

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: 08/22/2019	REVIEWER:	TYPE: SWD	APP NO: pMAM1923829675
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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: Long 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

1) TYPE OF APPLICATION: Check those which apply for [A]

A. Location – Spacing Unit – Simultaneous Dedication

☐ NSL☐ NSP (PROJECT AREA)☐ NSP (PRORATION UNIT)☐ SD**SWD-2256**

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.

8/12/2019

Date

832-672-4604

Phone Number

DHarwell@advanceenergypartners.com

e-mail Address

David Harwell

Print or Type Name

David Harwell

Signature

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



Receipt of Fee Application Payment

Long shot SWD

PO Number: CWTT7-190822-C-1080

Payment Date: 8/22/2019 3:26:17 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.

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.

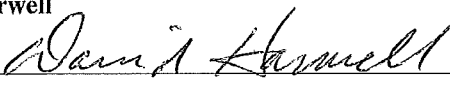
Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (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.

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:  DATE: 8-12-19
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



11490 Westheimer Road, Suite 950, Houston, Texas 77077 • Phone 832-672-4700 • Fax 832-672-4609

8/13/2019

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 commercial salt water disposal the proposed **Long Shot Unit SWD Well No.1** to be located in is **1490' FWL, 2100' FSL Section 2, 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 Long Shot SWD No. 1. The well is located **1490' FWL, 2100' FSL Section 2, Township 22 South, Range 33 East**. Attached is plat defining the location of the Advance Energy Partners Hat Mesa LLC "Long Shot SWD No. 1".

Advance Energy Partners seeks to optimize efficiency, both economically and operationally, of its operation in 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 will run on 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 is included with this application. 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.

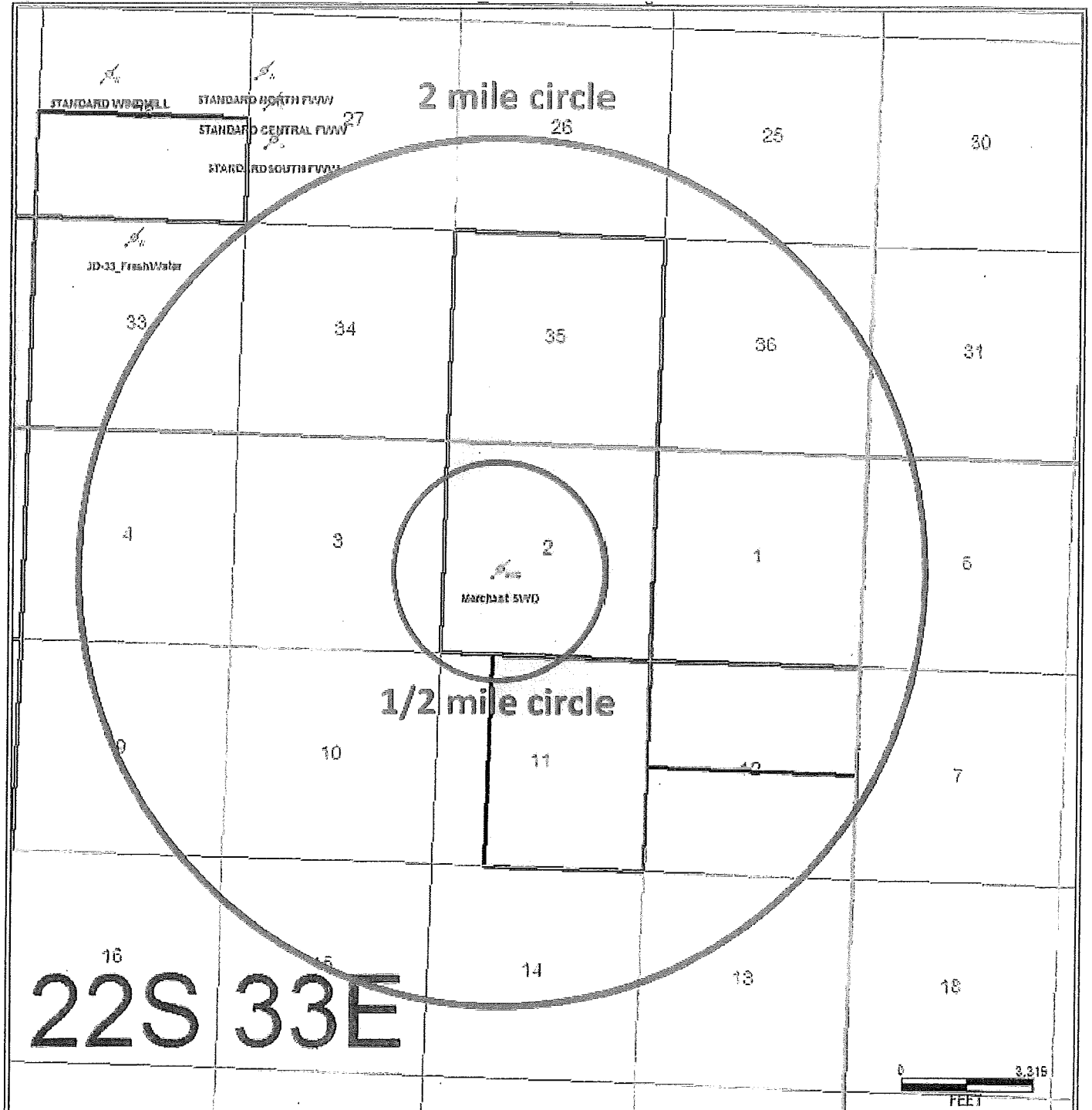
Best regards,

David Harwell

Attachment

The Long Shot Unit SWD Well No.1 in Sec 2
(1490' FWL, 2100' FSL Section 2, Township 22 South, Range 33 East)

Advance Energy Partners Hat Mesa LL Acreage Position with respect to 2-mile radius



INJECTION WELL DATA SHEET

OPERATOR: Advance Energy Partners Hat Mesa LLC

WELL NAME & NUMBER: Long Shot Unit No. 1

WELL LOCATION: 1490' FWL & 2100' FSL
FOOTAGE LOCATION

UNIT LETTER 2 SECTION 22S TOWNSHIP 33E RANGE

WELLBORE SCHEMATIC (Also Attached)WELL CONSTRUCTION DATASurface Casing

Hole Size: 30" & 24"

Casing Size: 26" & 20"

Cemented with: per vendor proposal

or _____ ft³

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.

