

Initial Application Part I

Received: 04/10/2019

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

mm 4/14/2019
 RECEIVED: 4/15/2019 REVIEWER: TYPE: SWD APP NO: DMA14105 5111
 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: Solaris Water Midstream, LLC OGRID Number: 371643

Well Name: Walker SWD #1 API:

Pool: SWD; 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

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 holders

B. ☐ Royalty, overriding royalty owners, revenue owners

C. ☒ Application requires published notice

D. ☐ Notification and/or concurrent approval by SLO

E. ☐ Notification and/or concurrent approval by BLM

F. ☒ Surface owner

G. ☒ For all of the above, proof of notification or publication is attached, and/or,

H. ☐ No notice required

FOR OCD ONLY

☐ 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.

Ramona Hovey - Agent of Solaris Water Midstream

Print or Type Name

Ramona K. Hovey
 Signature

April 4, 2019

Date

(512) 600-1777

Phone Number

ramona@lonquist.com

e-mail Address

April 10, 2019

New Mexico Energy, Minerals, and Natural Resources Department
Oil Conservation Division District IV
1220 South St. Francis Drive
Santa Fe, New Mexico 87505
(505) 476-3440

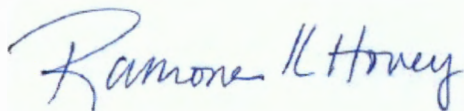
RE: WALKER SWD NO. 1 AUTHORIZATION TO INJECT

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream, LLC's (Solaris") Walker SWD No. 1. In addition, Forms C-101 and C-102 have also been included with this package. Notices have been sent to offset, operators, leaseholders and the surface owner. Proof of notice will be sent to the OCD upon receipt.

Any questions should be directed towards Solaris Water Midstream, LLC's agent Lonquist & Co., LLC.

Regards,



Ramona K. Hovey
Sr. Petroleum Engineer
Lonquist & Co., LLC

(512) 600-1777
ramona@lonquist.com

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No
- II. OPERATOR: Solaris Water Midstream, LLC
ADDRESS: 907 Tradewinds Blvd., Suite B, Midland, TX 79706
CONTACT PARTY: Whitney McKee PHONE: 432-203-9020
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *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: Ramona Hovey

TITLE: Consulting Engineer – Agent for Solaris Water Midstream

SIGNATURE: Ramona Hovey

DATE: 4/4/2019

E-MAIL ADDRESS: ramona@lonquist.com

- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted.
Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

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

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

OPERATOR: Solaris Water Midstream, LLCWELL NAME & NUMBER: 20' FSL 1,000' FELWELL LOCATION: FOOTAGE LOCATIONP
UNIT LETTER25
SECTION24S
TOWNSHIP25E
RANGEWELLBORE SCHEMATICWELL CONSTRUCTION DATASurface CasingHole Size: 18.125"Cemented with: 675 sx.Top of Cement: surfaceCasing Size: 16.00"or _____ ft³Method Determined: circulationIntermediate CasingHole Size: 14.750"Cemented with: 290 sx.Top of Cement: surfaceCasing Size: 13.375"or _____ ft³Method Determined: circulationProduction CasingHole Size: 12.250"Cemented with: 1,740 sx.Top of Cement: surfaceCasing Size: 9.625"or _____ ft³Method Determined: circulationLinerHole Size: 8.500"Cemented with: 480 sx.Top of Cement: 8.275'Total Depth: 14.439'Casing Size: 7.625"or _____ ft³Method Determined: calculationInjection Interval12,639 feet to 14,439 feet

(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 5.5", 20 lb/ft, HCL-80, BTC from 0' – 8,075' and 5", 18 lb/ft, HCL-80, LTC from 8,075' -12,589'
 Lining Material: Duoline

Type of Packer: Nickel Plated Double Grip Retrievable Packer or Equivalent

Packer Setting Depth: 12,589'

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

Additional Data

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

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

2. Name of the Injection Formation: Devonian, Fusselman

3. Name of Field or Pool (if applicable): SWD; Devonian-Silurian 97869

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, new drill.

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

Bone Spring: 5,285'

Wolfcamp: 8,375'

Strawn: 10,190'

Atoka: 10,422'

Morrow: 10,965'



Solaris Water Midstream, LLC

Walker SWD No. 1

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1.

Well information	
Lease Name	Walker SWD
Well No.	1
Location	S-25 T-24S R-25E
Footage Location	20' FSL & 1,000' FEL

2.

a. Wellbore Description

Casing Information				
Type	Surface	Intermediate	Production	Liner
OD	16"	13.375"	9.625"	7.625"
WT	0.495"	0.48"	0.545"	0.500"
ID	15.010"	12.415"	8.535"	6.625"
Drift ID	14.822"	12.259"	8.379"	6.500"
COD	17.000"	13.375"	10.625"	7.625"
Weight	84 lb/ft	68 lb/ft	53.5 lb/ft	39 lb/ft
Grade	J-55 BTC	L-80, EZ-GO FJ3	HCP-110 BTC	Q-125 EZ-GO FJ3
Hole Size	18.125"	14.75"	12.25"	8.5"
Depth Set	1,048'	1,615'	8,475'	8,275'-12,639'

b. Cementing Program

Cement Information					
Casing String	Conductor	Surface	Intermediate	Production	Liner
Lead Cement	EXTENDACEM™	HALCEM™	HALCEM™	HALCEM™	-
Lead Cement Volume (sacks)	249	425	155	Stage 1: 1,015 Stage 2: 150	-
Lead Cement Density (ft3/sack)	1.694	1.664	1.664	Stage 1: 2.731 Stage 2: 2.732	-
Tail Cement	-	HALCEM™	HALCEM™	NeoCem™	VERSACEM™
Tail Cement Volume (sacks)	-	250	135	Stage 1: 475 Stage 2: 100	480
Tail Cement Density (ft3/sack)	-	1.332	1.332	1.336	1.223
Cement Excess	0%	50%	30%	50%, 50%	50%
Total Sacks	249	675	290	1,740	480
TOC	Surface	Surface	Surface	Surface	8,275'
Method	Circulate to Surface	Circulate to Surface	Circulate to Surface	Circulate to Surface	Logged

3. Tubing Description

Tubing Information	
OD	5.5"
	5.0"
WT	0.361"
	0.362"
ID	4.778"
	4.276"
Drift ID	4.653"
	4.151"
COD	6.050"
	5.563"
Weight	20 lb/ft
	18 lb/ft
Grade	HCL-80 BTC
	HCL-80 LTC
Depth Set	0-8,075'
	8,075'-12,589'

Tubing will be lined with Duoline.

4. Packer Description

Nickel Plated Double Grip Retrievable Packer or Equivalent

B. Completion Information

1. Injection Formation: Devonian, Fusselman
2. Gross Injection Interval: 12,639'-14,439'

Completion Type: Open Hole

3. Drilled for injection.
4. See the attached wellbore schematic.
5. Oil and Gas Bearing Zones within area of well:

Formation	Depth
Bone Spring	5,285'
Wolfcamp	8,375'
Strawn	10,190'
Atoka	10,422'
Morrow	10,965'

VI. Area of Review

No wells within the area of review penetrate the proposed injection zone.

VII. Proposed Operation Data

1. Proposed Daily Rate of Fluids to be Injected:

Average Volume: 30,000 BPD
Maximum Volume: 40,000 BPD

2. Closed System

3. Anticipated Injection Pressure:

Average Injection Pressure: 1,874 PSI (surface pressure)
Maximum Injection Pressure: 2,528 PSI (surface pressure)

4. The injection fluid is to be locally produced water. It is expected that the source water will predominantly be from the Bone Spring, Morrow, and Wolfcamp formations. Attached are produced water sample analyses taken from the closest wells that feature samples from the

Atoka, Bone Spring, Delaware, Delaware-Brushy Canyon, Devonian, Morrow, Pennsylvanian, San Andreas, and Wolfcamp formations.

5. The disposal interval is non-productive. No water samples are available from the surrounding area.

VIII. Geological Data

Devonian Formation Lithology:

The Devonian formation is a dolomitic ramp carbonate that occurs below the Woodford shale and above the Fusselman formation. Strata found in the Devonian formation include two major groups, the Wristen Buildups and the Thirtyone Deepwater Chert, with the Wristen being more abundant. The Wristen Groups is composed of mixed limestone and dolomites with mudstone to grainstone and boundstone textures. Porosity in the Wristen group is a result of both primary and secondary development. Present are moldic, vugular, karstic (including collapse breccia) features that allow for higher porosities and permeabilities. The Thirtyone Formation contains two end-member reservoir facies, skeletal packstones/grainstones and spiculitic chert, with most of the porosity and permeability found in the coarsely crystalline cherty dolomite. These particular characteristics allow for this formation to be a tremendous Salt Water Disposal horizon.

Fusselman Formation Lithology:

The Silurian/Ordovician Fusselman Formation is stratigraphically below the Wristen Group and is above and separated from the Montoya Formation by the Sylvan Shale. The Sylvan Shale is the lower confining layer for the proposed Walker SWD No. 1 well. Fusselman facies include a laminated skeletal wackestone in the upper part and a buildup complex in the lower part composed of ooid and bryozoan grainstones. These grainstones can also be potentially prolific zones for disposal.

A. Injection Zone: Devonian-Silurian Formation

Formation	Depth
Rustler	578'
Salado (Top of Salt)	1,073'
Salado (Bottom of Salt)	1,557'
Bell Canyon	1,635'
Cherry Canyon	2,415'
Brushy Canyon	2,925'
Bone Spring	5,285'
Bone Spring 1 st Sand	6,186'
Bone Spring 2 nd Sand	7,522'
Bone Spring 3 rd Sand	8,023'
Wolfcamp	8,375'
Cisco	9,837'
Strawn	10,190'
Atoka	10,422'
Morrow	10,965'
Barnett	11,852'
Devonian	12,639'

B. Underground Sources of Drinking Water

Five (5) water wells exist within a one-mile radius of the proposed well. Water wells in the surrounding area have an average depth of 388 feet and an average water depth of 192 feet generally producing from the Carlsbad Basin. The upper Rustler may also be another USDW and will be protected.

