S 33 E	Lat / Long	32.25143 -103.51924
	660 N 660 E	County	Lea
Operator (when sampled)			
	Field SWD	Unit	1
Sample Date		Analysis Date	
	Sample Source UNKNOWN	Depth (if known)	
	Water Typ		
ph		alkalinity_as_caco3_mgL	
ph_temp_F		hardness_as_caco3_mgL	
specificgravity		hardness_mgL	
specificgravity_temp_F		resistivity_ohm_cm	
tds_mgL	87686	resistivity_ohm_cm_temp_	
tds_mgL_180C		conductivity	
chloride_mgL	53920	conductivity_temp_F	
sodium_mgL		carbonate_mgL	
calcium_mgL		bicarbonate_mgL	391
iron_mgL		sulfate_mgL	749
barium_mgL		hydroxide_mgL	
magnesium_mgL		h2s_mgL	
potassium_mgL		co2_mgL	
strontium_mgL		o2_mgL	
manganese_mgL		anionremarks	
Remarks			

# DISPOSAL ZONE

## DEVONIAN

<b>API No.</b>	3002508483										<b>Lab ID</b>	
<b>Well Name</b>	BELL LAKE UNIT										<b>Sample ID</b>	5733
	006										<b>Sample No</b>	
<b>Location</b>	ULSTR	06	23	S	34	E	<b>Lat / Long</b>	32.32521	-103.50663			
	660	S	1980	E			<b>County</b>	Lea				
<b>Operator (when sampled)</b>												
	<b>Field</b>	BELL LAKE NORTH							<b>Unit</b>	O		
<b>Sample Date</b>											<b>Analysis Date</b>	
	<b>Sample Source</b>	HEATER/TREATER							<b>Depth (if known)</b>			
	<b>Water Type</b>											
ph					7		alkalinity_as_caco3_mgL					
ph_temp_F							hardness_as_caco3_mgL					
specificgravity							hardness_mgL					
specificgravity_temp_F							resistivity_ohm_cm					
tds_mgL					71078		resistivity_ohm_cm_temp_					
tds_mgL_180C							conductivity					
chloride_mgL					42200		conductivity_temp_F					
sodium_mgL							carbonate_mgL					
calcium_mgL							bicarbonate_mgL		500			
iron_mgL							sulfate_mgL		1000			
barium_mgL							hydroxide_mgL					
magnesium_mgL							h2s_mgL					
potassium_mgL							co2_mgL					
strontium_mgL							o2_mgL					
manganese_mgL							anionremarks					

Remarks

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.

Advance Energy Partners Hat Mesa LLC has examined available geologic and engineering data and find no obvious 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.

# 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).

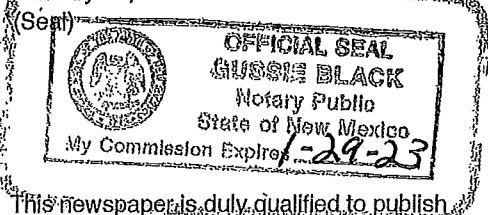
Beginning with the issue dated  
June 09, 2019  
and ending with the issue dated  
June 09, 2019.

  
Publisher

Sworn and subscribed to before me this  
9th day of June 2019.

  
Business Manager

My commission expires  
January 29, 2023



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

## LEGALS

LEGAL NOTICE  
JUNE 9, 2019

### Notice for Quick Shot SWD

Advance Energy Partners  
Hal Mesa LLC, 11490  
Westheimer RD, STE 950  
Houston, TX, 77077, is filing  
Form C-108 (Application for  
Authority to Inject) with the  
New Mexico Oil  
Conservation Division  
seeking administrative  
approval for a salt water  
disposal well. The proposed  
well, the Quick Shot SWD  
No. 1 will be located 370'  
FEL & 2667' FNL, Section 6,  
Township 22 South, Range  
33 East, Lea County, New  
Mexico. Produced water  
from the area production will  
be commercially disposed  
into the Devonian, Silurian,  
and Upper Ordovician  
formation at a depth of +/-  
16,000' to 17,500' at a  
maximum surface pressure  
of 3285 psi and rate limited  
only by pressure.