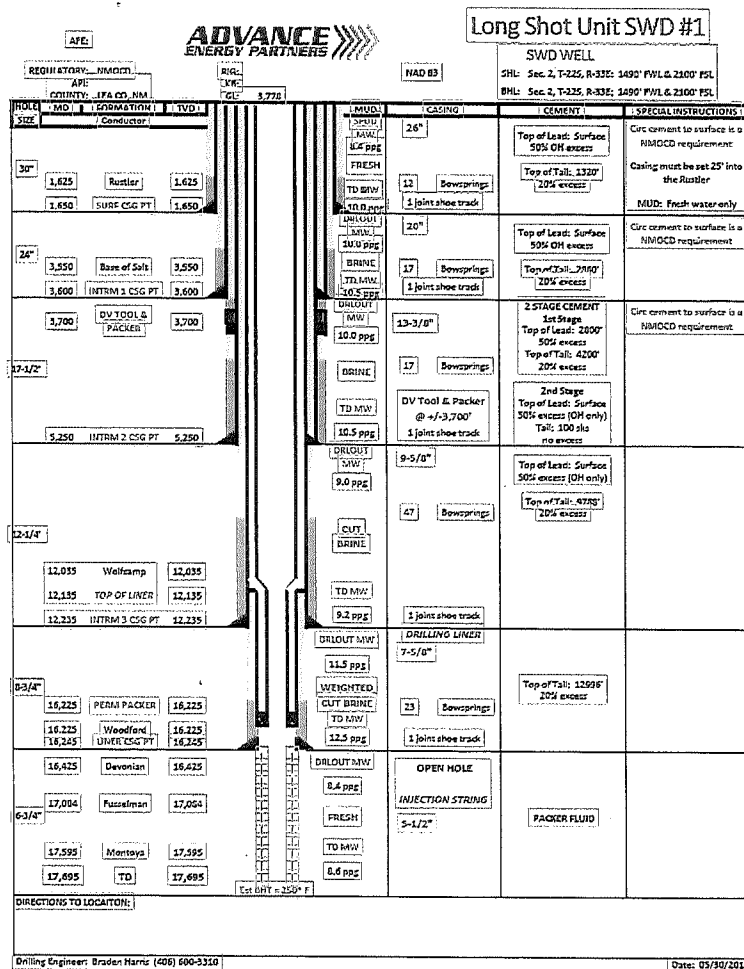
Cemented with: per vendor proposal

or _____ ft³

Top of Cement: Top of Liner

Method Determined: Circulation

Total Depth: 17695

Injection IntervalOpen Hole 16425feet To 17,695 feet
(Perforated or Open Hole; indicate which)

Lining Material: Plastic Coated

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

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

2. Name of the Injection Formation: Devonian - Silurian

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 / 2nd Bone Sand 10,400- 10,550
T / 3rd 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

Long Shot Unit SWD #1

AFE:



SWD WELL

REGULATORY: NMOC
API:
COUNTY: LEA CO, NM

RIG:
KB:
GL: 3,778

NAD 83

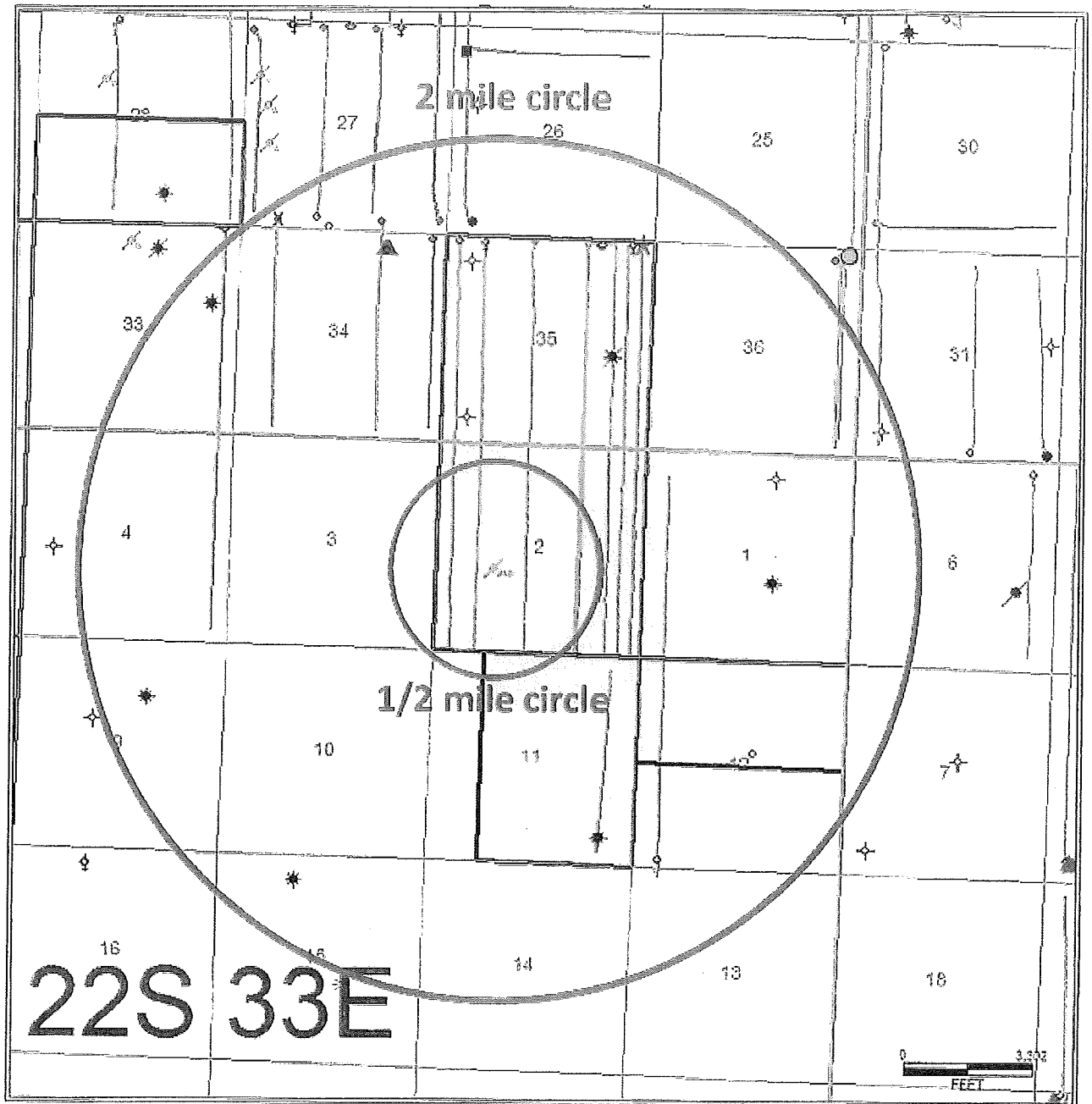
SHL: Sec. 2, T-22S, R-33E; 1490' FWL & 2100' FSL
BHL: Sec. 2, T-22S, R-33E; 1490' FWL & 2100' FSL