IX. Proposed Stimulation Program

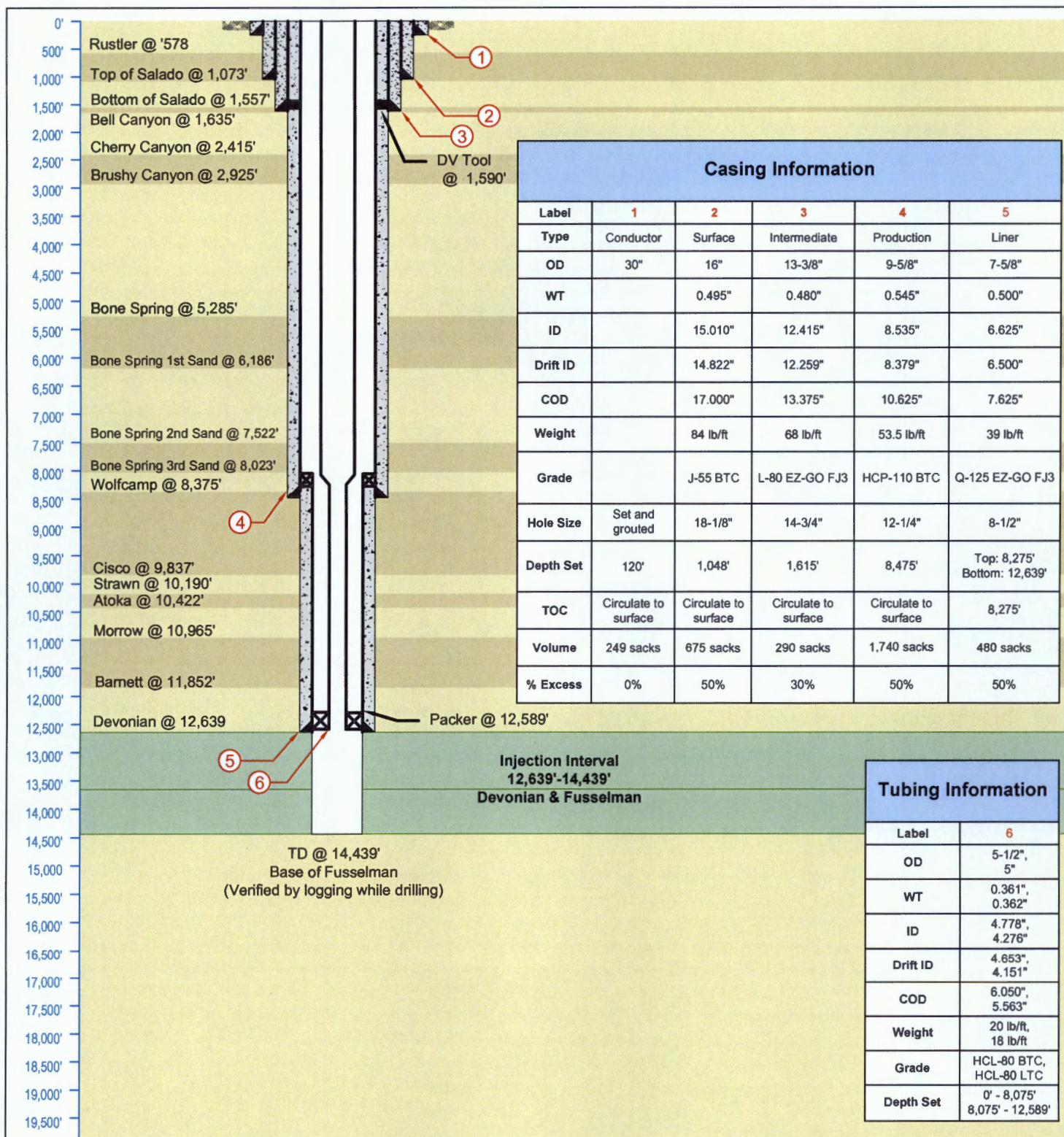
50,000 gallon acid job

X. Logging and Test Data on the Well

There are no logs or test data on the well. During the process of drilling and completion resistivity, gamma ray, and density logs will be run.

XI. Chemical Analysis of Fresh Water Wells

Attached is a map of the five (5) water wells that exist within one-mile of the well location. Samples from the nearest two wells with recoverable samples present are being obtained and analysis results will be provided as soon as possible. A Water Right Summary from the New Mexico Office of the State Engineer is attached for the five (5) water wells within a 1-mile radius.



LONQUIST & CO. LLC PETROLEUM ENGINEERS ENERGY ADVISORS HOUSTON CALGARY AUSTIN WICHITA DENVER Texas License F-9147 12912 Hill Country Blvd. Ste F-200 Austin, Texas 78738 Tel: 512.732.9812 Fax: 512.732.9816	Solaris Water Midstream, LLC		Walker SWD No. 1	
	Country: USA	State/Province: New Mexico	County/Parish: Eddy	
	Location:	Site: 20' FSL & 1,000' FEL	Survey: S25-T24S-R25E	
	API No: NA	Field: Silurian-Devonian (Code: 97869)	Well Type/Status: SWD	
	NMOCD District No: 2	Project No: 1927	Date: 4/1/2019	
	Drawn: TFM	Reviewed:	Approved:	
	Rev No: 1	Notes:		

District I

1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II

811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III

1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico

Form C-101
Revised July 18, 2013

Energy Minerals and Natural Resources**Oil Conservation Division**☐ AMENDED REPORT**1220 South St. Francis Dr.****Santa Fe, NM 87505****APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

¹ Operator Name and Address SOLARIS WATER MIDSTREAM, LLC 907 TRADEWINDS BLVD., SUITE B MIDLAND, TX 79706		² OGRID Number 371643
		³ API Number TBD
⁴ Property Code	⁵ Property Name WALKER SWD	⁶ Well No. 1

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
P	25	24S	25E		20	S	1,000	E	EDDY

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
-	-	-	-	-	-	-	-	-	-

⁹ Pool Information

Pool Name SWD; Devonian-Silurian	Pool Code 97869
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Additional Well Information

¹¹ Work Type N	¹² Well Type SWD	¹³ Cable/Rotary R	¹⁴ Lease Type Private	¹⁵ Ground Level Elevation 3,535'
¹⁶ Multiple N	¹⁷ Proposed Depth 14,439'	¹⁸ Formation Devonian-Silurian	¹⁹ Contractor TBD	²⁰ Spud Date ASAP
Depth to Ground water 540		Distance from nearest fresh water well 1,334'		Distance to nearest surface water >1 mile

☒ We will be using a closed-loop system in lieu of lined pits**²¹ Proposed Casing and Cement Program**

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	18.125"	16"	84 lb/ft	1,048'	675	Surface
Intermediate	14.75"	13.375"	68 lb/ft	1,615'	290	Surface
Production	12.25"	9.625"	53.5 lb/ft	8,475'	1,740	Surface
Liner	8.5"	7.625"	39 lb/ft	8,275'-12,639'	480	8,275'
Tubing		5.5" & 5"	20 lb/ft & 18 lb/ft	0' - 8,075' & 8,075' - 12,589'	N/A	

Casing/Cement Program: Additional Comments

See attached schematic.

²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Hydraulic/Blinds, Pipe	8,000 psi	10,000 psi	TBD - Schaffer/Cameron

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
I further certify that I have complied with 19.15.14.9 (A) NMAC ☐ and/or 19.15.14.9 (B) NMAC ☒, if applicable.
Signature: *Ramona Hovey*

Printed name: Ramona Hovey

Title: Consulting Engineer

E-mail Address: ramona@lonquist.com

Date: April 4, 2019

Phone: 512-600-1777

OIL CONSERVATION DIVISION

Approved By:

Title:

Approved Date:

Expiration Date:

Conditions of Approval Attached

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240
Phone (505) 393-8161 Fax: (505) 393-0720

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1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3480 Fax: (505) 476-3483

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code 97869	Pool Name SWD; Devonian-Silurian
Property Code	Property Name WALKER SWD	Well Number 1
OGRID No. 371643	Operator Name SOLARIS WATER MIDSTREAM, LLC	Elevation 3535'

Surface Location

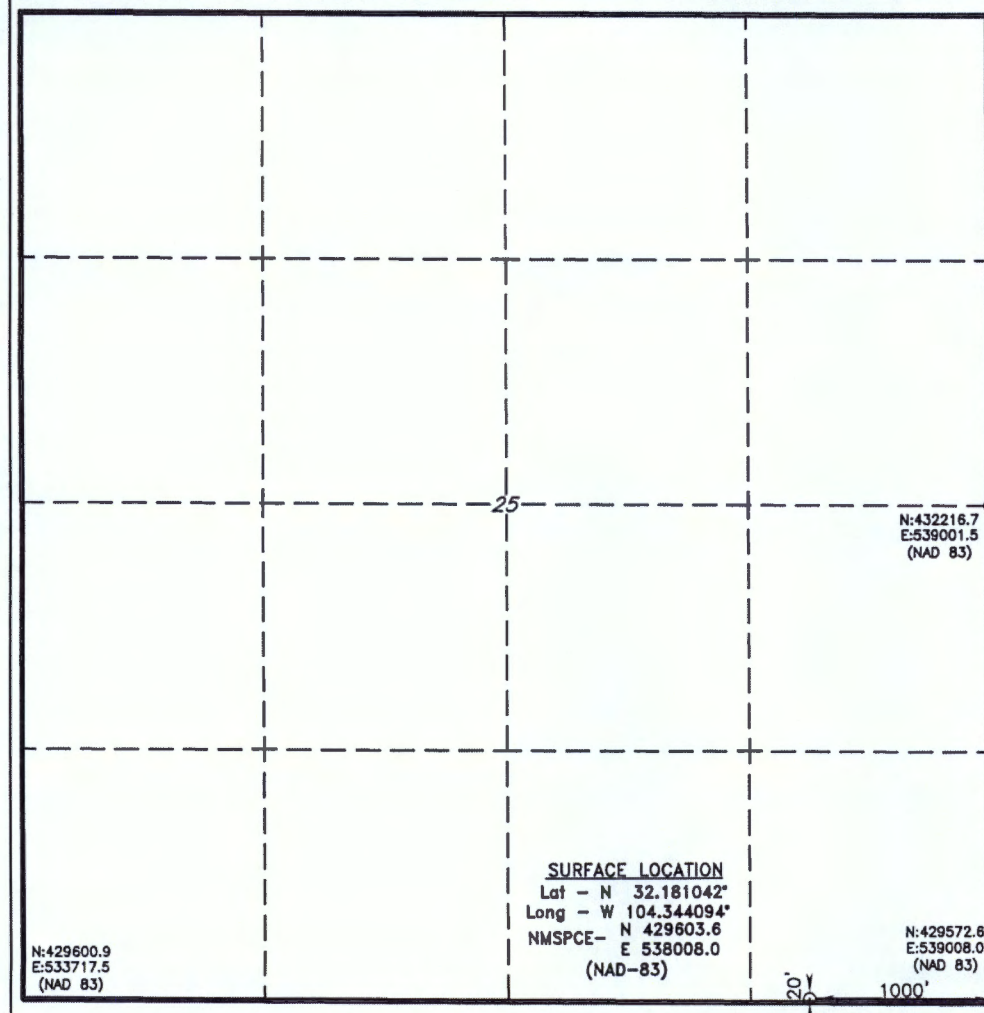
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	25	24 S	25 E		20	SOUTH	1000	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 5.50	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Ramona Hovey 4/3/2019
Signature Date