Interested parties wishing to  
object to the proposed  
application must file with the  
New Mexico Oil  
Conservation Division 1220  
St. Francis Dr. Santa Fe, NM  
87505, (505) 476-3460  
within 15 days of the date of  
this notice. Additional  
information may be obtained  
from Advance Energy  
Partners Vice President of  
Engineering 832-672-4700  
#34269

67115359

00229400

PAUL BURDICK  
ADVANCE ENERGY PARTNERS  
11490 WESTHEIMER RD, STE 950  
HOUSTON, TX 77077

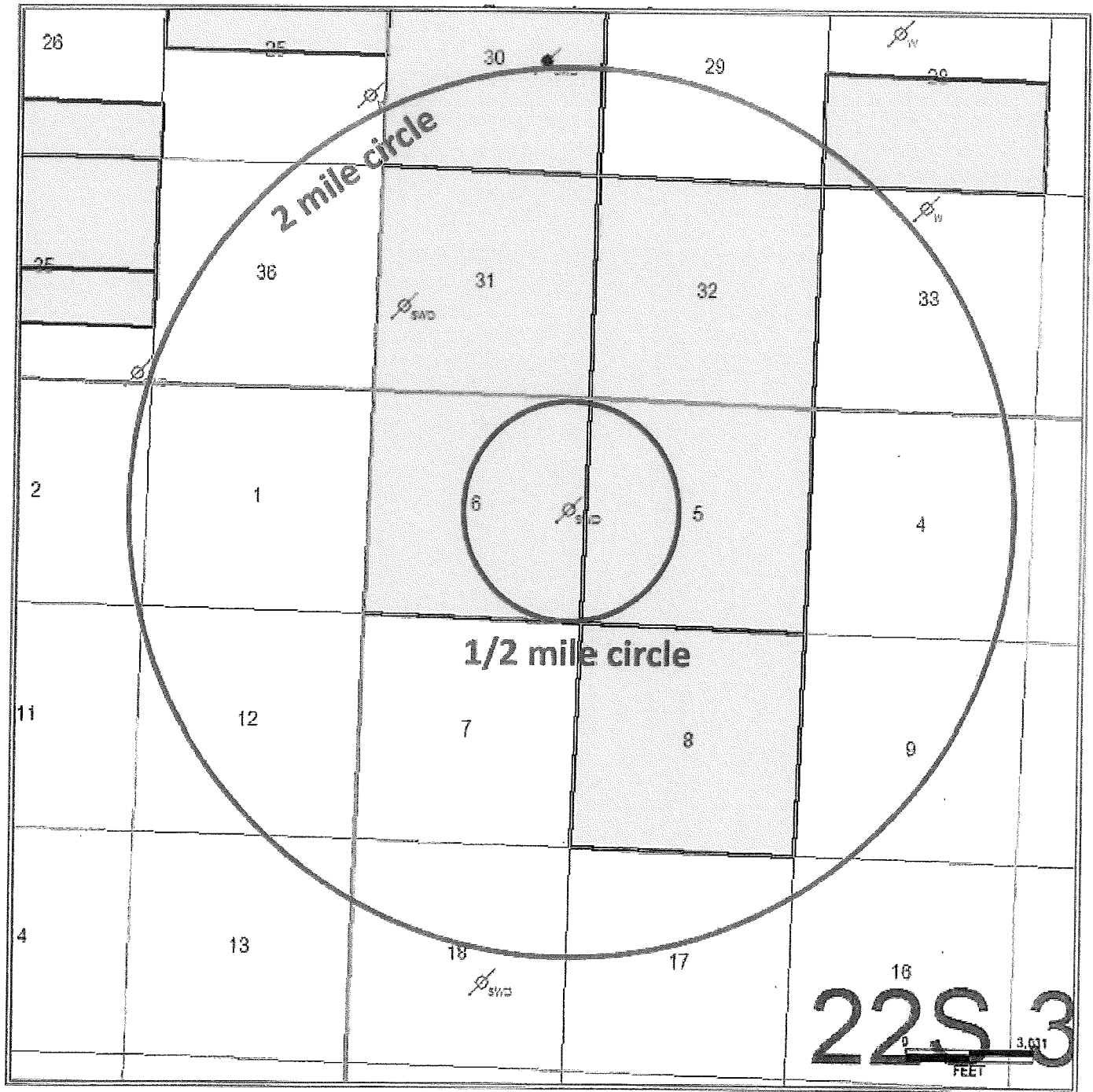
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Bureau of Land Management            Carlsbad Field Office            620 East Greene Street            Carlsbad, NM 88220</p> <p>Quick Shot SWD</p>		<p>B. Received by (Printed Name)            Larissa Cabezuela</p> <p>C. Date of Delivery            6/16/19</p>	
<p>2. Article Number (Transfer from service label)            7019 0160 0000 0273 5175</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9402 4165 8092 9752 08</p>		<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Occidental Permian Ltd.            5 Greenway Plaza            Houston, Texas 77046</p> <p>Quick Shot SWD</p>		<p>B. Received by (Printed Name)            Stephen</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)            7019 0160 0000 0273 5182</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9402 4165 8092 9752 22</p>		<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>State of New Mexico            State Land Office            310 Old Santa Fe Trail            Santa Fe, New Mexico 87504</p> <p>Quick Shot SWD</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)            7019 0160 0000 0273 5168</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9402 4165 8092 9752 15</p>		<p>Domestic Return Receipt</p>	



XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form. 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.



AEP's Long Shot Unit SWD #1