HOLE SIZE	MD	FORMATION	TVD	MUD	CASING	CEMENT	SPECIAL INSTRUCTIONS
	Conductor			SPUD MW 8.4 ppg FRESH	26"	Top of Lead: Surface 50% OH excess	Circ cement to surface is a NMOC requirement
30"	1,625	Rustler	1,625	TD MW 10.0 ppg	12 Bowsprings 1 joint shoe track	Top of Tail: 1320' 20% excess	Casing must be set 25' into the Rustler MUD: Fresh water only
	1,650	SURF CSG PT	1,650	DRLOUT MW 10.0 ppg	20"	Top of Lead: Surface 50% OH excess	Circ cement to surface is a NMOC requirement
24"	3,550	Base of Salt	3,550	BRINE TD MW 10.5 ppg	17 Bowsprings 1 joint shoe track	Top of Tail: 2880' 20% excess	
	3,600	INTRM 1 CSG PT	3,600	DRLOUT MW 10.0 ppg	13-3/8"	2 STAGE CEMENT 1st Stage Top of Lead: 2800' 50% excess Top of Tail: 4200' 20% excess	Circ cement to surface is a NMOC requirement
17-1/2"	3,700	DV TOOL & PACKER	3,700	BRINE TD MW 10.5 ppg	17 Bowsprings DV Tool & Packer @ +/-3,700' 1 joint shoe track	2nd Stage Top of Lead: Surface 50% excess (OH only) Tail: 160 sks no excess	
	5,250	INTRM 2 CSG PT	5,250	DRLOUT MW 9.0 ppg	9-5/8"	Top of Lead: Surface 50% excess (OH only)	
12-1/4"	12,035	Wolfcamp	12,035	CUT BRINE TD MW 9.2 ppg	47 Bowsprings 1 joint shoe track	Top of Tail: 9780' 20% excess	
	12,135	TOP OF LINER	12,135	DRLOUT MW 11.5 ppg	DRILLING LINER 7-5/8"		
	12,235	INTRM 3 CSG PT	12,235	WEIGHTED CUT BRINE TD MW 12.5 ppg	23 Bowsprings 1 joint shoe track	Top of Tail: 12996' 20% excess	
8-3/4"	16,225	PERM PACKER	16,225	DRLOUT MW 8.4 ppg	OPEN HOLE		
	16,225	Woodford	16,225	FRESH	INJECTION STRING 5-1/2"	PACKER FLUID	
	16,245	LINER CSG PT	16,245	TD MW 8.6 ppg			
6-3/4"	16,425	Devonian	16,425				
	17,084	Fusselman	17,084				
	17,595	Montoya	17,595				
	17,695	TD	17,695				

Est BHT = 250° F

DIRECTIONS TO LOCATION:

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.

See Attachment A on the Advance Energy Partners Grama Ridge 35 State penetrated the Devonian by 65 feet. The well was plugged back and side tracked. The new name is the Merchant State #1.

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 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. $\times 16,425'$)
7. Proposed average daily injection rate = 18,000 BWPB
Proposed maximum daily injection rate = 25,000 BWPB
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.

Long 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

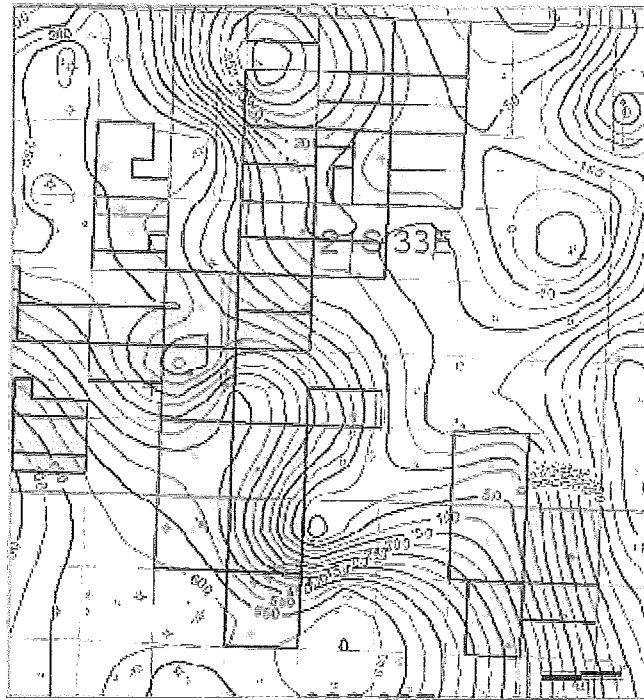
NAME: Donald E. Glover

TITLE: President of MVG America LLC

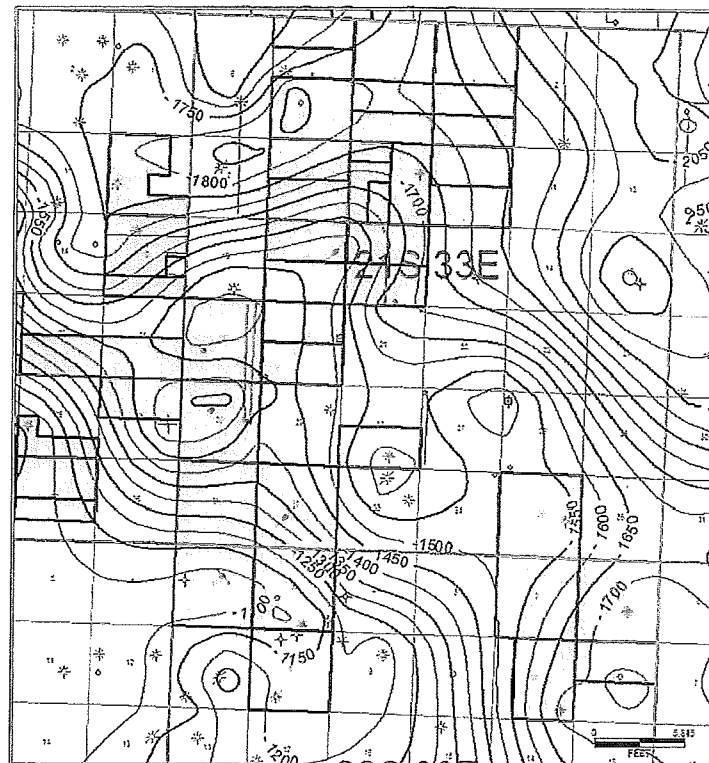
SIGNATURE:  DATE: 8/13/2019

Capitan Reef Basement TOP and Bottom

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

Lab ID

Sample ID 4916

Sample No

API No 3002502429

Well Name LEA UNIT 005

Location ULSTR 12 20 S 34 E
1980 S 1980 E

Lat / Long 32.58504 -103.51106

County Lea

Operator (when sampled)

Field LEA

Unit J

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

API No.	3002508483										Lab ID	
Well Name	BELL LAKE UNIT 006										Sample ID	5733
											Sample No	
Location	ULSTR	06	23	S	34	E	Lat / Long	32.32821	-103.50663			
	660		S	1980	E		County	Lea				
Operator (when sampled)												
	Field	BELL LAKE NORTH								Unit	O	
Sample Date											Analysis Date	
	Sample Source HEATER/TREATER										Depth (if known)	
	Water Type											
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

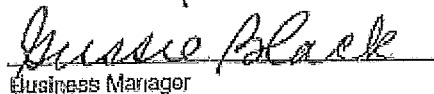
STATE OF NEW MEXICO
COUNTY OF LEA

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.

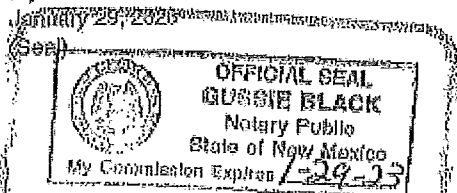

Publisher

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

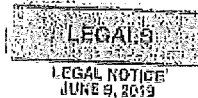

Business Manager

My commission expires

January 29, 2026



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



Notice for Long Shot SWD

This legal Notice is to replace the Legal Notice Advanced Energy Partners has filed on May 15, 2019 pertaining to a proposed oil water disposal well, AEP-11.