Ramona Hovey

Printed Name

ramona@lonquist.com

Email Address

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

OCTOBER 3, 2018

Date Surveyed

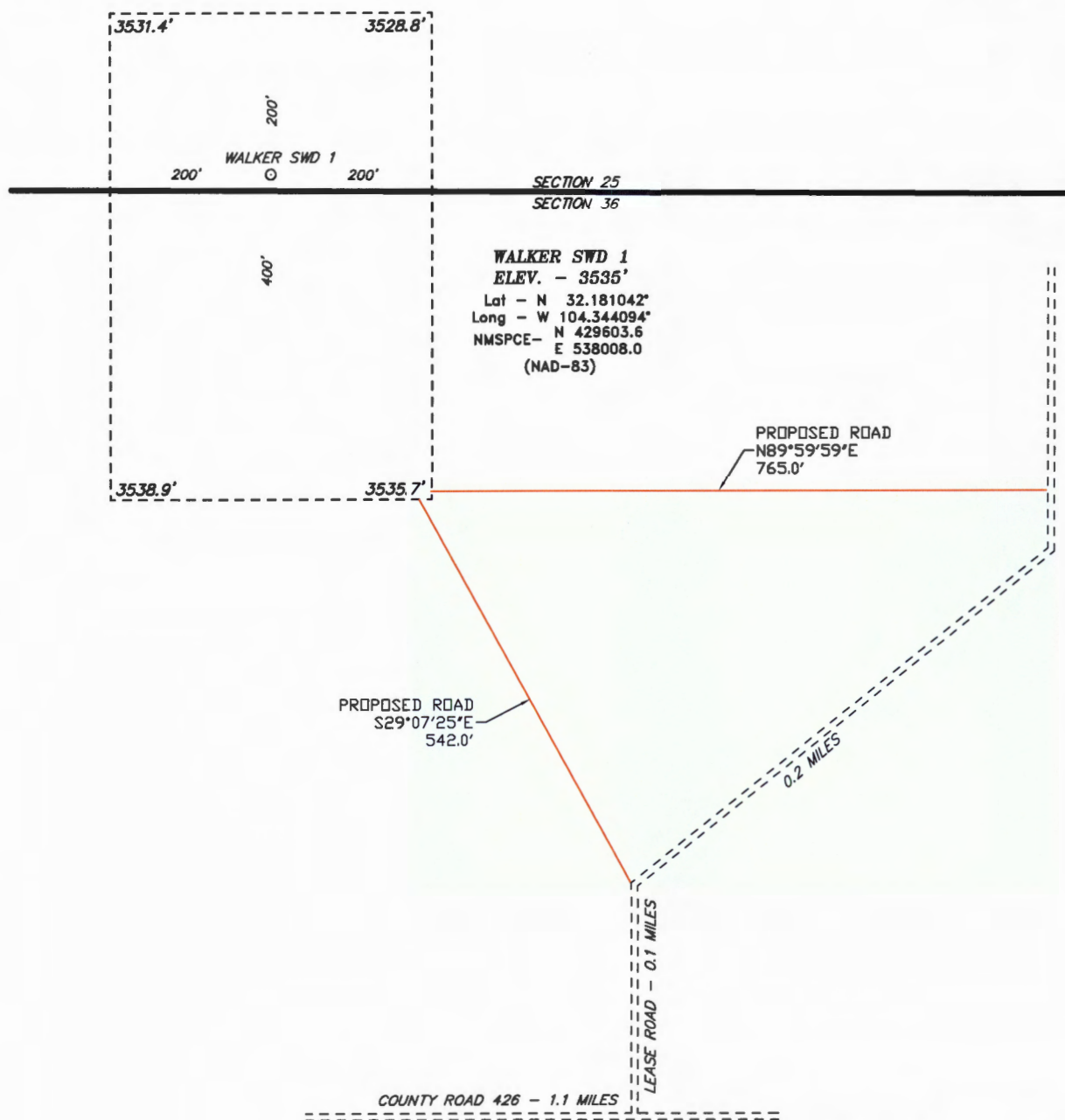
Signature & Seal of
Professional Surveyor

7977
Certificate No. 7977
Professional Surveyor

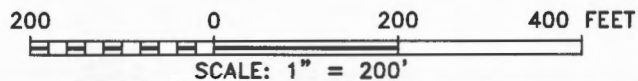
Scale: 1" = 1000'
WO Num.: 34093


0' 500' 1000' 1500' 2000'
SCALE: 1" = 1000'
WO Num.: 34093

**SECTION 25 TOWNSHIP 24 SOUTH, RANGE 25 EAST, N.M.P.M.,
EDDY COUNTY, NEW MEXICO.**



WHITES CITY, NM IS ± 2 MILES TO THE SOUTHWEST OF LOCATION.

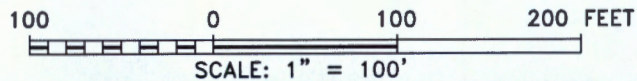
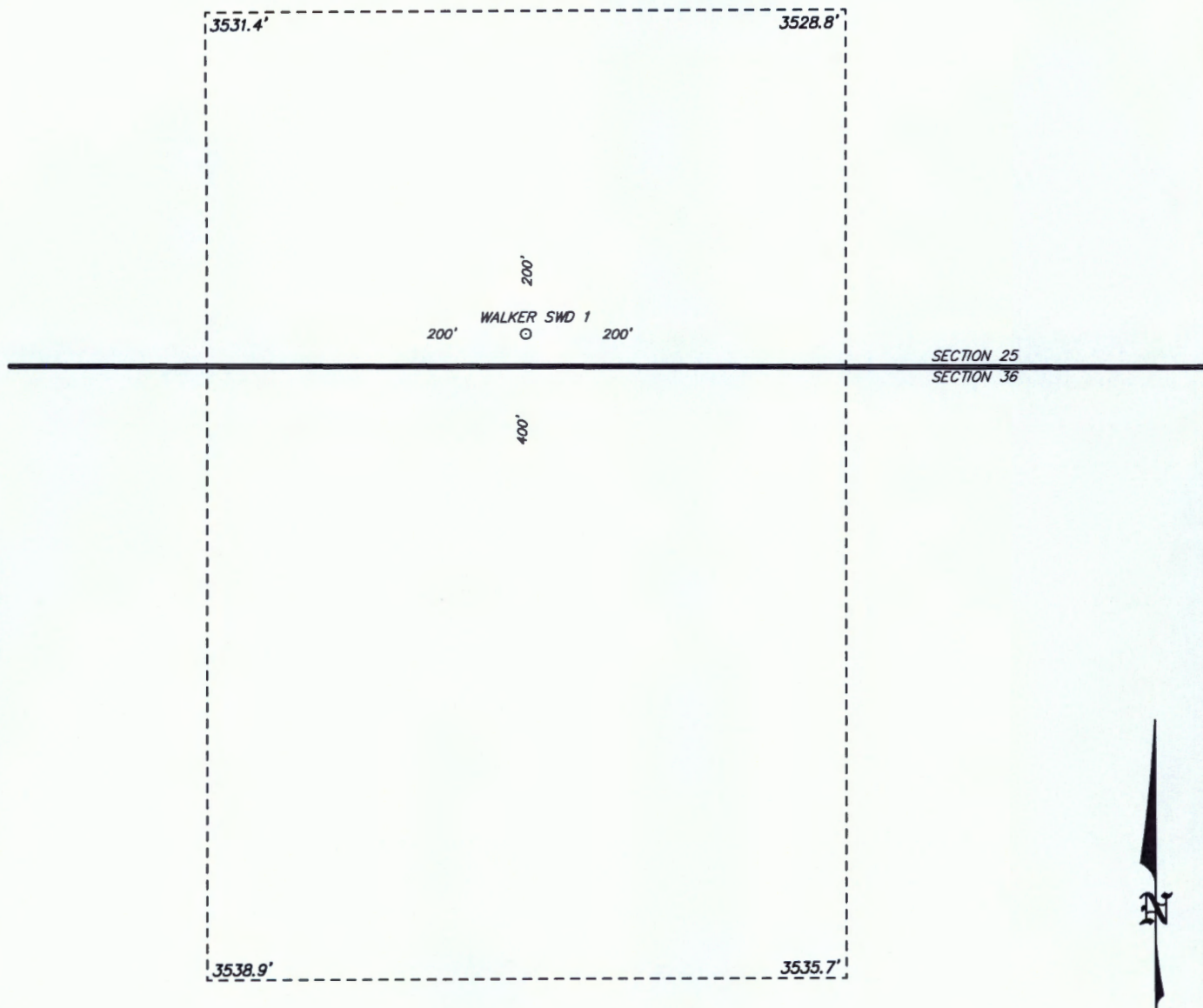


	SOLARIS WATER MIDSTREAM
	REF: WALKER SWD 1 / WELL PAD TOPO
<p>THE WALKER SWD 1 LOCATED 20 FROM THE SOUTH LINE AND 1000' FROM THE EAST LINE OF SECTION 25, TOWNSHIP 24 SOUTH, RANGE 25 EAST, N.M.P.M., EDDY COUNTY, NEW MEXICO.</p>	

basin
surveys
focused on excellence
in the oilfield

P.O. Box 1786
1120 N. West County Rd.
Hobbs, New Mexico 88241
(575) 393-7316 - Office
(575) 392-2206 - Fax
basinsurveys.com

**SECTION 25 TOWNSHIP 24 SOUTH, RANGE 25 EAST, N.M.P.M.,
EDDY COUNTY, NEW MEXICO.**



SOLARIS WATER MIDSTREAM

REF: WALKER SWD 1 / WELL PAD TOPO

THE WALKER SWD 1 LOCATED 20 FROM
THE SOUTH LINE AND 1000' FROM THE EAST LINE OF
SECTION 25, TOWNSHIP 24 SOUTH, RANGE 25 EAST,
N.M.P.M., EDDY COUNTY, NEW MEXICO.

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in the oilfield

P.O. Box 1786
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Hobbs, New Mexico 88241
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(575) 392-2206 - Fax
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W.O. Number: 34093

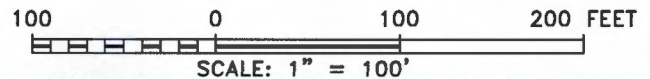
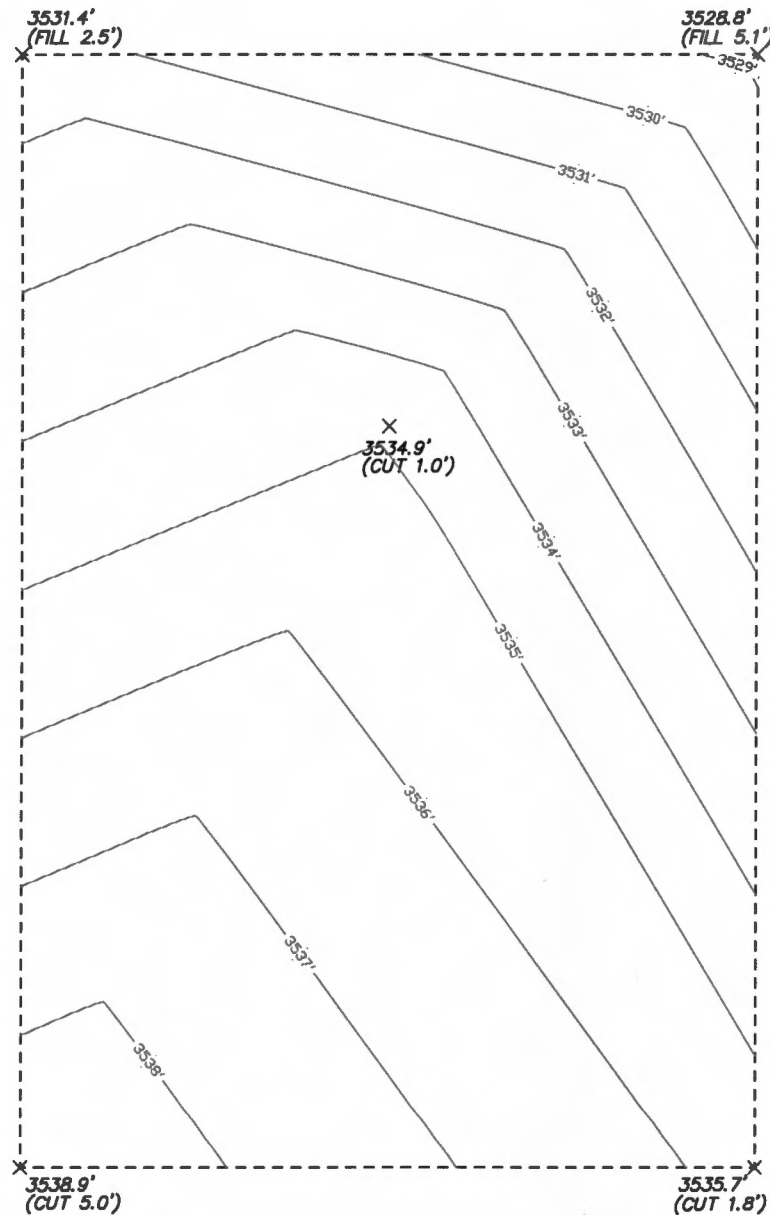
Drawn By: J GOAD


Date: 10-4-2018

Survey Date: 10-3-2018

Sheet 1 of 1 Sheets

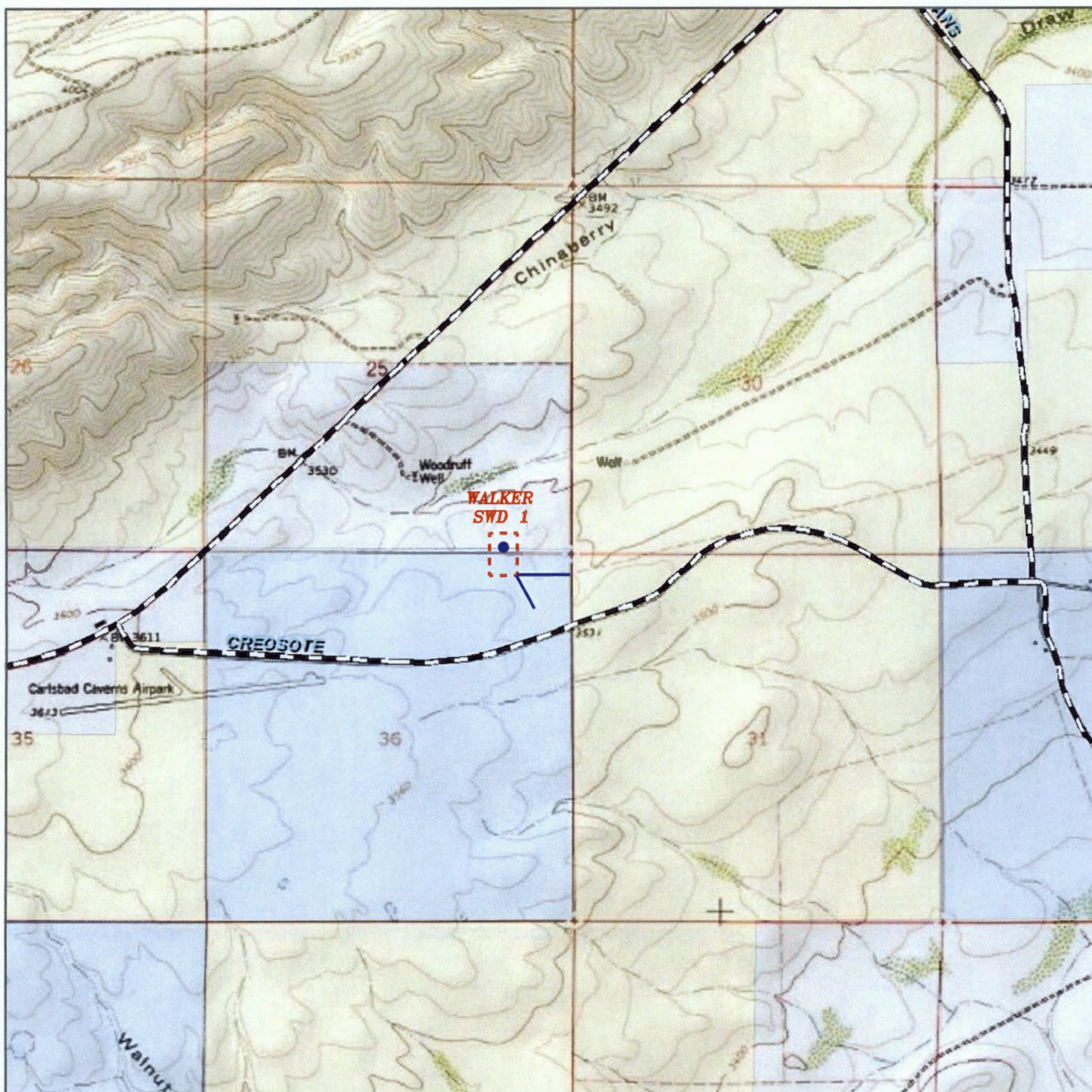
**SECTION 25 TOWNSHIP 24 SOUTH, RANGE 25 EAST, N.M.P.M.,
EDDY COUNTY, NEW MEXICO.**



	SOLARIS WATER MIDSTREAM
	REF: WALKER SWD 1 / CUT & FILL •
THE WALKER SWD 1 LOCATED 20 FROM THE SOUTH LINE AND 1000' FROM THE EAST LINE OF SECTION 25, TOWNSHIP 24 SOUTH, RANGE 25 EAST, N.M.P.M., EDDY COUNTY, NEW MEXICO.	

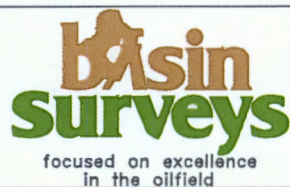
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WALKER SWD 1

Located 20' FSL & 1000' FEL
 Section 25, Township 24 South, Range 25 East,
 N.M.P.M., Eddy County, New Mexico.



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0' 1000' 2000' 3000' 4000'

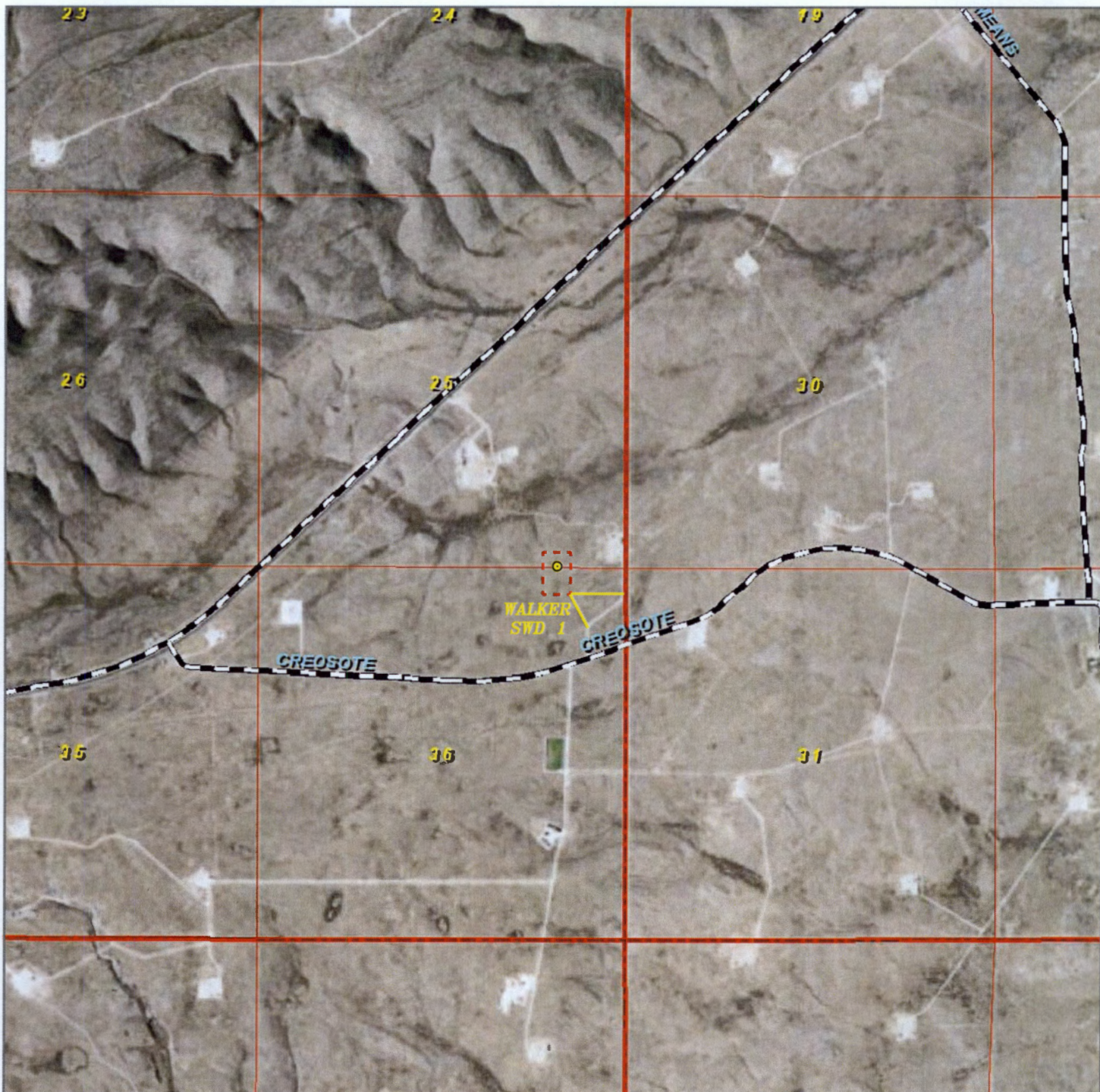
SCALE: 1" = 2000'

W.O. Number: JG - 34093

Survey Date: 10-3-2018

YELLOW TINT - USA LAND
 BLUE TINT - STATE LAND
 NATURAL COLOR - FEE LAND





WALKER SWD 1

Located 20' FSL & 1000' FEL
 Section 25, Township 24 South, Range 25 East,
 N.M.P.M., Eddy County, New Mexico.