Advanced Energy Partners 11490 Westheimer RD, STE 950 Houston, TX, 77077 is filing Form G-108 (Application for Authority to Dispose) with the New Mexico Oil Conservation Division seeking administrative approval for a oil water disposal well. The proposed well, the Long Shot SWD No. 1 will be located 1,490' FWL & 2100' FSL, Section 2, Township 28 South, Range 33 East, Lea County, New Mexico. Produced water from the area production will be continuously disposed into the Permian, Shinarump, and Upper Ordovician formation at a depth of 17,000' to 17,500' at a maximum surface pressure of 3200 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 87508, (505) 476-3469 within 15 days of the date of this notice. Additional information may be obtained from Advanced Energy Partners Vice President of Engineering 832-672-1700 334260.

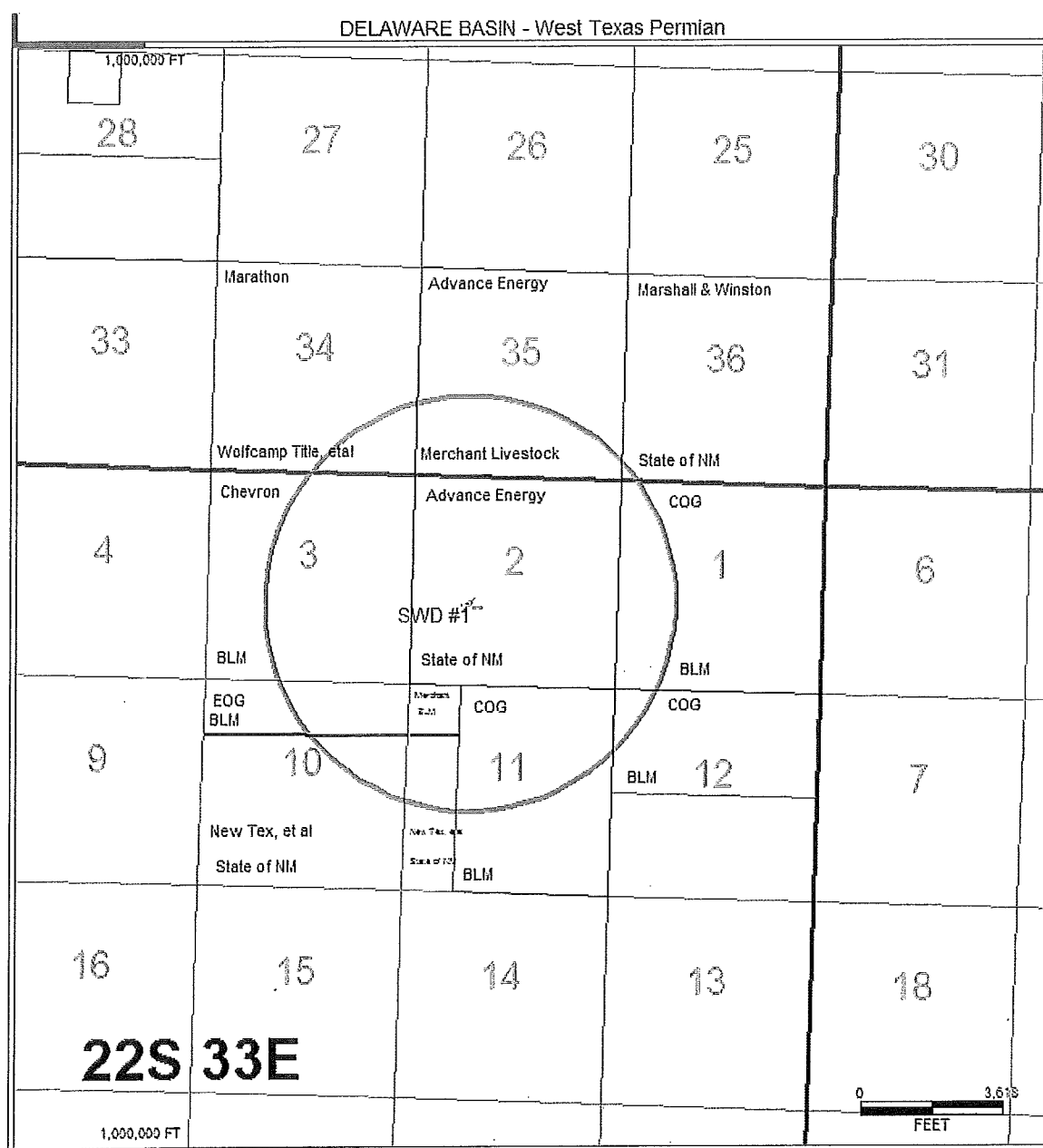
67115859

00229399

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

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



Address List

Oil and Gas Operators:

Chevron U.S.A. Inc.
6301 Deauville Blvd.
Midland, Texas 79706

Certified Mail: 7019 0160 0000 0273 2013

Devon Energy Production Company LP
333 W. Sheridan Avenue
Oklahoma City, Oklahoma 73102

Certified Mail: 7019 0160 0000 0273 2020

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, Texas 79701

Certified Mail:

New-Tex Oil Company
P. O. Box 297
Hobbs, New Mexico 88240

Certified Mail:

Interstate Bank of Arizona
Trustee of the John H. and Mary C. Burton Trust
P. O. Box 1546
Mesa, Arizona 85201

Occidental Permian Ltd.
5 Greenway Plaza
Houston, Texas 77046

Certified Mail:

EOG Resources
5509 Champions Drive
Midland, Texas 79706

Marathon Oil Permian, LLC
5555 San Felipe St
Houston, Texas 77056

Certified Mail

Marshall & Winston Inc
6 Desta Dr. #3100
Midland, Texas 79705

Certified Mail

Surface Owners

Merchant Livestock Co., Inc
P. O. Box 1105
Eunice, New Mexico 88231

Certified Mail: 7019 0160 0000 0273 5021

State of New Mexico
State Land Office
310 Old Santa Fe Trail
Santa Fe, New Mexico 87504

Certified Mail: 7019 0160 0000 0273 5038

Bureau of Land Management
Carlsbad Field office

Certified Mail:

620 East Greene Street
Carlsbad, New Mexico 88220

Richardson Mineral and Royalty, LLC Michael S. Richardson, Managing Member P.O. Box 2423 Roswell, NM 88202	Certified Mail
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Tara La Marr, widow, as her SSP 2055 Forebay Road Pollock Pines, CA 95726	Certified Mail
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Peggy Menlove, a married woman, as her SSP P.O. Box 674 Paulden, AZ 86334	Certified Mail
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Barton Bros Land and Royalty Company Box 978 Hobbs, NM 88240	Certified Mail
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Jake Barron P.O. Box 1711 Denison, TX 75021	Certified Mail
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Walter Lewis Sipple, Jr. 508 S Fozzard St. Marion, IL 62959	Certified Mail
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Oak Valley Mineral and Land, LP Michael E. Black, Manager P.O. Box 50820 Midland, Texas 79710	Certified Mail
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Gracie Frances Sipple Hager 240 Falcon Creek Drive Suwanee, GA 30024-2543	Certified Mail
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Larry Dean Baker 784 Frank Maes Ave. Las Cruces, NM 88005	Certified Mail
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CeDil A. Howell (2006) 1829 Sentate St. Unit 11-E Columbia, SC 29201	Certified Mail
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Charles Barron 6356 Amherst Ave. #PO-493 Columbia, MD 21046	Certified Mail
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Robert C. Barron 1840 Barron Way Sevierville, TN 37876	Certified Mail
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Thomas L. Barron
P.O. Box 2283
Colorado City, AZ 86201