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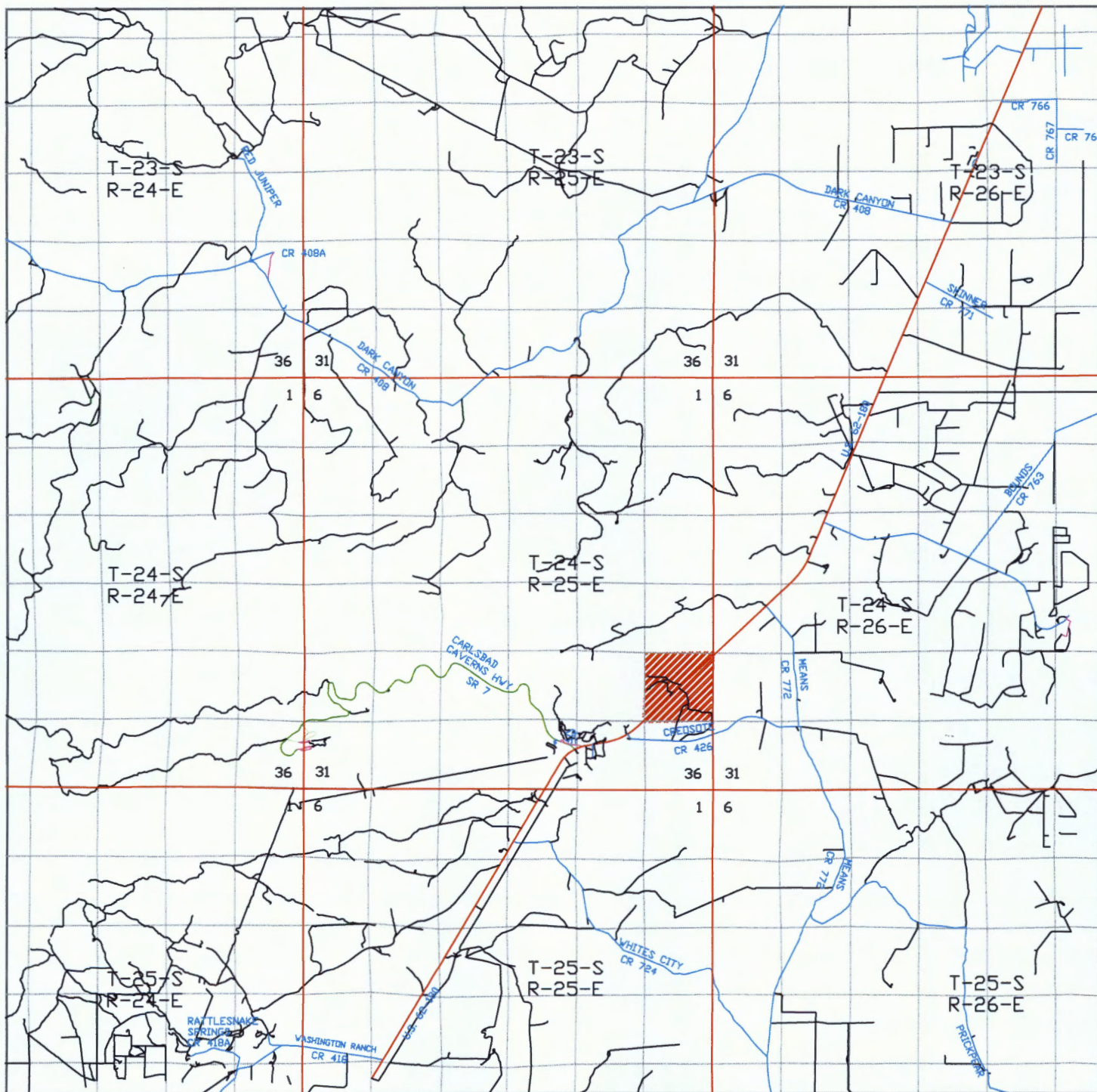
0' 1000' 2000' 3000' 4000'
 SCALE: 1" = 2000'

W.O. Number: JG - 34093

Survey Date: 10-3-2018

YELLOW TINT - USA LAND
 BLUE TINT - STATE LAND
 NATURAL COLOR - FEE LAND





WALKER SWD 1

Located 20' FSL & 1000' FEL
Section 25, Township 24 South, Range 25 East,
N.M.P.M., Eddy County, New Mexico.



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0 1 MI 2 MI 3 MI 4 MI
SCALE: 1" = 2 MILES

W.O. Number: JG - 34093

Survey Date: 10-3-2018

YELLOW TINT - USA LAND
BLUE TINT - STATE LAND
NATURAL COLOR - FEE LAND



SOLARIS WATER MIDSTREAM, LLC
Walker SWD #1
(PROPOSED MALEY #6 SWD)
Section 25-T24S-R25E
20' FSL & 1,000' FEL
Eddy County, New Mexico
GEOLOGICAL PROGNOSIS
9/28/2018
Jim Brannigan

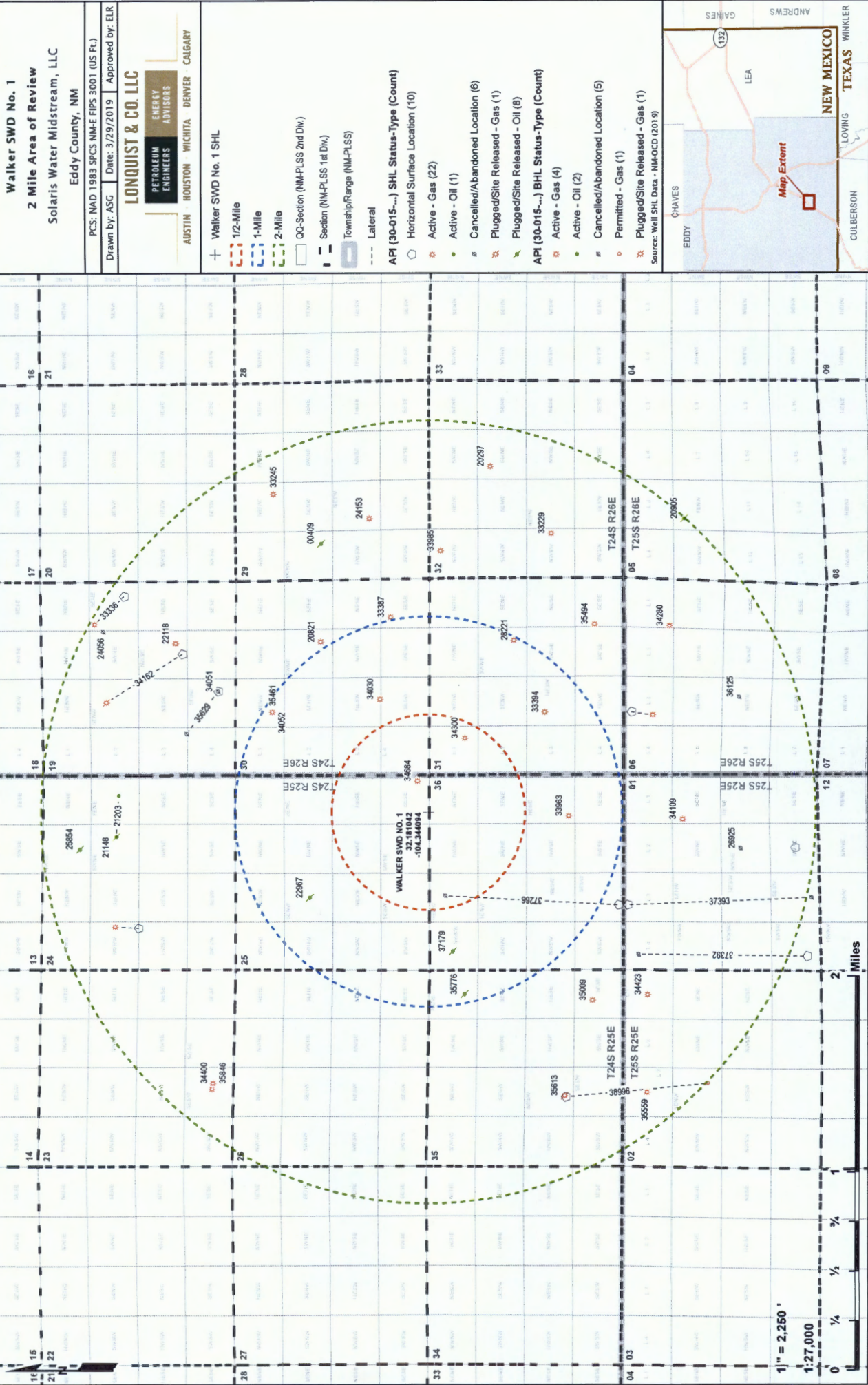
GL: 3,558' (est.)

KB: Unknown: 3,580' (+22' est.)

Proposed Injection Interval:

<u>Tops</u>	<u>Depths (est.)</u>	<u>Subsea (est.)</u>
Rustler	578'	+3,002
T/Salt	1,073'	+2,507
B/Salt	1,557'	+2,023
T/Bell Canyon – Oil	1,635'	+1,945
T/Cherry Canyon – Oil	2,415'	+1,165
T/Brushy Canyon – Oil	2,925'	+655
T/Bone Spring	5,285'	-1,705
T/1 st BS Sand – Oil	6,186'	-2,606
T/2 nd BS Sand – Oil	7,522'	-3,942
T/3 rd BS Sand – Oil	8,023'	-4,443
T/Wolfcamp – Oil	8,375'	- 4,795
T/Cisco – Gas	9,837'	-6,257
T/Strawn – Gas	10,190'	-6,610
T/Atoka – Gas	10,422'	-6,842
T/Morrow LS	10,965'	-7,385
T/Morrow Clastics – Gas	11,254'	-7,674
T/Lower Morrow – Gas	11,639'	-8,059
T/Barnett	11,852'	-8,272
T/Devonian	12,639'	-9,059

The Top of the Devonian was determined by Geomaps and interval tops.

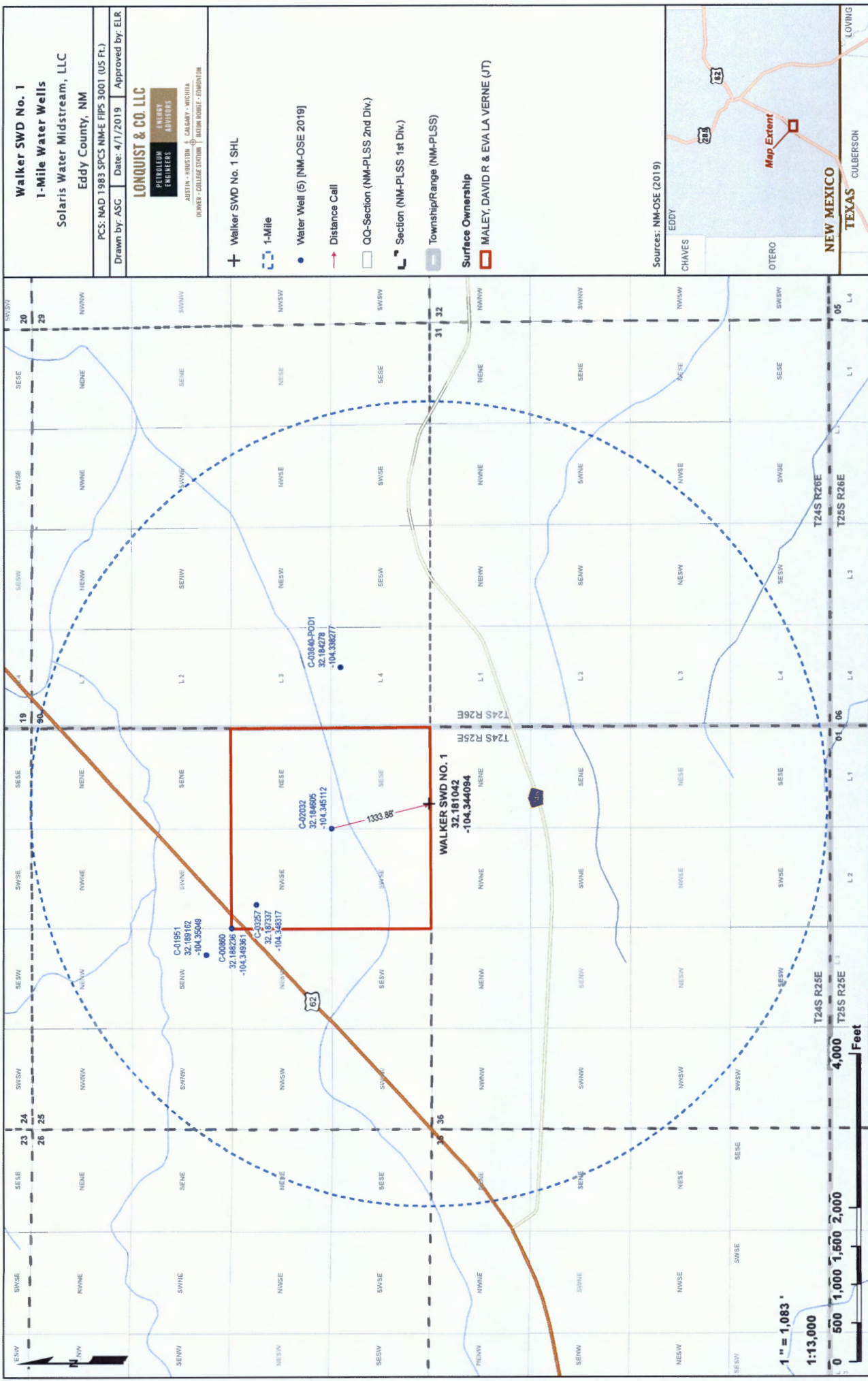


Walker SWD No. 1
1 Mile Area of Review List

API (30-015-...)	WELL NAME	WELL TYPE	STATUS	OPERATOR	TVD (FT.)	LATITUDE (NAD83 DD)	LONGITUDE (NAD83 DD)	SPUD DATE	FIELD
22867	CAVERNS FEDERAL #001	O	P	SNOW OIL & GAS INC	11772	32.1899643000	-104.351554900	11/7/1979	[96032] WILDCAT, GROUP 1
28221	WHITE CITY 31 FEDERAL #001	G	A	CHEVRON U S A INC	11901	32.1746635000	-104.328071000	12/6/1994	[87280] WHITE CITY, PENN (GAS)
34052	J M GATES NCT-1 FEDERAL #004C	G	C	CINAREX ENERGY CO. OF COLORADO	0	32.1927632298	-104.335352220	12/31/1999	[87280] WHITE CITY, PENN (GAS)
35461	J M GATES FEDERAL NCT-1 #004	G	A	CINAREX ENERGY CO. OF COLORADO	12000	32.1927643000	-104.335365300	4/75/2007	[87280] WHITE CITY, PENN (GAS); [97693] BLACK RIVER, WOLF CAMP, SW (GAS); [98220] PURPLE SAGE, WOLF CAMP (GAS)
34300	WHITE CITY 31 FEDERAL #003	G	A	CINAREX ENERGY CO. OF COLORADO	12135	32.1783714000	-104.337623600	3/11/2005	[87280] WHITE CITY, PENN (GAS)
33963	PARK STATE 36 COM #001	G	A	CINAREX ENERGY CO. OF COLORADO	12074	32.1705322000	-104.344398500	4/21/2005	[74900] CHOSA DRAW, MORROW (GAS); [97566] WALNUT CANYON, UPPER PENN (GAS); [97693] BLACK RIVER, WOLF CAMP, SW (GAS); [98220] PURPLE SAGE, WOLF CAMP (GAS)
33394	WHITE CITY 31 FEDERAL A #002	G	A	CINAREX ENERGY CO. OF COLORADO	12079	32.1723328000	-104.353530000	12/23/2004	[87280] WHITE CITY, PENN (GAS); [98220] PURPLE SAGE, WOLF CAMP (GAS)
37179	PARK STATE 36 COM #002	O	P	CINAREX ENERGY CO. OF COLORADO	4850	32.1792259000	-104.356323200	9/20/2009	[96383] WHITE CITY, DELAWARE
34030	J M GATES FEDERAL NCT-1 #003	G	A	CINAREX ENERGY CO. OF COLORADO	12155	32.1846952000	-104.334236100	5/25/2005	[87280] WHITE CITY, PENN (GAS); [97566] WALNUT CANYON, UPPER PENN (GAS); [74900] CHOSA DRAW, MORROW (GAS); [98220] PURPLE SAGE, WOLF CAMP, SW (GAS); [98220] PURPLE SAGE, WOLF CAMP (GAS)
34684	OZLEY 25 FEDERAL #001	G	A	CINAREX ENERGY CO. OF COLORADO	11259	32.1818924000	-104.341354400	4/26/2006	[97693] BLACK RIVER, WOLF CAMP, SW (GAS); [98220] PURPLE SAGE, WOLF CAMP (GAS)
37266	PARK STATE 36 COM #003	O	C	CINAREX ENERGY CO. OF COLORADO	0	32.1668081357	-104.352150318	12/31/1999	[97693] BLACK RIVER, WOLF CAMP, SW (GAS); [98220] PURPLE SAGE, WOLF CAMP (GAS)
35776	HOT SEAT FEDERAL COM #002	O	P	COG OPERATING LLC	11900	32.1783409000	-104.360076900	1/6/2008	[74900] CHOSA DRAW, MORROW (GAS); [97841] WILDCAT G-04 5252501H, BONE SPRING

Walker SWD No. 1
1 Mile Offset Operators and Lessees List

S/IR	Q/UNIT LETTER(S)	OPERATOR	MINERAL LESSEE	MINERAL OWNER	SURFACE OWNER	ADDRESS 1	ADDRESS 2
25/7245/R2DE	A,B,G,H,I,J,O,P	CIMAREX ENERGY CO. OF COLORADO	-	-	-	600 N. MARIENFELD STREET SUITE 600	MIDLAND, TX 79701
	A,B,C,D,E,F,G,H,I,J,O,P	-	SWTN ENE PROD CO	-	SCOTT, JOHN & SUSAN & GREGORY, ALAN DAVID	2350 N SAM HOUSTON	HOUSTON TX 77062
	K,L,M,N	-	-	-	MALEY DAVID & LAVERN (JT)	1830 N CANAL	CARLSBAD NM 88220
	K,L,M,N	-	-	-	-	PO BOX 519	CARLSBAD NM 88220519
26/7245/R2DE	A,H	-	SWTN ENE PROD CO	-	-	2350 N SAM HOUSTON	HOUSTON TX 77032
26/7245/R2DE	A,H	-	-	-	-	600 W ILLINOIS AVE	MIDLAND, TX 79701
36/7245/R2DE	A,B,G,H,I,J,O,P	COG OPERATING LLC	-	-	-	600 N MARIENFELD ST STE 600	MIDLAND TX 797014405
	A,H	-	CIMAREX ENERGY CO	-	-	600 N. MARIENFELD STREET SUITE 600	MIDLAND, TX 79701
	A,B,G,H,I,J,O,P	CIMAREX ENERGY CO. OF COLORADO	-	-	-	600 N. MARIENFELD STREET SUITE 600	MIDLAND, TX 79701
30/7245/R2DE	ENTIRE SECTION	CHEVRON U S A INC	MAGNUM HUNTER PRODUCTION, INC.	-	-	600 N MARIENFELD STREET SUITE 600	MIDLAND, TX 79701
	ENTIRE SECTION	CHEVRON U S A INC	-	-	-	6301 DEANVILLE BLVD	MIDLAND, TX 79708
	ENTIRE SECTION	CIMAREX ENERGY CO. OF COLORADO	-	-	-	600 N. MARIENFELD STREET SUITE 600	MIDLAND, TX 79701
	ENTIRE SECTION	-	CHEVRON USA INC	-	-	6001 DEANVILLE	MIDLAND TX 79708264
31/7245/R2DE	ENTIRE SECTION	CHEVRON U S A INC	-	-	-	6301 DEANVILLE BLVD	MIDLAND, TX 79708
	ENTIRE SECTION	CIMAREX ENERGY CO. OF COLORADO	-	-	-	600 N. MARIENFELD STREET SUITE 600	MIDLAND, TX 79701
	ENTIRE SECTION	-	CHEVRON USA INC	-	-	6301 DEANVILLE	MIDLAND TX 79708264
Surface Location	-	-	-	BUREAU OF LAND MANAGEMENT	KIMBLEY, NATALIE K	PO BOX 519	CARLSBAD NM 88220



Water Rights Summary - Walker SWD No. 1

Well Name	Use	Use of Well	Status	POD Status	Owner Last Name	Owner First Name	Well Depth	Water Depth	UTM Easting	UTM Northing
C 01951	PUB	null	PMT	null	NEW MEXICO STATE HIGHWAY DEPT.	null	null	null	561224	3561588
C 03257	STK	null	PMT	PEN	MALEY	DAVID	null	null	561430	3561387
C 03640 POD1	STK	null	PMT	null	COX	JOE	null	null	562378.5	3561053.7
C 00860	STK	null	PMT	ACT	WHITE	HILARY	700	540	561331	3561486
C 02032	STK	null	PMT	null	MALEY	DAVID R	null	null	561734	3561086



New Mexico Office of the State Engineer

Water Right Summary



[get image list](#)