Certified Mail

John L. Barron
P.O. Box 3045
Colorado City, AZ 86201

Certified Mail

Donna Jean Barron
P.O. Box 610
Buckeye, AZ 85326

Certified Mail

CeCe Barron
612 Bear Canyon Lane NE
Albuquerque, NM 87113

Certified Mail

Michelle J. McKenna
P.O. Box 1975
Jacksonville, Or 97530

Certified Mail

Crown Oil Partners V, LP
P.O. Box 50820
Midland, TX 79710


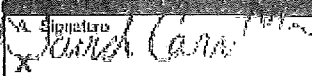

Certified Mail

Crump Energy Partners II, LLC
P.O. Box 50820
Midland, TX 79710



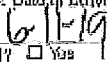
Certified Mail

Roy G. Barton, Sr. & Opal Barton Revocable Trust
Rpy G. Barton, Jr., Trustee
Hobbs, NM 88240

Certified Mail

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>1. Article Addressed to: Devon Energy Production Company, LP 333 W. Sheridan Avenue Oklahoma City, Oklahoma 73102</p> <p>Long Shot Unit SWD</p> <p> 9590 9402 4165 8092 9753 21</p> <p>2. Article Number (Transfer from previous label) 7019 0160 0000 0273 5014</p>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</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></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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery \$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>

PS Form 3811, July 2015 PSN 7530-02-000-9063 Domestic Return Receipt

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>1. Article Addressed to: New-Tex Oil Company P.O. Box 297 Hobbs, New Mexico 88240</p> <p>Long Shot Unit SWD</p> <p> 9590 9402 4165 8092 9751 54</p> <p>2. Article Number (Transfer from previous label) 7019 0160 0000 0273 5106</p>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</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></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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery \$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>

PS Form 3811, July 2015 PSN 7530-02-000-9063 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:
Marshall & Winston Inc.
6 Desta Dr. #3100
Midland, Texas 79705



9590 9402 4165 8092 9750 62

2. Article Number (Transfer from service label)

7018 1830 0000 0360 1042

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sharon Miller*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Sharon Miller

C. Date of Delivery

7-27-16

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail®
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation®
- ☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail®☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation®☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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- 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, Texas 79706

Long Shot Unit SWD



9590 9402 4165 8092 9799 09

2. Article Number (Transfer from service label)

7019 0160 0000 0273 12020

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mark Brown*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Mark Brown

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail®
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation®
- ☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail®☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation®☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Occidental Permian Ltd.
5 Greenway Plaza
Houston, Texas 77046

Long Shot Unit SWD



9590 9402 4165 8092 9752 53

2. Article Number (Transfer from service label)

7019 0160 0000 0273 5120

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gregory*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Gregory

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail®
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation®
- ☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail®☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation®☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- 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.

COG Operating LLC
One Concho Center
600 W. Illinois Ave.
Midland, Texas 79701

Long Shot Unit SWD



9590 9402 4165 8092 9752 77

7014 0160 0000 0273 5090

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Janet Watkins
B. Received by (Printed Name) ☒ Address
Janet Watkins
C. Date of Delivery *6-12-15*
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
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☐ Priority Mail Express
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ 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:
EOG Resources
5509 Champions Drive
Midland, Texas 79706

Long Shot Unit SWD



9590 9402 4165 8092 9752 46

7014 0160 0000 0273 5137

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X9 Berry
B. Received by (Printed Name) ☐ Address
X9 Berry
C. Date of Delivery *6-10-15*
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
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☐ Priority Mail Express
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ 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:
Marathon Oil Permian
5555 San Felipe St.
Houston, Texas 77056



9590 9402 4165 8092 9751 92

7014 0160 0000 0273 5229

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
Jenny Moreno
B. Received by (Printed Name) ☐ Address
Jenny Moreno
C. Date of Delivery *7/19/15*
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
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☐ Priority Mail Express
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation 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:

State of New Mexico
State Land Office
310 Old Santa Fe Trail
Santa Fe, New Mexico 87504
Long Shot Unit SWD



9590 9402 4165 8092 9752 91

7017 0160 0000 0273 5045

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Armo*☐ 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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery

- ☐ Priority Mail Express
- ☐ Registered MailTM
- ☐ 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

Domestic Return Receipt

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- 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:

Bureau of Land Management
Carlsbad Field Office
620 East Greene Street
Carlsbad, NM 88220
Long Shot Unit SWD



9590 9402 4165 8092 9752 39

7017 0160 0000 0273 5144

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chase*☐ Agent☐ Address

B. Received by (Printed Name)

Chase Cabernet

C. Date of Delivery

6/10/19

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery

- ☐ Priority Mail Express
- ☐ Registered MailTM
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation
- ☐ Signature Confirmation Restricted Delivery

over \$500

911, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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<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>1. Article Addressed to: Merchant Livestock Co., Inc. P.O. Box Eunice, New Mexico 88231</p> <p>Long Shot Unit SWD</p> <p>Barcode: 9590 9402 4165 8092 9799 16</p> <p>Article Number (Transfer from service label) 7015 0160 0000 0273 2013</p>	<p>A. Signature <i>X James H. Pearson</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <i>James H. Pearson</i> <input type="checkbox"/> Address</p> <p>C. Date of Delivery <i>6/12/19</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>PO Box 1105 Eunice, NM 88231</i></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 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"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<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"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
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<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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PS Form 3811, July 2015 PSN 7530-02-000-9053

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>Article Addressed to: Crump Energy Partners II, LLC P.O. Box 50820 Midland, TX 79710</p> <p>Barcode: 9590 9402 4548 8270 2989 15</p> <p>Article Number (Transfer from service label) 7018 1830 0000 0360 1035</p>	<p>A. Signature <i>X Crystal Reyna</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <i>Crystal Reyna</i> <input type="checkbox"/> Address</p> <p>C. Date of Delivery <i>7-24-19</i></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> <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 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"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<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"/> Insured Mail		<input type="checkbox"/> Insured Mail 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 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"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Crown Oil Partners V, LP
P.O. Box 50820
Midland, Texas 79701



9590 9402 4548 8278 2989 22

2. Article Number (Transfer from service label)

7018 1830 0000 0360 1028

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Crystal J. Perry ☐ Agent ☐ Address

B. Received by (Printed Name)

Crystal J. Perry

C. Date of Delivery

7-24-17

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☐ Registered Mail☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation☐ Signature Confirmation Restricted Delivery☐ Priority Mail Express☐ Registered Mail☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation☐ Signature Confirmation 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:

Joanne Lavern Cobos
3313 N. 62nd Street
Phoenix, AZ 85033



9590 9402 4548 8278 2990 66

2. Article Number (Transfer from service label)

7039 0160 0000 0908 0032

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Joanne L. Cobos ☐ Agent ☐ Address

B. Received by (Printed Name)

Joanne L. Cobos

C. Date of Delivery

7-26-17

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☐ Registered Mail☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation☐ Signature Confirmation Restricted Delivery☐ Priority Mail Express☐ Registered Mail☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation☐ Signature Confirmation 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:

Peggy Menlove
P.O. Box 674
Paulden, AZ 86334



9590 9402 3842 8032 5547 03

2. Article Number (Transfer from service label)

7019 0360 0000 0273 5243

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Peggy Menlove ☐ Agent ☐ Address

B. Received by (Printed Name)

Peggy Menlove

C. Date of Delivery

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☐ Registered Mail☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation☐ Signature Confirmation Restricted Delivery☐ Priority Mail Express☐ Registered Mail☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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>1. Article Addressed to:</p> <p>John L. Barron P.O. Box 6045 Colorado City, AZ 86201</p>	<p>A. Signature <i>John L. Barron</i></p> <p>B. Received by (Printed Name) <i>John Barron</i></p> <p>C. Date of Delivery <i>8/2/12</i></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>8500 9402 4548 8278 2990 11</p> <p>2. Article Number (Transfer from service label) 7039 0160 0000 0908 0087</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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"/> 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>

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

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>1. Article Addressed to:</p> <p>Thomas L. Barron P.O. Box 2283 Colorado City, AZ 86201</p>	<p>A. Signature <i>Thomas L. Barron</i></p> <p>B. Received by (Printed Name) <i>John Barron</i></p> <p>C. Date of Delivery <i>8/2/12</i></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>8590 9402 4548 0278 2990 28</p> <p>2. Article Number (Transfer from service label) 7039 0160 0000 0908 0070</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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"/> 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>

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.

1. Article Addressed to:

Richardson Mineral & Royalty, LLC
Michael S. Richardson, Managing
Member
P.O. Box 2423
Roswell, New Mexico 88202



9590 9402 4548 8278 2980 64

2. Article Number (Transfer from service label)

7018 1830 0000 0360 0760

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael S. Richardson*

- ☐
- Agent
-
- ☐
- Address

B. Received by (Printed Name)

Michael S. Richardson

C. Date of Delivery

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
-
- ☐
- Insured Mail
-
- ☐
- Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

- ☐
- Registered Mail™
-
- ☐
- Registered Mail Restricted Delivery
-
- ☐
- Return Receipt for Merchandise
-
- ☐
- Signature Confirmation
-
- ☐
- Signature Confirmation 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:

Charles Baron
6356 Amherst Ave. PO-400
Columbia, MD 21046



9590 9402 4548 8278 2990 42

2. Article Number (Transfer from service label)

7019 0160 0000 0908 0056

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charles Baron*

- ☐
- Agent
-
- ☐
- Address

B. Received by (Printed Name)

Charles Baron

C. Date of Delivery

7/1/15

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
-
- ☐
- Insured Mail
-
- ☐
- Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

- ☐
- Registered Mail™
-
- ☐
- Registered Mail Restricted Delivery
-
- ☐
- Return Receipt for Merchandise
-
- ☐
- Signature Confirmation
-
- ☐
- Signature Confirmation 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:

Walter Lewis Sipple, Jr.
508 S. Fozzard St.
Marion, IL 62959



9590 9402 4548 8278 2989 46

2. Article Number (Transfer from service label)

7018 1830 0000 0360 1004

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Walter Lewis Sipple, Jr.*

- ☐
- Agent
-
- ☐
- Address

B. Received by (Printed Name)

Walter Lewis Sipple, Jr.

C. Date of Delivery

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
-
- ☐
- Insured Mail
-
- ☐
- Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

- ☐
- Registered Mail™
-
- ☐
- Registered Mail Restricted Delivery
-
- ☐
- Return Receipt for Merchandise
-
- ☐
- Signature Confirmation
-
- ☐
- Signature Confirmation 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:

Gracie Frances Sipple Hager
240 Falcon Creek
Suwanee, GA



9590 9402 4548 8278 2990 73

Article Number (Transfer from service label)

7019 0160 0000 0908 0025

PS Form 3811, July 2015 PSN 7530-02-000-9083

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐
- Agent
-
- ☐
- Address

B. Received by (Printed Name)

C. Date of Delivery

7/20/19

- 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
☐ Mail Restricted Delivery
☐ Registered Mail®
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation®
☐ Signature Confirmation Restricted Delivery

Priority Mail Express®

Registered Mail®

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation®

Signature Confirmation Restricted Delivery

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:

Michelle J. McKenna
P.O. Box 1975
Jacksonville, OR 97530



9590 9402 4548 8278 2989 39

2. Article Number (Transfer from service label)

7018 1830 0000 0360 1011

PS Form 3811, July 2015 PSN 7530-02-000-9083

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐
- Agent
-
- ☐
- Address

B. Received by (Printed Name)

C. Date of Delivery

7/25/19

- 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
☐ First-Class Mail®
☐ First-Class Mail Restricted Delivery
☐ Registered Mail®
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation®
☐ Signature Confirmation Restricted Delivery
☐ Restricted Delivery

Priority Mail Express®

Registered Mail®

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation®

Signature Confirmation Restricted Delivery

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:

Oak Valley Minerals & Land, LP
Michael E. Black, Manager
P.O. 50820
Midland, Texas 79710



9590 9402 4548 8278 2990 80

7019 0160 0000 0908 0018

PS Form 3811, July 2015 PSN 7530-02-000-9083

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐
- Agent
-
- ☐
- Address

B. Received by (Printed Name)

C. Date of Delivery

7/24/19

- 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
☐ First-Class Mail®
☐ First-Class Mail Restricted Delivery
☐ Registered Mail®
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation®
☐ Signature Confirmation Restricted Delivery
☐ Restricted Delivery

Priority Mail Express®

Registered Mail®

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation®

Signature Confirmation Restricted Delivery

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:

CeCe Barron
612 Bear Canyon Lane NE
Albuquerque, NM 87113



9590 9402 4548 8278 2989 91

2. 1

PS Form 3811, July 2015 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

☐ Priority Mail Express®☐ Registered Mail®☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation®☐ Signature Confirmation 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:

Larry Dean Baker
784 Frank Maes Ave.
Las Cruces, NM 88005



9590 9402 3842 8032 5546 66

Article Number (Transfer from service label)

7014 0160 0000 0273 5267

PS Form 3811, July 2015 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Larry D. Baker

☐ Agent☐ Address

B. Received by (Printed Name)

Larry D. Baker

C. Date of Delivery

7-20-2015

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
- ☐ Mail Restricted Delivery

☐ Registered Mail®☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation®☐ Signature Confirmation 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:

Wolfcamp Title, LLC
Michael S. Richardson, Managing
Member
P.O. Box 2423
Roswell, New Mexico 88202



9590 9402 4548 8278 2989 77

2. Article Number (Transfer from service label)

7018 1830 0000 0360 0977

PS Form 3811, July 2015 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Michael S. Richardson

☐ Agent☐ Address

B. Received by (Printed Name)

Michael S. Richardson

C. Date of Delivery

7-20-2015

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
- ☐ Mail Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail®☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation®☐ Signature Confirmation 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:

Tara La Marr
2055 Forebay Road
Pollock Pines, CA 95726



9590 9402 4548 8278 2989 80

2. Article Number (Transfer from service label)

7018 1830 0000 0360 0984

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 ☐ No
If YES, enter delivery address below:

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Registered 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

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:

Merchant Livestock Co., Inc
P. O. Box 1105
Eunice, New Mexico 88231



9590 9402 4165 8092 9750 55

2. Article Number (Transfer from service label)

7018 1830 0000 0360 1059

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 ☐ No
If YES, enter delivery address below:

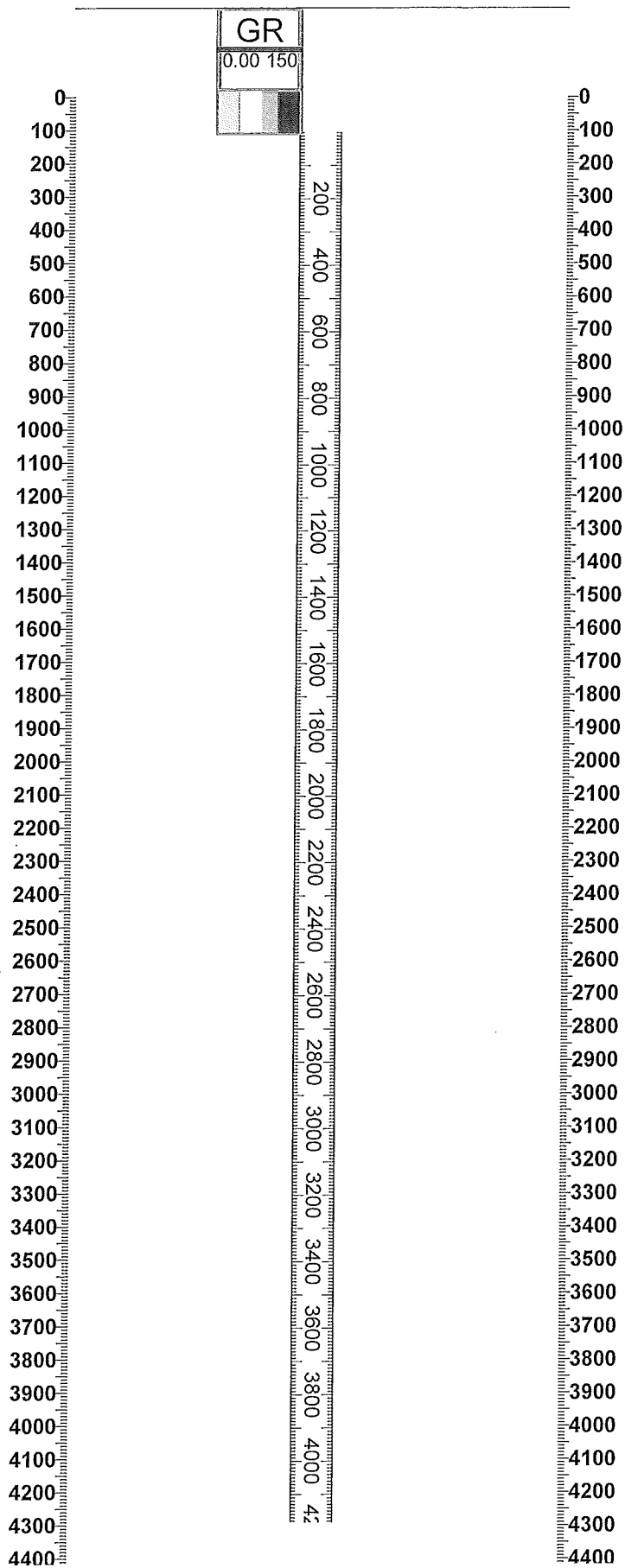
3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☒ Return Receipt for Merchandise
 - ☐ Signature Confirmation
 - ☐ Signature Confirmation Restricted Delivery

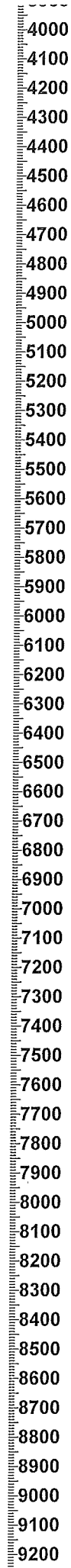
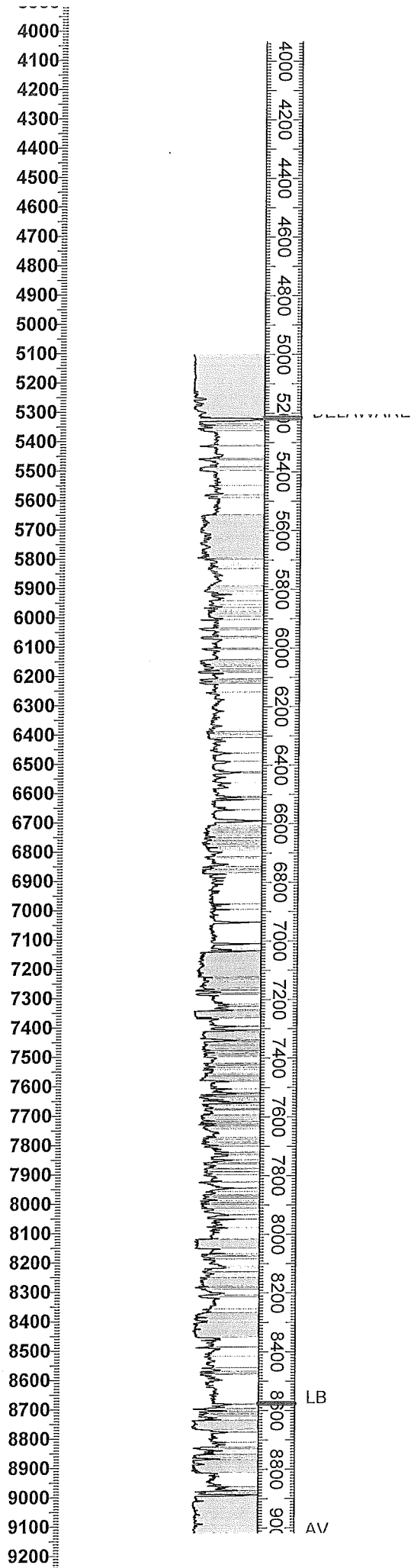
PS Form 3811, July 2015 PSN 7530-02-000-9053