WR File Number: C 00860

Subbasin: C

Cross Reference: -

Primary Purpose: STK 72-12-1 LIVESTOCK WATERING

Primary Status: PMT PERMIT

Total Acres:


Subfile: -

Total Diversion: 3

Cause/Case: -

Owner: HILARY WHITE

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
 get images	461664	72121	1958-10-22	PMT	LOG C 00860	T		3	

Current Points of Diversion

POD Number	Well Tag	Source	Q Q Q			(NAD83 UTM in meters)		Other Location Desc
			64	16	4	Sec	Tws Rng	
C 00860		Artesian	25	24S	25E	561331	3561486*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer Water Right Summary



WR File Number: C 01951 **Subbasin:** C **Cross Reference:-**
Primary Purpose: PUB 72-12-1 CONSTRUCTION OF PUBLIC WORKS
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 0 **Cause/Case:** -
Owner: NEW MEXICO STATE HIGHWAY DEPT.
Contact: MICHAEL PULICE

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
464914	72121	1981-02-25	PMT	APR	C 01951	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Well Tag	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
C 01951			4	4	1	25	24S	25E	561224	3561588*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: C 02032 **Subbasin:** C **Cross Reference:** -
Primary Purpose: STK 72-12-1 LIVESTOCK WATERING
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: DAVID R MALEY
Contact: DON TITUS
Owner: EVA LAVERNE MALEY
Contact: DON TITUS

Documents on File

	Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
				1	2					
get images	600009	COWNF	2016-12-08	CHG	PRC	C 02032	T		0	
get images	465346	72121	1982-08-16	PMT	APR	C 02032	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Well Tag	Source	Q	Q	Q	4	Sec	Tws	Rng	X	Y	Other Location Desc
C 02032			64	16	4							
			4	25	24S	25E				561734	3561086*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: C 03257 **Subbasin:** C **Cross Reference:** -
Primary Purpose: STK 72-12-1 LIVESTOCK WATERING
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: DAVID MALEY

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
468304	72121	2006-01-19	PMT	APR	C 03257	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Well Tag	Source	Q	Q	Q	6416 4	Sec	Tws	Rng	X	Y	Other Location Desc
C 03257			1	1	4	25	24S	25E		561430	3561387*	

An () after northing value indicates UTM location was derived from PLSS - see Help




New Mexico Office of the State Engineer Water Right Summary



WR File Number: C 03640 **Subbasin:** C **Cross Reference:** -
Primary Purpose: STK 72-12-1 LIVESTOCK WATERING
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Agent: JOE COX
Owner: JANET COX
Owner: BLM
Contact: STEVE DALY, CFO

Documents on File

Trn #	Doc	File/Act	Status			From/ To	Acres	Diversion	Consumptive
			1	2	Transaction Desc.				
 527865	72121	2013-05-16	PMT	APR	C 03640	T		3	

Current Points of Diversion

POD Number	Well Tag	Source	Q Q Q			(NAD83 UTM in meters)			Other Location Desc
			64	16	4	Sec	Tws	Rng	
C 03640 POD1			2	3	3	30	24S	26E	562378 3561053 

Walker SWD No. 1
Offsetting Produced Water Analysis

Well Name	API	Section	Township	Range	Unit	County	Field	Formation	ph	tcs_mgl	sodium_mgl	calcium_mgl	iron_mgl	magnesium_mgl	manganese_mgl	chloride_mgl	bicarbonate_mgl	sulfate_mgl	co2_mgl
FED D #002	3001500389	12 24S	26E	P	EDDY	BLACK RIVER	BLACK RIVER	ATOKA	8.2	246599	60623						134000	2370	3990
FED D GAS COM #001	3001522886	25 23S	28E	C	EDDY	COLEBIA BLUFF SOUTH	COLEBIA BLUFF SOUTH	ATOKA	7.9	217050		8281.7					128000	1090	3300
WILLIAMS GAS COM #001	3001541145	32 24S	27E	D	EDDY	COLEBIA BLUFF SOUTH	COLEBIA BLUFF SOUTH	ATOKA	7.9	217050		8281.7					128000	1090	3300
DOC HOLIDAY 12 STATE COM #001	3001541145	32 24S	27E	D	EDDY	COLEBIA BLUFF SOUTH	COLEBIA BLUFF SOUTH	ATOKA	7.9	217050		8281.7					128000	1090	3300
PREACHER 19 FEDERAL #003H	3001541187	19 24S	27E	O	EDDY	BONE SPRING 2ND SAND	BONE SPRING 2ND SAND	BONE SPRING 2ND SAND	6.5	193785	5286.2	5552.4	49.5	103900	0	103900	366	0	470
JOSEY WALES 16 STATE COM #003H	3001541090	16 24S	27E	O	EDDY	BONE SPRING 2ND SAND	BONE SPRING 2ND SAND	BONE SPRING 2ND SAND	6.47	178419.6	56193	7263	34	907	0.8	111857	146.4	573	350
DOC HOLIDAY 12 STATE COM #001	3001541145	32 24S	27E	O	EDDY	BONE SPRING 2ND SAND	BONE SPRING 2ND SAND	BONE SPRING 2ND SAND	6.3	205799.3	64414.4	9202.6	68.4	1164.7	1.1	128748.7	122	17	430
BRADLEY FEDERAL #002	3001500387	11 24S	26E	P	EDDY	BLACK RIVER	BLACK RIVER	DELAWARE		230993							137300	650	3099
CRAWFORD #001	3001501121	9 24S	27E	M	EDDY			DELAWARE		95055							58570	95	187
GOMEZ #001	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
XIN #001	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
WILLIAMS 16 STATE COM #001	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
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AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812							189600	192	2040
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AMACOS FEDERAL 11 #005	3001522595	15 24S	27E	K	EDDY			DELAWARE		301812									

McMillan, Michael, EMNRD

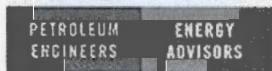
From: Ramona Hovey <ramona@lonquist.com>
Sent: Tuesday, April 16, 2019 8:12 AM
To: McMillan, Michael, EMNRD
Subject: [EXT] RE: Walker Affected Parties Affidavit
Attachments: AffidavitofPublication_Walker.pdf

I apologize – I misheard yesterday. Here is the affidavit. Sorry for hassle!

Regards,

Ramona Hovey
Sr. Petroleum Engineer

LONQUIST & CO. LLC



Office: 512-600-1777 Cell: 512-585-0654
12912 Hill Country Blvd., Suite F-200, Austin, Texas, 78738
ramona@lonquist.com · www.lonquist.com

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From: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Sent: Tuesday, April 16, 2019 8:54 AM
To: Ramona Hovey <ramona@lonquist.com>
Subject: RE: Walker Affected Parties Affidavit

Where is the affidavit of publication?

From: Ramona Hovey <ramona@lonquist.com>
Sent: Monday, April 15, 2019 4:59 PM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Subject: [EXT] Fwd: Walker Affected Parties Affidavit

Sent from my iPhone

Begin forwarded message:

From: Tyler Moehlman <tyler.moehlman@lonquist.com>
Date: April 15, 2019 at 5:45:42 PM CDT
To: Ramona Hovey <ramona@lonquist.com>
Subject: Walker Affected Parties Affidavit

Ramona,

Attached is the affected parties affidavit for the Walker.

Tyler F. Moehlman,
Petroleum Engineer

[External email]

CARLSBAD
CURRENT-ARGUS

AFFIDAVIT OF PUBLICATION

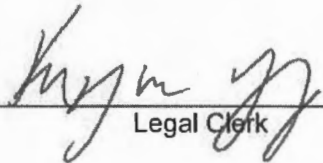
Ad No.
0001281767

LONQUIST FIELD SERVICE
1001 MCKINNEY ST., SUITE 1650

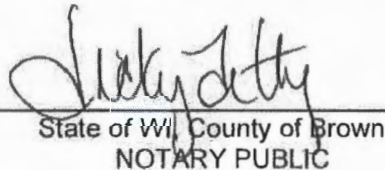
HOUSTON TX 77002

I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

03/30/19


Legal Clerk

Subscribed and sworn before me this
1st of April 2019.


State of WI, County of Brown
NOTARY PUBLIC

9-19-21
My Commission Expires

Legal Notice

Solaris Water Midstream, LLC, 907 Tradewinds Blvd., Suite B, Midland, TX 79706, is filling Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division for administrative approval for its salt water disposal well Walker SWD No. 1. The proposed well will be located 20' FSL & 1,000' FEL in Section 25, Township 24S, Range 25E in Eddy County, New Mexico. Disposal water will be sourced from area production, and will be injected into the Devonian-Silurian formation (determined by offset log analysis) through an open hole completion between a maximum applied for top of 12,639 feet to a maximum depth of 14,439 feet. The maximum surface injection pressure will not exceed 2,528 psi with a maximum rate of 40,000 BWPd. Interested parties opposing the action must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505, within 15 days. Additional information can be obtained from the applicant's agent, Lonquist & Co., LLC, at (512) 600-1774.