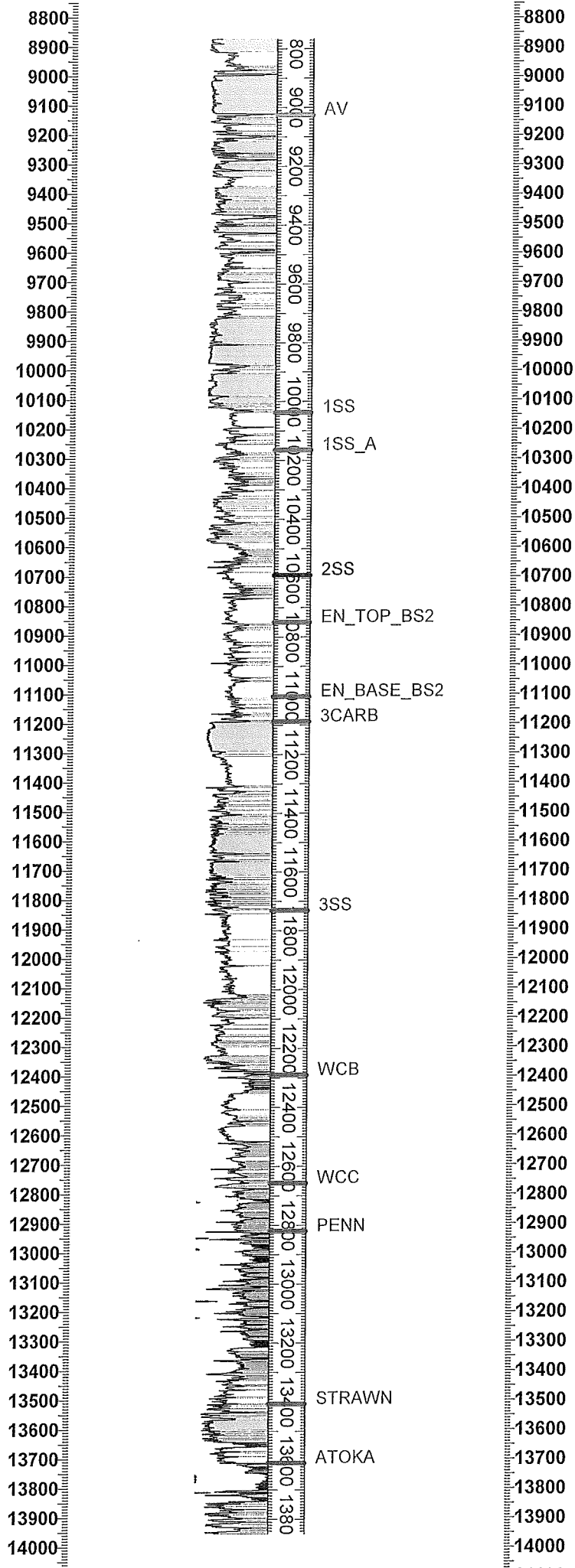
Domestic Return Receipt

Appendix A
Grama Ridge '35' State 1

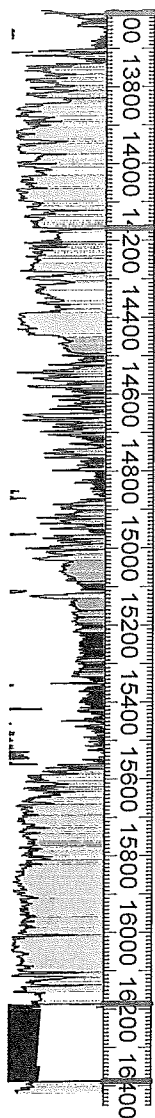
GRAMA RIDGE '35' STATE 1







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BASE_WOODFORD

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11490 Westheimer Road, Suite 950, Houston, Texas 77077 • Phone 832-672-4700 • Fax 832-672-4609

8/23/2019

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 **Long Shot Unit SWD Well No.1** to be located in is **1490' FWL, 2100' FSL Section 2, Township 22 South, Range 33 East**, NMPM, Lea County, New Mexico.

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.

There is no connection between injection interval and underground sources of drinking water.

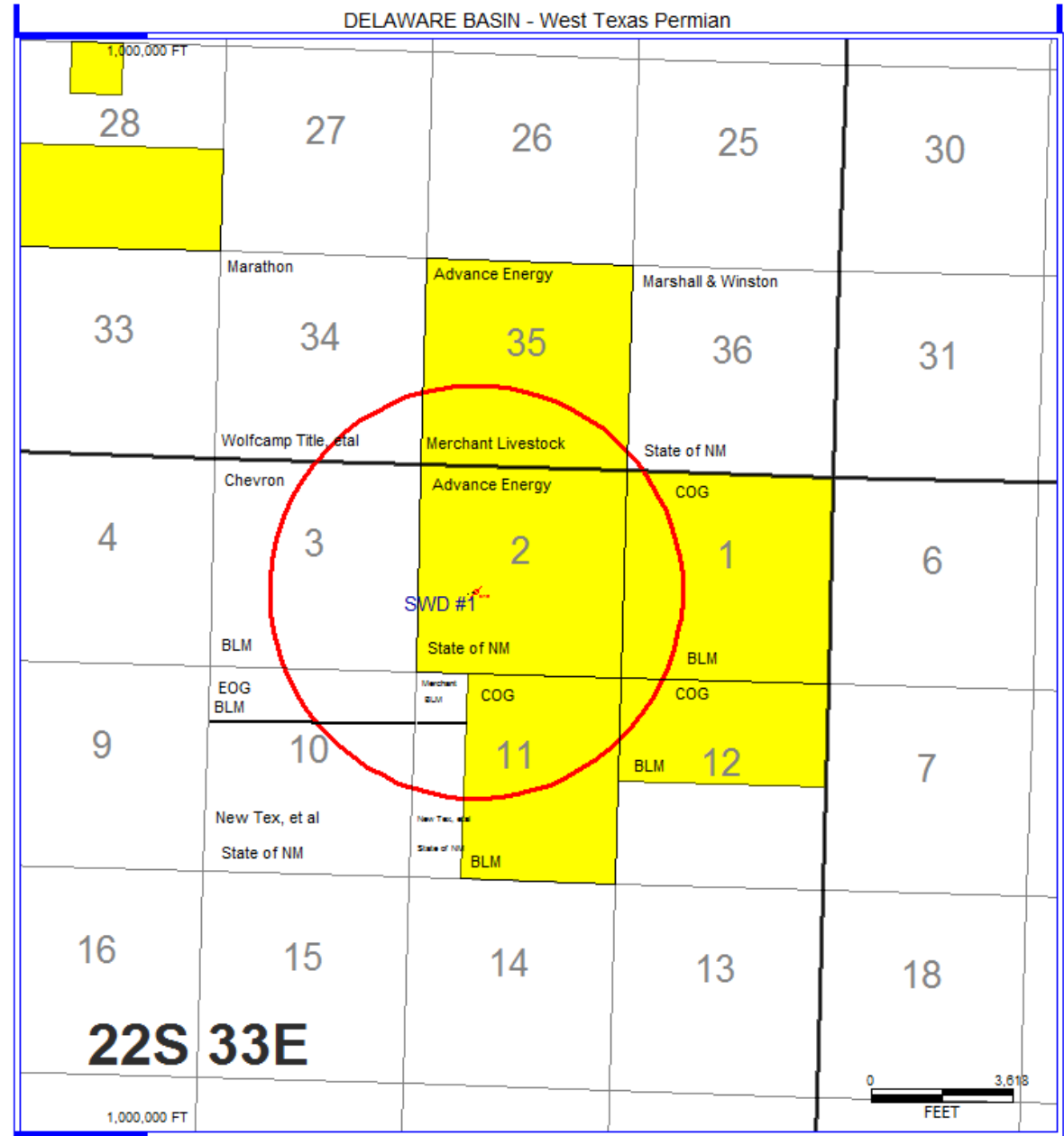
Geoscience Validation

NAME: **Donald E. Glover**

TITLE: **President of MVG America LLC**

SIGNATURE Donald E. Glover DATE: 8/23/19

AEP's Long Shot Unit SWD #1





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