March 30, 2019

Ad#:0001281767
P O : Walker SWD #1
of Affidavits :0.00

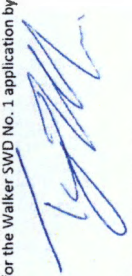


Walker SWD No. 1 - List of Affected Parties

Walker SWD No. 1 – List of Affected Parties						
Solaris Water Midstream, LLC						
COUNTY CLERK	MAILING ADDRESS	PHONE	TRACKING # (USPS)	DATE SHIPPED	DATE RECEIVED	
OIL CONSERVATION DIVISION DISTRICT II	811 S. FIRST ST., ARTESIA, NM 88210		7018 1130 0001 5497 1053			
OIL CONSERVATION DIVISION DISTRICT IV	1220 S ST FRANCIS DR, SANTA FE, NM 87505		FEDEX - 7749 3136 9142			
SURFACE LANDOWNERS						
David R. and Eva Laverne Mailey	P.O. Box 519, Carlsbad, NM 88221-0519					
John & Susan Scott	1830 N Canal, Carlsbad, NM 88220		7018 1130 0001 5497 1077			
Alan David Gregory	1830 N Canal, Carlsbad, NM 88220		7018 1130 0001 5497 1084			
David & Lavern (JT) Mailey	P.O. Box 519, Carlsbad, NM 88221-0519		7018 1130 0001 5497 1060			
GOVERNMENT AGENCY						
Bureau of Land Management	620 E Greene Street Carlsbad, NM 88220		7018 1130 0001 5497 1091			
New Mexico State Land Office	310 Old Santa Fe Trail Santa Fe, NM 87501		FEDEX - 7749 3139 7142			
AFFECTED PARTIES						
Chevron USA Inc.	6301 Deauville, Midland, TX 79706-2964		7018 1130 0001 5497 1107			
Cimarex Energy Company of Colorado	600 N. Marienfield St., Suite 600, Midland, TX, 79701-4405		7018 1130 0001 5497 1114			
COG Operating, LLC	600 W. Illinois Ave, Midland, TX 79701-4882		7018 1130 0001 5497 1121			
Concho Oil & Gas, LLC	600 W. Illinois Ave, Midland, TX 79701-4882		7018 1130 0001 5497 1121			
EOG A Resources, Inc.	105 S. 4th St., Artesia, NM 88210-2177		7018 1130 0001 5497 1138			
EOG M Resources, Inc.	105 S. 4th St., Artesia, NM 88210-2177		7018 1130 0001 5497 1138			
EOG Y Resources, Inc.	105 S. 4th St., Artesia, NM 88210-2177		7018 1130 0001 5497 1138			
Featherstone Development Corporation	P.O. Box 429, Roswell, NM 88202-0429		7018 1130 0001 5497 1145			
Franklin Resources, LP	4880 S. Franklin St., Englewood, CO 80113		7018 1130 0001 5497 1152			
Gerald and Connie Fugate	205 W. Peach Lane, Carlsbad, NM 88220		7018 1130 0001 5497 1169			
Magnum Hunter Production, Inc.	600 East Las Colinas Blvd., Suite 1100, Irving, TX 75039		7018 1130 0001 5497 1176			
OXY Y-1 Company	P.O. Box 27570, Houston, TX 77227-7570		7018 1130 0001 5497 1183			
Parrot Head Properties, LLC	P.O. Box 429, Roswell, NM 88202		7018 1130 0001 5497 1190			
Phoenix Four, LLC	4455 Camp Bowie Blvd., Suite 114-PMB 98, Fort Worth, TX 76107		7018 1130 0001 5497 1206			
Prospector, LLC	P.O. Box 429, Roswell, NM 88202		7018 1130 0001 5497 1213			
Scratch Properties LLC	P.O. Box 1287, Artesia, NM 88211		7018 1130 0001 5497 1220			
Southwestern Energy Production Company	2350 N Sam Houston, Houston, TX 77032		7018 1130 0001 5497 1237			
Tularosa Mineral Company	P.O. Box 471349, Fort Worth, TX 76147		7018 1130 0001 5497 1244			
Vanguard Operating, LLC	5847 San Felipe St., Suite 3000, Houston, TX 77057-3999		7018 1130 0001 5497 1251			
White City Resort NM, LLC	1501 Mountain Shadow, Carlsbad, NM 88220		7018 1130 0001 5497 1268			

Notices were sent for the Walker SWD No. 1 application by mailing them a copy of the Form C-108 on April 10, 2019.

Sincerely,


Tyler F. Moehman
Petroleum Engineer / Lonquist & Co., LLC
Agent For Solaris Water Midstream, LLC

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:

OIL CONSERVATION DIVISION
DISTRICT II
811 S FIRST STREET
ARTESIA NM 88210
1927 WALKER SWD #1



9590 9402 4694 8323 0115 66

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

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 (over \$500)

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

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

Domestic Return Receipt

 U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

Street

City, &

 Postmark
 Here

OIL CONSERVATION DIVISION
DISTRICT II
811 S FIRST STREET
ARTESIA NM 88210
1927 WALKER SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®

7018 1130 0001 5497 1053

7018 1130 0001 5497 1053

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:

**DAVID R & EVA LAVERNE MALEY
DAVID & LAVERN (JT) MALEY
PO BOX 519
CARLSBAD NM 88221-0519
1927 WALKER SWD #1**



9590 9402 4694 8323 0115 59

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1060

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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7018 1130 0001 5497 1060**

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

- | | |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage

\$

Total

\$

Sent

Street

City

**DAVID R & EVA LAVERNE MALEY
DAVID & LAVERN (JT) MALEY
PO BOX 519
CARLSBAD NM 88221-0519
1927 WALKER SWD #1**

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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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:

**JOHN & SUSAN SCOTT
1830 N CANAL
CARLSBAD NM 88220**

1927 WALKER SWD #1



9590 9402 4694 8323 0115 42

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1077

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

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 (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total

\$

Sen

State

City

**JOHN & SUSAN SCOTT
1830 N CANAL
CARLSBAD NM 88220**

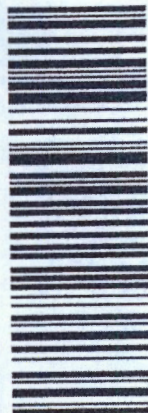
1927 WALKER SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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7018 1130 0001 5497 1077

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:

ALAN DAVID GREGORY
1830 N CANAL
CARLSBAD NM 88220

1927 WALKER SWD #1



9590 9402 4693 8323 9924 22

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1084

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

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

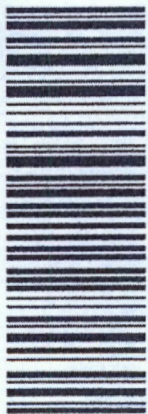
☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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7018 1130 0001 5497 1084

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted Delivery☐ Adult Signature Required☐ Adult Signature Restricted Delivery

Postage

\$

Total

\$

Sent

Street

City, State

Postmark
Here

ALAN DAVID GREGORY

1830 N CANAL

CARLSBAD NM 88220

1927 WALKER SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**BUREAU OF LAND MGMT
620 E GREENE STREET
CARLSBAD NM 88220**

1927 WALKER SWD #1



9590 9402 4693 8323 9924 15

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1091

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

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

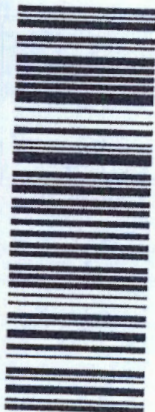
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7018 1130 0001 5497 1091
7018 1130 0001 5497 1091

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Tot

\$

Ser

Str

City

Postmark
Here

**BUREAU OF LAND MGMT
620 E GREENE STREET
CARLSBAD NM 88220**

1927 WALKER SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CHEVRON USA INC
6301 DEAUVILLE
MIDLAND TX 79706-2964

1927 WALKER SWD #1



9590 9402 4693 8323 9924 08

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1107

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

- | | |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark
Here

Postage

\$

Total

\$

Sent

Street

City

CHEVRON USA INC
6301 DEAUVILLE
MIDLAND TX 79706-2964

1927 WALKER SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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7018 1130 0001 5497 1107
7018 1130 0001 5497 1107

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**CIMAREX ENERGY CO OF COLORADO
600 N MARIENFIELD ST STE 600
MIDLAND TX 79701-4405**

1927 WALKER SWD #1



9590 9402 4693 8323 9923 92

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1114

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

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 (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total F

\$

Sent To

Street

City, St.

**CIMAREX ENERGY CO OF COLORADO
600 N MARIENFIELD ST STE 600
MIDLAND TX 79701-4405**

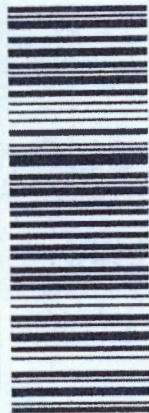
1927 WALKER SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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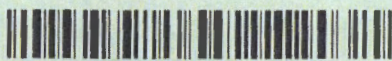
7018 1130 0001 5497 1114
7018 1130 0001 5497 1114

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:

**COG OPERATING LLC
CONCHO OIL & GAS LLC
600 W ILLINOIS AVE
MIDLAND TX 79701-4882
1927 WALKER SWD #1**



9590 9402 4693 8323 9923 85

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1121

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

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 (over \$500)

☐ 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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OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total

\$

Sent

Street

City

**COG OPERATING LLC
CONCHO OIL & GAS LLC
600 W ILLINOIS AVE
MIDLAND TX 79701-4882
1927 WALKER SWD #1**

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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**7018 1130 0001 5497 1121
7018 1130 0001 5497 1121**

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 Addresscard to:

**EOG A RESOURCES INC
EOG M RESOURCES INC
EOG Y RESOURCES INC
105 S 4TH ST
ARTESIA NM 88210-2177
1927 WALKER SWD #1**



9590 9402 4693 8323 9923 78

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1138

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

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 (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

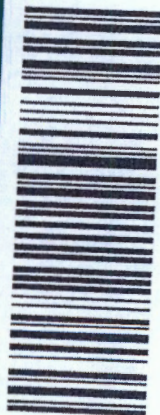
☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



**7018 1130 0001 5497 1138
7018 1130 0001 5497 1138**

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Domestic Mail Only**

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OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total

\$

Seni

Stre

City

**EOG A RESOURCES INC
EOG M RESOURCES INC
EOG Y RESOURCES INC
105 S 4TH ST
ARTESIA NM 88210-2177
1927 WALKER SWD #1**

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**FEATHERSTONE DEVELOPMENT CORP
PO BOX 429
ROSWELL NM 88202-0429**

1927 WALKER SWD #1



9590 9402 4693 8323 9923 61

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1145

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

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 (over \$500)

☐ 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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Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total

\$

Sent

Street

City

**FEATHERSTONE DEVELOPMENT CORP
PO BOX 429
ROSWELL NM 88202-0429**

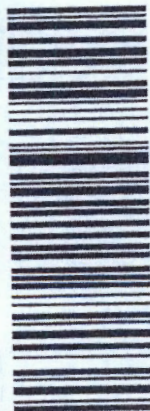
1927 WALKER SWD #1

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7018 1130 0001 5497 1145
7018 1130 0001 5497 1145

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</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">FRANKLIN RESOURCES LP 4880 S FRANKLIN ST ENGLEWOOD CO 80113</p> <p style="text-align: center;">1927 WALKER SWD #1</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 1130 0001 5497 1152</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 checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
<p>For delivery information, visit our website at www.usps.com®.</p> <p style="text-align: center;">OFFICIAL USE</p>	
<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	<p>Postmark Here</p>
<p>Postage</p> <p>\$ _____</p> <p>Total Price</p> <p>\$ _____</p> <p>Sent To</p> <p>Street &</p> <p>City, St.</p>	<p style="text-align: center;">FRANKLIN RESOURCES LP 4880 S FRANKLIN ST ENGLEWOOD CO 80113</p> <p style="text-align: center;">1927 WALKER SWD #1</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

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:

GERALD AND CONNIE FUGATE
205 W PEACH LANE
CARLSBAD NM 88220

1927 WALKER SWD #1



9590 9402 4693 8323 9923 47

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1169

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

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

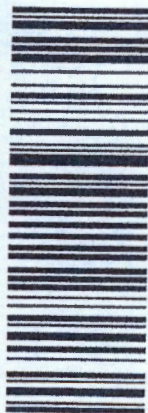
- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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7018 1130 0001 5497 1169

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OFFICIAL USE

Certified Mail Fee

- \$ _____
- Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) \$ _____
- ☐ Return Receipt (electronic) \$ _____
- ☐ Certified Mail Restricted Delivery \$ _____
- ☐ Adult Signature Required \$ _____
- ☐ Adult Signature Restricted Delivery \$ _____

Postage

\$ _____

Total \$ _____

Sent To

Street

City, S

GERALD AND CONNIE FUGATE
205 W PEACH LANE
CARLSBAD NM 88220

1927 WALKER SWD #1

Postmark
 Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions