

SWD 1852

Revised March 23, 2017

RECEIVED: 11/15/18	REVIEWER:	TYPE: SWD	APP NO: PLEL 1832550311
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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: 3Bear Field Service _____ **OGRID Number:** 372603 _____
Well Name: Bear Cub SWD #1 _____ **API:** _____
Pool: SWD: Silurian-Devonian _____ **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 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.

Tyler Moehlman - Agent of 3Bear Field Service

Print or Type Name

Signature

November 12, 2018

Date

(713) 987-4144

Phone Number

tyler.moehlman@lonquist.com

e-mail Address

APP: 3 Bear Field Service

SWD- 1852

WELL: BEAR CUB SWD #1

015 - API

"H" SEC 36 19S 28E

Surface Owner: Ballard, Harley W & Carol J. (Fee)

Newspaper PN: on 11/10/18 ✓

Carlsbad

Argus

Letter PN: No affidavit Sent E-mail 11/26/18
to Tyler
Mochlman

Lowe, Leonard, EMNRD

From: Lowe, Leonard, EMNRD
Sent: Monday, November 26, 2018 1:46 PM
To: 'Tyler.moehlman@lonquist.com'
Subject: SWD Application: 3 Bear Field Service, KODIAK SWD NO. 1

Importance: High

Tyler Moehlman,

Good afternoon.

Upon initial review of your submitted SWD application for the above Subject well.

You have not provided a proof of affidavit for all your affected parties identified within your application. All your "green cards" are not signed and dated for.

Also, please provide your produce water sample data.

Your application is NOT COMPLETE at this time.

Please provide.

Leonard Lowe

Engineering Bureau

Oil Conservation Division

Energy Minerals and Natural Resources Department

1220 South St. Frances

Santa Fe, New Mexico 87004

Office: 505-476-3492

Cell: 505-930-6717

Fax: 505-476-3462

E-mail: leonard.lowe@state.nm.us

Website: <http://www.emnrd.state.nm.us/ocd/>

LONQUIST & CO. LLC**PETROLEUM
ENGINEERS****ENERGY
ADVISORS****AUSTIN • HOUSTON • WICHITA • DENVER • CALGARY**

November 12, 2018

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

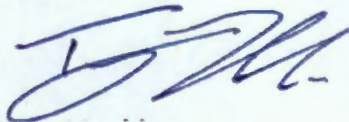
RE: BEAR CUB SWD NO. 1 AUTHORIZATION TO INJECT

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for 3Bear Field Service, LLC's (3Bear") Bear Cub 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 3Bear Field Service, LLC's agent Lonquist & Co., LLC.

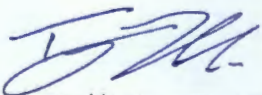
Regards,



Tyler F. Moehlman
Petroleum Engineer
Lonquist & Co., LLC

(713) 987-4144
tyler.moehlman@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: 3Bear Field Service, LLC
ADDRESS: 415 W. Wall St., Suite 1212
CONTACT PARTY: Kevin Burns PHONE: 432-686-2973
- 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: Tyler Moehlman  TITLE: Consulting Engineer – Agent for 3Bear Field Service
SIGNATURE: _____ DATE: 11/12/2018
E-MAIL ADDRESS: tyler.moehlman@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.

Side 1

INJECTION WELL DATA SHEET

OPERATOR: 3Bear Field Service, LLC

WELL NAME & NUMBER: Bear Cub SWD No. 1

WELL LOCATION: 1,561 FNL 1,276 FEL
FOOTAGE LOCATION

WELLBORE SCHEMATIC

H
UNIT LETTER

36
SECTION

19S
TOWNSHIP

28E
RANGE

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 26.000"

Cemented with: 328 sx

Top of Cement: surface

Casing Size: 20.00"

or _____ ft³

Method Determined: circulation

1st Intermediate Casing

Hole Size: 17.500"

Cemented with: 350 sx

Top of Cement: surface

Casing Size: 13.375"

or _____ ft³

Method Determined: circulation

2nd Intermediate Casing

Hole Size: 12.250"

Cemented with: 1,193 sx

Top of Cement: surface

Casing Size: 9.625"

or _____ ft³

Method Determined: circulation

Production Liner

Hole Size: 8.500"

Cemented with: 4,440 sx

Top of Cement: 4,140'

Total Depth: 12,177'

Casing Size: 7.625"

or _____ ft³

Method Determined: calculation

Injection Interval

12,177 feet to 14,000 feet

(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 5.5", 17 lb/ft, HCL-80, BTC from 0' – 12,080'

Lining Material: Duoline

Type of Packer: 7-5/8" X 5-1/2" Permanent Packer with High Temp Elastomer and Full Inconel 925 trim

Packer Setting Depth: 12,080'

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, Montoya

3. Name of Field or Pool (if applicable): 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:

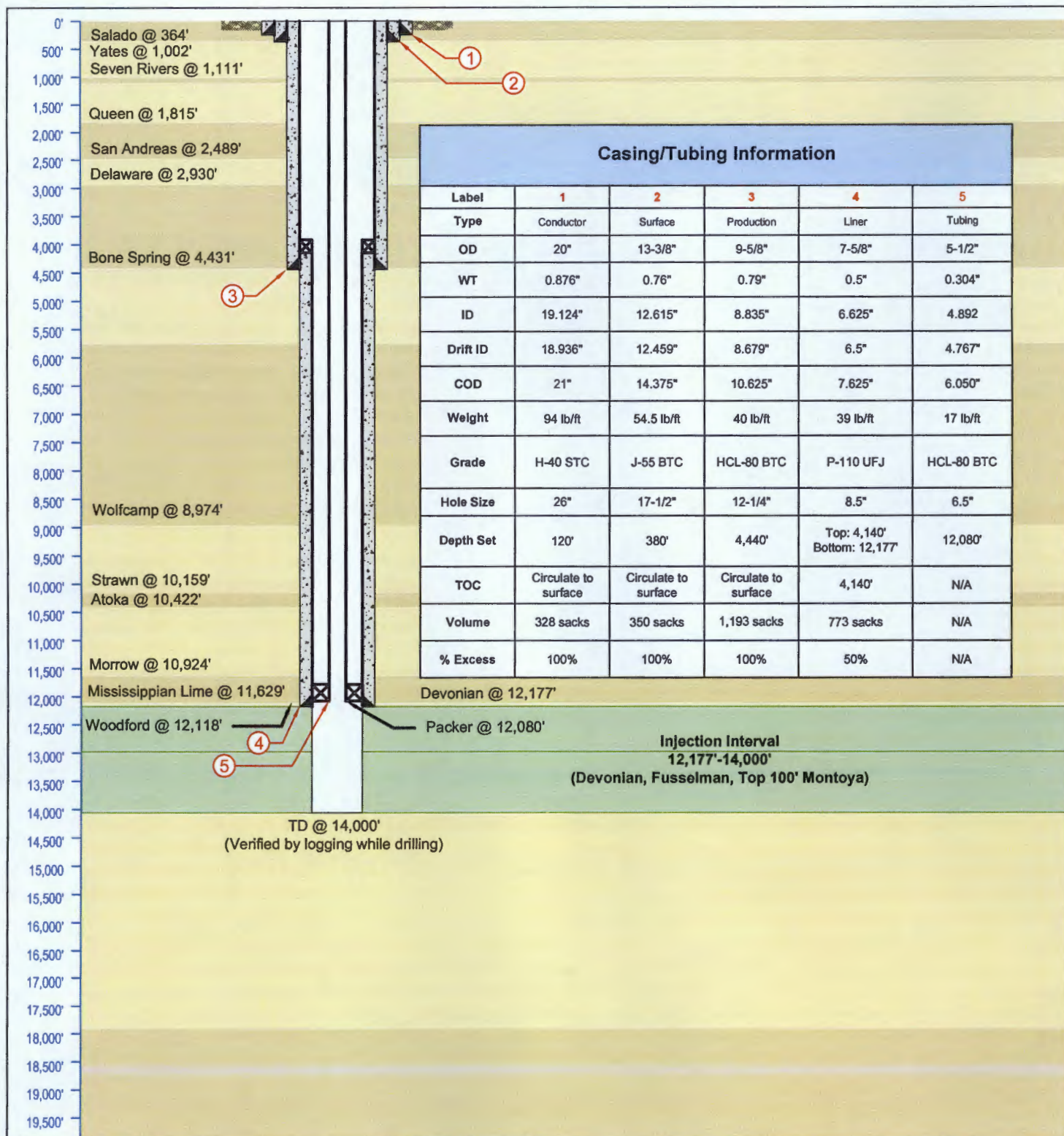
Delaware: 2,390'

Bone Spring: 4,431'

Wolfcamp: 8,974'

Strawn: 10,159'

Atoka: 10,422'



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	3Bear Field Service, LLC		Bear Cub SWD No. 1	
	Country: USA		State/Province: New Mexico	County/Parish: Eddy
	Location:		Site: 1,561 FNL 1,276 FEL	Survey: S36-T19S-R28E
	API No: NA		Field: Silurian-Devonian	Well Type/Status: SWD
	NMOCD District No: 1		Project No: 1783	Date: 11/8/2018
	Drawn: TFM		Reviewed:	Approved:
	Rev No: 1		Notes:	



3Bear Field Services, LLC

Bear Cub SWD No. 1

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1.

Well information	
Lease Name	Bear Cub SWD
Well No.	1
Location	S-36 T-19S R-28E
Footage Location	1,561' FNL & 1,276' FEL

2.

a. Wellbore Description

Casing Information				
Type	Conductor	Intermediate	Intermediate 2	Production
OD	20"	13.375"	9.625"	7.625"
WT	0.876"	0.76"	0.79"	0.500"
ID	19.124"	12.615"	8.835"	6.625"
Drift ID	18.936"	12.459"	8.679"	6.500"
COD	21"	14.375"	10.625"	7.625"
Weight	94 lb/ft	54.5 lb/ft	40 lb/ft	39 lb/ft
Grade	H-40 STC	J-55 BTC	HCL-80 BTC	P-110 UFJ
Hole Size	26"	17.5"	12.25"	8.5"
Depth Set	120'	380'	4,440'	4,140'-12,177'

b. Cementing Program

Cement Information				
Casing String	Conductor	Intermediate 1	Intermediate 2	Liner
Lead Cement	Class H	HalCem	Stage 1: NeoCem Stage 2: NeoCem Stage 3: ExtendaCem	VERSACEM w/ gas migration control additives
Lead Cement Volume	328 sks	245 sks	Stage 1: 215 sks Stage 2: 449 sks Stage 3: 215 sks	773 sks
Tail Cement	-	HalCem	Stage 1: HalCem Stage 2: HalCem	Halcem
Tail Cement Volume	-	86 sks	Stage 1: 287 sks Stage 2: 27 sks	
Cement Excess	100%	100%	100%	50%
TOC	Surface	Surface	Surface	4,140'
Method	Circulate to Surface	Circulate to Surface	Circulate to Surface	Logged

3. Tubing Description

Tubing Information	
OD	5.5"
WT	0.304"
ID	4.892"
Drift ID	4.767
COD	6.050"
Weight	17 lb/ft
Grade	HCL-80 BTC
Depth Set	0-12,080'

Tubing will be lined with Duoline.

4. Packer Description

7-5/8" x 5-1/2" TCPC Permanent Packer with High Temp Elastomer and Full Inconel 925 trim

B. Completion Information

1. Injection Formation: Devonian, Silurian, Fusselman, Montoya (Top 100')

2. Gross Injection Interval: 12,177'-14,000'

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
Delaware	2,390'
Bone Spring	4,431'
Wolfcamp	8,974'
Strawn	10,159'
Atoka	10,422'

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 Injection:

Average Volume: 20,000 BPD

Maximum Volume: 25,000 BPD

2. Closed System

3. Anticipated Injection Pressure:

Average Injection Pressure: 1,827 PSI (surface pressure)

Maximum Injection Pressure: 2,436 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 and Wolfcamp formations. Attached are produced water sample analyses taken from the closest wells that feature samples from the Delaware, Bone Spring, Wolfcamp, Artesia, Morrow, and Strawn 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 Kodiak 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.

Montoya Formation Lithology:

The Montoya Group of Late Ordovician age unconformably overlies the Simpson Group. The Montoya is composed of light gray to medium-dark gray, fine- to medium-crystalline, calcareous dolomite, some units of which are interbedded with shale or dark-gray limestone and some units of which contain white to very light-gray chert. The Montoya carbonate limestone dolomite sequence is dense, impermeable, and non-porous.

A. Injection Zone: Siluro-Devonian Formation

Formation	Depth
Salado	364'
Yates	1,002'
Seven Rivers	1,111'
Queen	1,815'
San Andres	2,489'
Delaware	2,930'
Bone Spring	4,431'
Wolfcamp	8,974'
Strawn	10,159'
Atoka	10,422'
Morrow	10,924'
Mississippian Lime	11,629'
Woodford	12,118'
Devonian	12,177'

B. Underground Sources of Drinking Water

Within 1-mile of the proposed Bear Tracker SWD #1 location, there is one water well. The water well has an unknown depth. Water wells in the surrounding area have an average depth of 160 ft and an average water depth of 87 ft.

IX. Proposed Stimulation Program

No stimulation program planned.

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 one (1) water well that exist within one mile of the well location. Samples from the well have been 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 water well CP-01231-POD1.

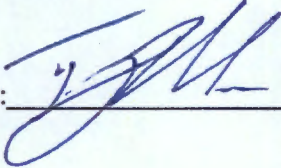
AFFIRMATIVE STATEMENT OF EXAMINATION OF GEOLOGIC AND ENGINEERING DATA

Based on the available engineering and geologic data, we find no evidence of open faults or any other hydrologic connection between the disposal zone (in the proposed Bear Cub SWD No. 1) and any underground sources of drinking water.

NAME: Tyler Moehlman

TITLE: Petroleum Engineer

SIGNATURE: _____



DATE: November 8, 2018

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
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised July 18, 2013

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address 3BEAR FIELD SERVICE, LLC 415 W. WALL ST., STE 1212 MIDLAND, TEXAS 79701		² OGRID Number 372603
		³ API Number 30-015-TBD
⁴ Property Code	⁵ Property Name BEAR CUB 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
H	36	19S	28E		1,561	FNL	1,276	FEL	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; Silurian-Devonian	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 3,293.12'
¹⁶ Multiple N	¹⁷ Proposed Depth 14,000	¹⁸ Formation Siluro-Devonian	¹⁹ Contractor TBD	²⁰ Spud Date ASAP
Depth to Ground water 75'		Distance from nearest fresh water well 1,251'		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

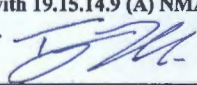
Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Conductor	26"	20"	94 lb/ft	120'	328	Surface
Surface	17-1/2"	13-3/8"	54.5 lb/ft	380'	350	Surface
Production	12-1/4"	9-5/8"	40 lb/ft	4,440'	1,193	Surface
Liner	8-1/2"	7-5/8"	39 lb/ft	4,140'-12,177'	773	4,140'
Tubing	6-1/2"	5.5"	17 lb/ft	0'-12,080'	N/A	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	10,000 psi	8,000 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: 

Printed name: Tyler Moehlman

Title: Consulting Engineer

E-mail Address: tyler.moehlman@lonquist.com

Date: November 12, 2018

Phone: 713-987-4144

OIL CONSERVATION DIVISION

Approved By:

Title:

Approved Date:

Expiration Date:

Conditions of Approval Attached

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Artes, NM 87410
District IV
1220 S. St Francis Dr., NM 87505
Phone: (505) 476-3460 Fax (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 97869	³ Pool Name SWD; Silurian-Devonian
⁴ Property Code	⁵ Property Name BEAR CUB SWD		⁶ Well Number #1
⁷ OGRID No. 372603	⁸ Operator Name 3BEAR FIELD SERVICES, LLC		⁹ Elevation 3293.12'

"Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	36	19 S	28 E		1561	NORTH	1276	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

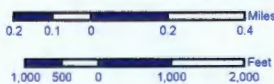
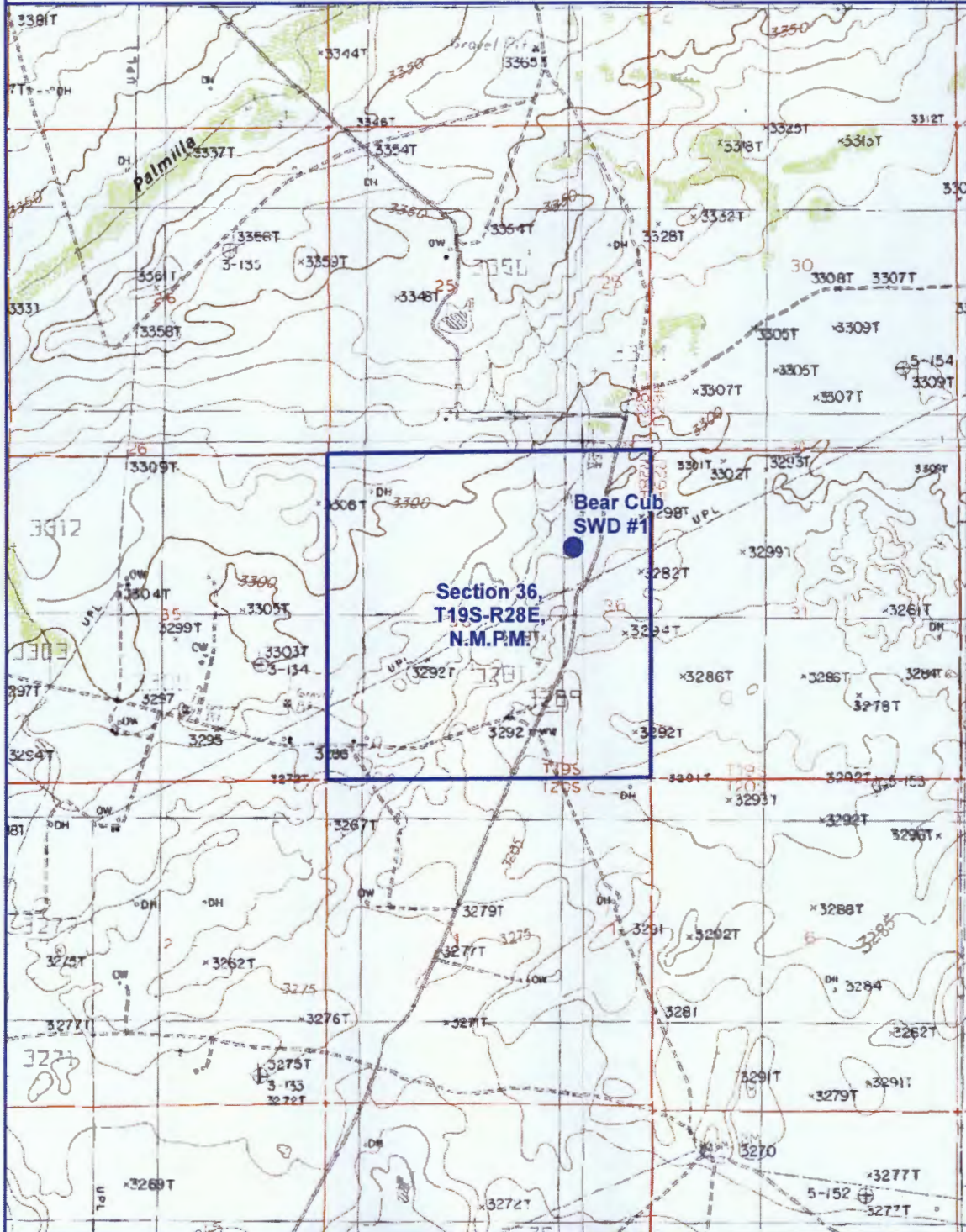
¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.

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.

<p>16</p> <p>GEODETIC DATA NAD 83 GRID - NM EAST</p> <p>BEAR CUB SWD NO. 1 Y= 589479.67 N X= 605171.92 E LAT= 32.620359 N LONG= -104.126000 W</p> <p>1 - Y= 591012.12, X= 601203.25 2 - Y= 591049.25, X= 608431.78 3 - Y= 585765.05, X= 608456.70 4 - Y= 585731.46, X= 601144.29</p>	<p>17 OPERATOR CERTIFICATION</p> <p>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.</p> <p><i>Tyler Moehlman</i> 11/12/2018 Signature Date Tyler Moehlman 11/12/2018 Printed Name Date tyler.moehlman@lonquist.com 11/12/2018 Email Address Date</p> <p>"SURVEYOR CERTIFICATION</p> <p>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.</p> <p>12 Nov 2018 Date of Survey Date Signature and Seal of Professional Surveyor: <i>Jeffrey E. Huron</i> JEFFREY E. HURON NEW MEXICO 20559 PROFESSIONAL SURVEYOR Certificate Number 20559</p>
--	---

LOCATION VERIFICATION MAP

Section thirty-six (36), Township nineteen (19) South,
Range twenty-eight (28) East of the Principal Meridian, Eddy County, New Mexico



Map Tech: VKV 1" = 2,000'

Date: 10/30/2018 1:24,000



1100 Macon Street
Fort Worth, Texas 76102



Coordinate System:
NAD 1983 StatePlane New Mexico East FIPS 3001 Feet
Projection: Transverse Mercator
Datum: North American 1983
False Easting: 541,337.5000
False Northing: 0.0000
Central Meridian: -104.3333
Scale Factor: 0.9999
Latitude Of Origin: 31.0000
Units: Feet US



BEAR CUB SWD #1

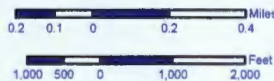
SHL Location & Penetration Point:
1561' FNL & 1276' FEL
Section 36, Township 19 South,
Range 28 East of P.M.
Eddy County, New Mexico

OPERATOR:
3BEAR FIELD SERVICES, LLC



AERIAL MAP

Section thirty-six (36), Township nineteen (19) South,
Range twenty-eight (28) East of the Principal Meridian, Eddy County, New Mexico



Map Tech: VKV

1" = 2,000'

Date: 10/30/2018

1:24,000



Coordinate System:
NAD 1983 StatePlane New Mexico East FIPS 3001 Feet
Projection: Transverse Mercator
Datum: North American 1983
False Easting: 541,337.5000
False Northing: 0.0000
Central Meridian: -104.3333
Scale Factor: 0.9999
Latitude Of Origin: 31.0000
Units: Foot US



BEAR CUB SWD #1

SHL Location & Penetration Point:
1561' FNL & 1276' FEL
Section 36, Township 19 South,
Range 28 East of P.M.
Eddy County, New Mexico

OPERATOR:
3BEAR FIELD SERVICES, LLC

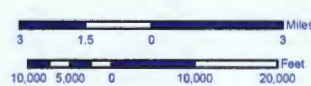
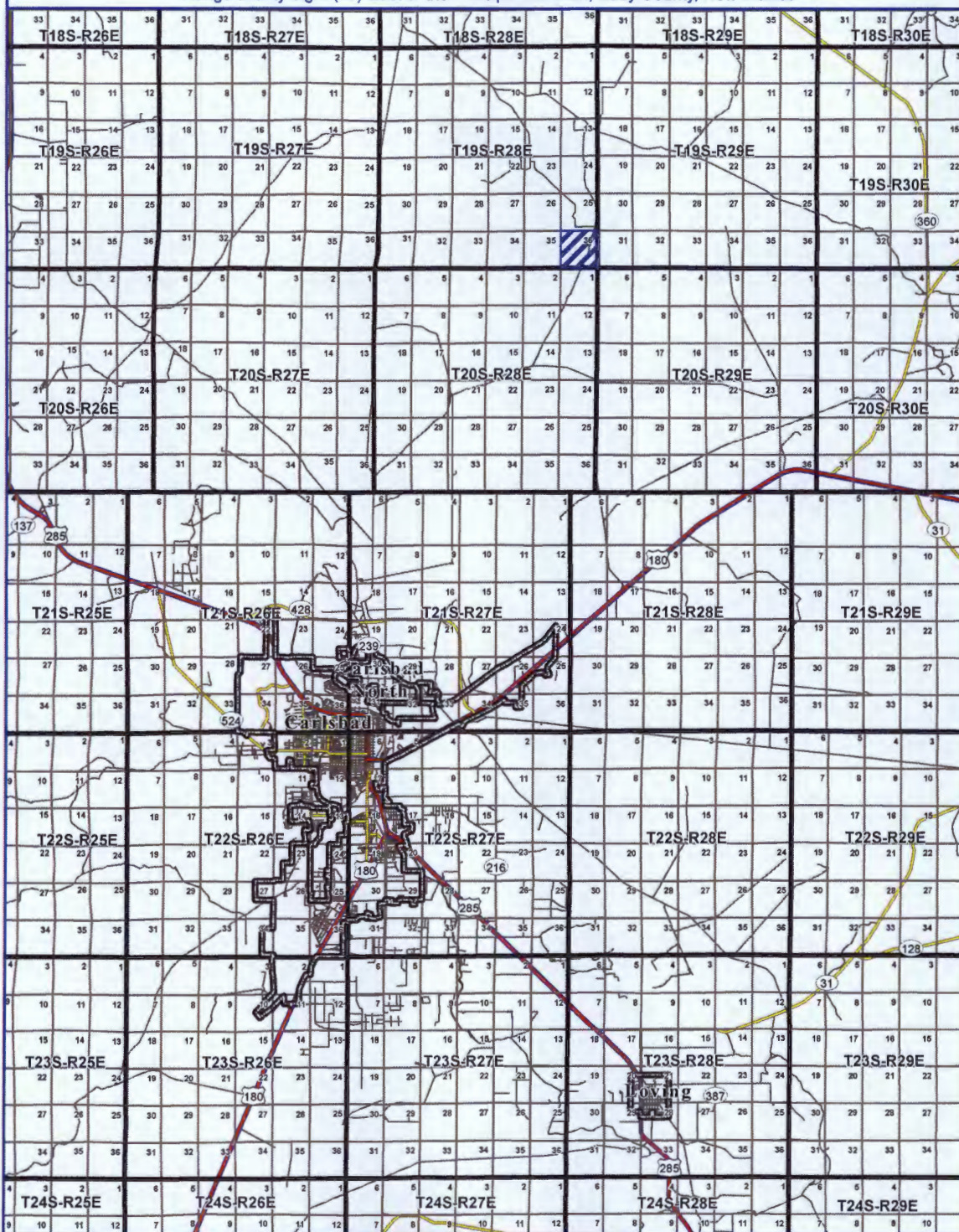


1100 Macon Street
Fort Worth, Texas 76102



VICINITY MAP

Section thirty-six (36), Township nineteen (19) South,
Range twenty-eight (28) East of the Principal Meridian, Eddy County, New Mexico

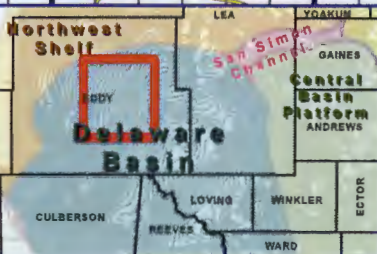


Map Tech: VKV 1" = 17,500'

Date: 10/30/2018 1:210,000



1100 Macon Street
Fort Worth, Texas 76102



Coordinate System:
NAD 1983 StatePlane New Mexico East FIPS 3001 Feet
Projection: Transverse Mercator
Datum: North American 1983
False Easting: 541,337.5000
False Northing: 0.0000
Central Meridian: -104.3333
Scale Factor: 0.9999
Latitude Of Origin: 31.0000
Units: Foot US



BEAR CUB SWD #1

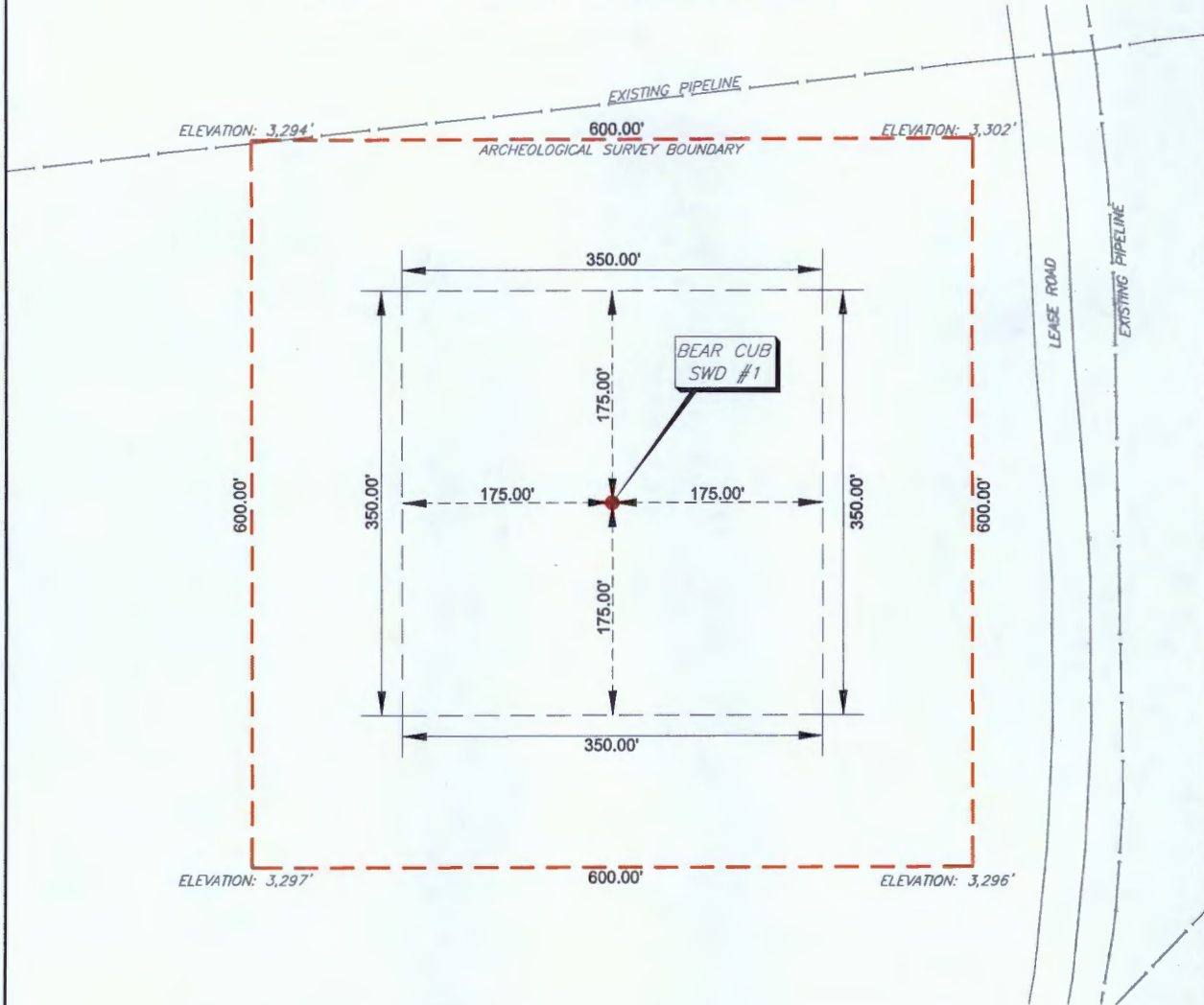
SHL Location & Penetration Point:
1561' FNL & 1276' FEL
Section 36, Township 19 South,
Range 28 East of P.M.
Eddy County, New Mexico

OPERATOR:
3BEAR FIELD SERVICES, LLC



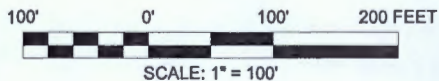
EDDY COUNTY, NEW MEXICO

SECTION THIRTY-SIX (36), TOWNSHIP NINETEEN (19) SOUTH,
RANGE TWENTY-EIGHT (28) EAST OF THE PRINCIPAL MERIDIAN



COORDINATE TABLE				
WELL NAME	NORTHING (N.A.D. 27)	EASTING (N.A.D. 27)	NORTHING (N.A.D. 83)	EASTING (N.A.D. 83)
BEAR CUB SWD #1 SURFACE LOCATION & PENETRATION POINT	589417.80	563991.90	589479.67	605171.92
ELEVATION	LATITUDE (N.A.D. 27)	LONGITUDE (N.A.D. 27)	LATITUDE (N.A.D. 83)	LONGITUDE (N.A.D. 83)
3,293.12'	32.620241	-104.125493	32.620359	-104.126000

THE BEAR CUB SWD #1 IS LOCATED
APPROXIMATELY 15 MILES NORTHEAST OF
CARLSBAD, NEW MEXICO



NOTES:

1.) BEARINGS & COORDINATES SHOWN HEREON ARE REFERENCED TO THE NEW MEXICO STATE PLANE COORDINATE SYSTEM, N.A.D. 27 & 83 DATUM (NEW MEXICO EAST ZONE) DERIVED FROM GPS OBSERVATIONS AND ARE BASED REFERENCE STATIONS - "E 148" - MALJAMAR NE (1985)

2.) LATITUDE & LONGITUDE ARE NAD 83 & 27 GEOGRAPHIC.

3.) THIS IS AN WELL PLAT AND DOES NOT REPRESENT A TRUE BOUNDARY SURVEY. THIS SURVEY IS BASED ON OWNERSHIP AND EASEMENT INFORMATION PROVIDED BY APACHE CORPORATION. SURVEYOR DID NOT ABSTRACT SUBJECT TRACT AND THERE MAY BE EASEMENTS OR OTHER ENCUMBRANCES THAT AFFECT THE SUBJECT TRACT THAT ARE NOT SHOWN HEREON.



1100 Macon Street
Fort Worth, Texas 76102
(817) 529-1180 ~ Fax (817) 529-1181



Location of BEAR CUB SWD #1

Surface Location & Penetration Point: 1581' FNL & 1278' FEL

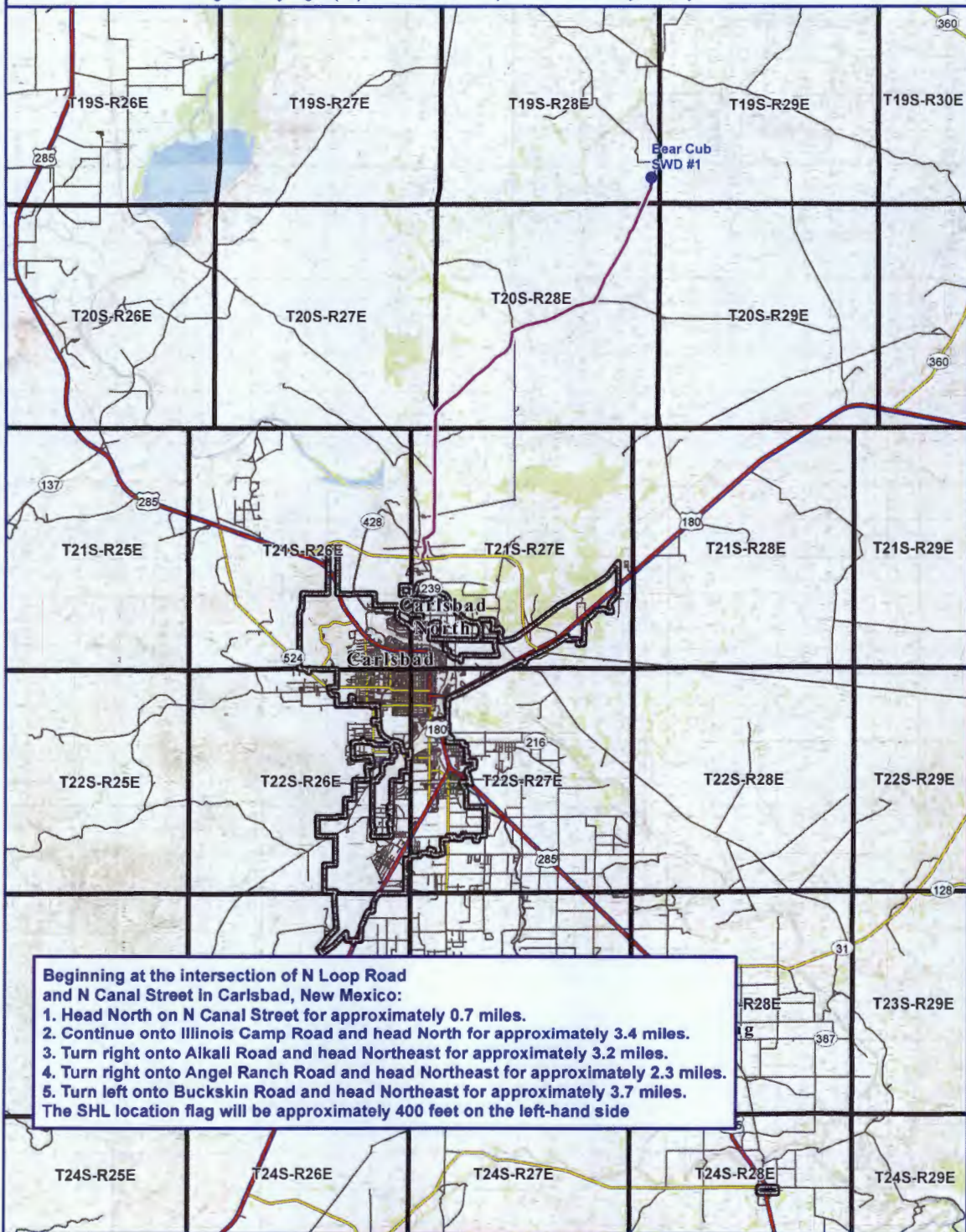
Section 36, Township 19 South, Range 28 East of P.M.

Eddy County, New Mexico

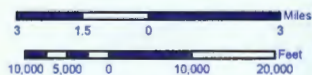
DRAWN BY: JWP	DATE: 10-30-2018	DWG. NO.	REV.
CHECKED BY: JLW	DATE: 10-30-2018	DrDingbo (Title Resources) Title Resources Team Folder\Longlat\1010010_Bear Cub SWD #1\Exhibits	1
SCALE: 1" = 100'	APP:	PAGE 1 OF 1	

ROAD ROUTE MAP

Section thirty-six (36), Township nineteen (19) South,
Range twenty-eight (28) East of the Principal Meridian, Eddy County, New Mexico



Beginning at the intersection of N Loop Road and N Canal Street in Carlsbad, New Mexico:
 1. Head North on N Canal Street for approximately 0.7 miles.
 2. Continue onto Illinois Camp Road and head North for approximately 3.4 miles.
 3. Turn right onto Alkali Road and head Northeast for approximately 3.2 miles.
 4. Turn right onto Angel Ranch Road and head Northeast for approximately 2.3 miles.
 5. Turn left onto Buckskin Road and head Northeast for approximately 3.7 miles.
 The SHL location flag will be approximately 400 feet on the left-hand side



Map Tech: VKV 1" = 17,500'

Date: 10/30/2018 1:210,000



**TRANSGLOBAL
SERVICES LLC**

1100 Macon Street
Fort Worth, Texas 76102



Coordinate System:
 NAD 1983 StatePlane New Mexico East FIPS 3001 Feet
 Projection: Transverse Mercator
 Datum: North American 1983
 False Easting: 541,337.5000
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 Central Meridian: -104.3333
 Scale Factor: 0.9999
 Latitude Of Origin: 31.0000
 Units: Foot US

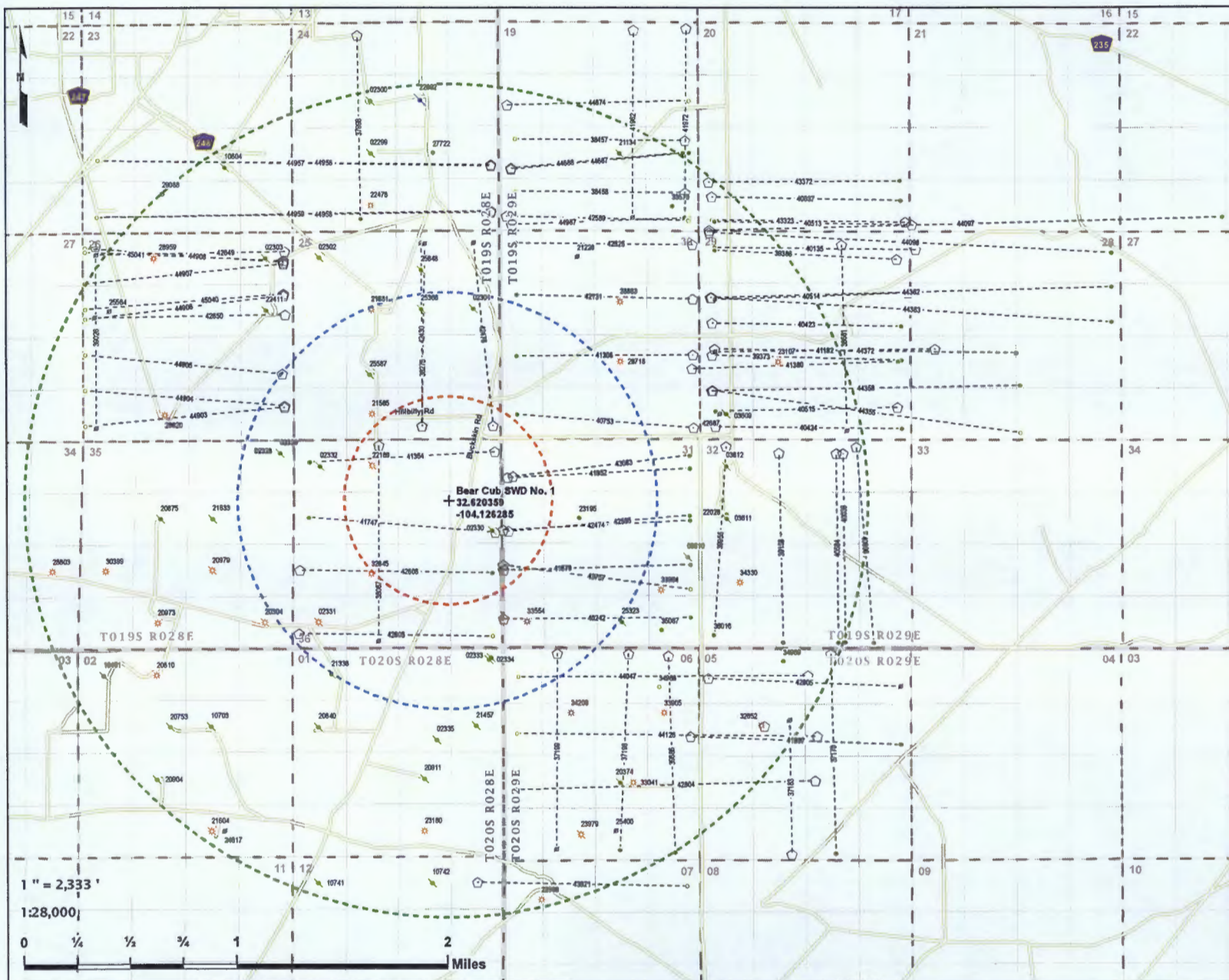


BEAR CUB SWD #1

SHL Location & Penetration Point:
 1561' FNL & 1276' FEL
 Section 36, Township 19 South,
 Range 28 East of P.M.
 Eddy County, New Mexico

OPERATOR:
 3BEAR FIELD SERVICES, LLC





Bear Cub SWD No. 1

2 Mile Area of Review

3 Bear Field Services LLC

Eddy Co., NM

PCS: NAD 1983 SPCS NM-E FIPS 3001 (US Ft.)

Drawn by: SJL Date: 10/26/2018 Approved by: ELR

LONQUIST & CO. LLC

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

AUSTIN HOUSTON WICHITA DENVER CALGARY

- + Bear Cub SWD No. 1
- 1/2 Mile Radius
- 1 Mile Radius
- 2 Mile Radius
- QQ-Section [NM-PLSS 2nd Div.]
- 1 Section [NM-PLSS 1st Div.]
- Township/Range [NM-PLSS]
- Laterals
- API (30-016-...) SHL Status - Type (Count)
 - Horizontal Surface Location (82)
 - Active - Oil (7)
 - Active - Gas (20)
 - Active - Salt Water Disposal (1)
 - Permitted - Oil (1)
 - Plugged (Site Released) - Oil (36)
 - Plugged (Site Released) - Gas (6)
 - Approved TA - Gas (1)
 - Canceled Location (8)
- API (30-016-...) BHL Status - Type (Count)
 - Active - Oil (41)
 - Active - Gas (1)
 - Permitted - Oil (25)
 - Canceled Location (15)

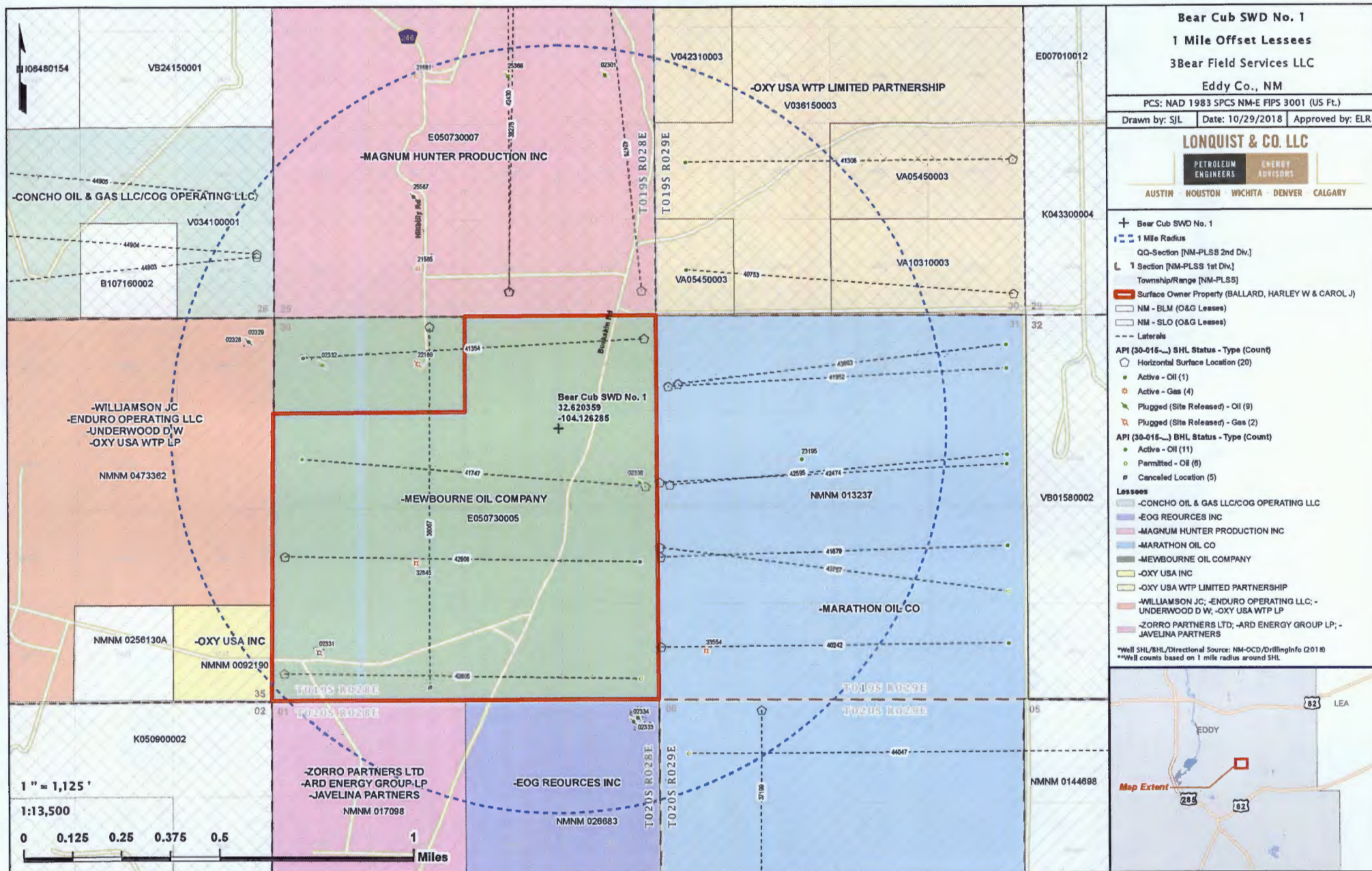
*Well SHL/BHL/Directional Source: NM-OCDDrillingInfo (2018)

**Well counts based on 2 mile radius around SHL



Bear Cub 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)	DATE DRILLED
02301	CONNIE C STATE #002	O	P	YESO ENERGY, INC.	5200	32.6337662000	-104.124130200	12/31/9999
02328	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.6236839000	-104.140022300	1/1/1900
02329	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.623687000	-104.140022300	1/1/1900
02330	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.61830900000	-104.12268830000	1/1/1900
02331	STATE A #001	G	P	BILLY R WILSON-ROBINSON BRO DRL INC	99999	32.6119003000	-104.136993400	12/31/9999
02332	PRE-ONGARD WELL #002	O	P	PRE-ONGARD WELL OPERATOR	0	32.6227913000	-104.136817900	1/1/1900
02333	PRE-ONGARD WELL #002	O	P	PRE-ONGARD WELL OPERATOR	0	32.60944750000	-104.12282560000	1/1/1900
02334	PRE-ONGARD WELL #002	O	P	PRE-ONGARD WELL OPERATOR	0	32.60930630000	-104.12301640000	1/1/1900
21585	EXXON STATE #001	G	A	COLGATE OPERATING, LLC	99999	32.6264343000	-104.132507300	8/20/1975
21681	EXXON STATE #002	G	A	COLGATE OPERATING, LLC	99999	32.6337090000	-104.132522600	12/16/1975
22189	NEW MEXICO CU STATE #001	G	P	MEWBOURNE OIL CO	10400	32.6228065000	-104.132530200	12/31/9999
23195	MARTINEZ 31 FEDERAL # 001	O	A	LEGACY RESERVES OPERATING, LP	99999	32.6191826000	-104.115509000	4/10/1980
25366	CONNIE C STATE #001	O	P	YESO ENERGY, INC.	3500	32.6337357000	-104.128425600	12/31/9999
25587	CONNIE C STATE #003	O	P	YESO ENERGY, INC.	3525	32.6291580000	-104.132675200	12/31/9999
32845	WINCHESTER 36 STATE COM #001	G	A	MEWBOURNE OIL CO	11530	32.61526870000	-104.13265230000	7/2/2003
33554	RUGER 31 FEDERAL #001	G	A	MEWBOURNE OIL CO	11560	32.6119423000	-104.119773900	11/24/2004
37199	RUGER 6 FEDERAL COM #005H	O	C	MEWBOURNE OIL CO	0	32.6097133392	-104.117345497	12/31/9999
38067	WINCHESTER 36 STATE #002H	O	C	MEWBOURNE OIL CO	0	32.6242106995	-104.131991298	12/31/9999
38275	EXXON STATE #003	O	C	CIMAREX ENERGY CO. OF COLORADO	0	32.6255443226	-104.128425602	12/31/9999
40242	RUGER 31 MP FEDERAL #001H	O	A	MEWBOURNE OIL CO	8899	32.6121025000	-104.121757500	2/28/2013
40753	MIRAGE 30 PM STATE COM #001H	O	A	MEWBOURNE OIL CO	7658	32.6254005000	-104.106117200	1/29/2013
41306	MIRAGE 30 IL STATE COM #001H	O	A	MEWBOURNE OIL CO	7650	32.6304893000	-104.106117200	5/24/2014
41354	WINCHESTER 36 AD STATE #001H	O	A	MEWBOURNE OIL CO	7658	32.6237526000	-104.122444200	7/13/2013
41679	RUGER 31 LI FEDERAL #001H	O	A	MEWBOURNE OIL CO	8909	32.6154976000	-104.121765100	6/27/2014
41747	WINCHESTER 36 HE STATE #001H	O	A	MEWBOURNE OIL CO	7638	32.6181450000	-104.122428900	3/7/2014
41952	RUGER 31 DA FEDERAL COM #001H	O	A	MEWBOURNE OIL CO	7722	32.6219368000	-104.121398900	2/3/2014
42430	EXXON STATE #003	O	C	CIMAREX ENERGY CO. OF COLORADO	0	32.6255455000	-104.128395100	12/31/9999
42474	RUGER 31 B2EH FEDERAL #001H	O	A	MEWBOURNE OIL CO	7735	32.6183090000	-104.121780400	9/1/2014
42476	EXXON STATE #004	O	C	CIMAREX ENERGY CO. OF COLORADO	0	32.6255684000	-104.122551000	12/31/9999
42595	RUGER 31 B3EH FEDERAL #002H	O	A	MEWBOURNE OIL CO	8910	32.6182137000	-104.121337900	10/6/2014
42605	WINCHESTER 36 B2MP STATE #001H	O	N	MEWBOURNE OIL CO	0	32.6110992000	-104.138549800	12/31/9999
42606	WINCHESTER 36 B2LI STATE #001H	O	A	MEWBOURNE OIL CO	0	32.6155243000	-104.138481100	12/10/2014
43063	RUGER 31 B3DA FEDERAL #002H	O	A	MEWBOURNE OIL CO	8194	32.6220320000	-104.120957600	5/5/2015
43757	RUGER 31 B2LI FEDERAL #002H	O	N	MEWBOURNE OIL CO	0	32.3657010000	-104.071824000	12/31/9999
44047	SIG 5 6 B2CD FEDERAL COM #001H	O	N	MEWBOURNE OIL CO	0	32.6081352800	-104.096945100	12/31/9999
44903	PALMILLO 26 STATE COM #311H	O	N	APACHE CORPORATION	0	32.6268763000	-104.139647500	12/31/9999
44904	PALMILLO 26 STATE COM #312H	O	N	APACHE CORPORATION	0	32.6269863000	-104.139647800	12/31/9999
44905	PALMILLO 26 STATE COM #313H	O	N	APACHE CORPORATION	0	32.6291978000	-104.139799400	12/31/9999



**Bear Cub SWD No. 1
1 Mile Offset Operators and Lessees List**

S/T/R	QQ UNIT LETTER(S)	OPERATOR	MINERAL LESSEE	MINERAL OWNER	SURFACE OWNER	ADDRESS 1	ADDRESS 2
26/19S/28E	I,P	APACHE CORPORATION	-	-	-	303 VETERANS AIRPARK LN #1000	MIDLAND, TX 79705
		MEWBOURNE OIL CO	-	-	-	PO BOX 5270	HOBBS, NM 88241
25/19S/28E	E,F,G,H,I,J,K,L,M,N,O,P	COLGATE OPERATING LLC	-	-	-	306 W WALL STREET SUITE 500	MIDLAND, TX 79701
30/19S/29E	E,F,J,K,L,M,N,O	MEWBOURNE OIL CO	-	-	-	PO BOX 5270	HOBBS, NM 88241
		OXY USA WTP LIMITED PARTNERSHIP	-	-	-	PO BOX 4294	HOUSTON, TX 77210
31/19S/29E	A,B,C,D,E,G,H,I,J,K,L,M,N,O	MEWBOURNE OIL CO	-	-	-	PO BOX 5270	HOBBS, NM 88241
	F	MEWBOURNE OIL CO	-	-	-	PO BOX 5270	HOBBS, NM 88241
		LEGACY RESERVES OPERATING LP	-	-	-	303 W WALL STREET SUITE 1600	MIDLAND, TX 79701
36/19S/28E	Entire Section	MEWBOURNE OIL CO	-	-	-	PO BOX 5270	HOBBS, NM 88241
35/19S/28E	I,P	OXY USA INC	-	-	-	PO BOX 4294	HOUSTON, TX 77210
	A,B,G,H	-	WILLIAMSON JC	-	-	PO BOX 16	MIDLAND, TX 79701
		-	ENDURO OPERATING LLC	-	-	777 MAIN ST STE 800	FORT WORTH, TX 76102
		-	UNDERWOOD D W	-	-	505 N BIGSPRING #100	MIDLAND, TX 79701
		-	OXY USA WTP LP	-	-	6 DESTA DR #6000	MIDLAND, TX 79705
1/20S/28E	A,B,G,H	EOG Y RESOURCES INC	-	-	-	104 S 4TH ST	ARTESIA, NM 88210
	C,D,F	-	ZORRO PARTNERS LTD	-	-	616 TEXAS ST	FORT WORTH, TX 76102
		-	ARD ENERGY GROUP LP	-	-	222 W 4TH ST PH 5	FORT WORTH, TX 76102
		-	JAVELINA PARTNERS	-	-	616 TEXAS ST	FORT WORTH, TX 76102
6/20S/29E	B,C,D	MEWBOURNE OIL CO	-	-	-	PO BOX 5270	HOBBS, NM 88241
Surface Location	-	-	-	-	BALLARD, HARLEY W & CAROL J	1819-2 N CANAL	CARLSBAD, NM 88220

Baer Cub SWD No. 1 Offsetting Produced Water Analysis																	
Well Name	API	Section	Township	Range	Unit	Formation	ph	tds_mgl	sodium_mg	calcium_mgl	Iron_mgl	magnesium_mgl	manganese_mgl	chloride_mgl	bicarbonate_mgl	sulfate_mgl	co2_mgl
CONNIE C STATE #017	3001502302	25	19S	28E	D	QUEEN	8.4	66874	23288	1804		608		39757	1154	262	
EAST MILLMAN POOL UNIT #005	3001502226	12	19S	28E	P	ARTESIA	7.1	100179						59426	1088	1050	
EAST MILLMAN POOL UNIT #004	3001502239	13	19S	28E	M	ARTESIA	7.7	122436						71810	1000	2404	
CONNIE C STATE #002	3001502301	25	19S	28E	H	DELAWARE		55498						32420	601	984	
MRY STATE #001	3001502178	4	19S	28E	C	ARTESIA		140946						85640	450	2229	
ANGELL ST #004	3001502280	21	19S	28E	G	WOLFCAMP		118720						70200	2700	1080	
CONNIE C STATE #002	3001502301	25	19S	28E	H	QUEEN											
CONNIE C STATE #002	3001502301	25	19S	28E	H	QUEEN											
CONNIE C STATE #017	3001502302	25	19S	28E	D	ARTESIA		66858						39750	1154	262	
EDDY STATE "DJ" #001	3001502303	26	19S	28E	A	SEVEN RIVERS											
MONSANTO STATE #001	3001524252	21	19S	28E	O		7.75							325		2500	
MONSANTO STATE #001	3001524252	21	19S	28E	O		8							350	350	4431	
MONSANTO STATE #001	3001524252	21	19S	28E	O		8.5							850		1700	
MONSANTO STATE #001	3001524252	21	19S	28E	O		10							375	375	3700	
MONSANTO STATE #001	3001524252	21	19S	28E	O		8.25							30		2500	
MONSANTO STATE #001	3001524252	21	19S	28E	O		8.25							35	35	300	
MONSANTO STATE #001	3001524252	21	19S	28E	O		8.75							5		40	
MILLMAN SB STATE COM #001	3001523998	16	19S	28E	G	MORROW	6.7	56554.5		1680	60	729.8		34080	866	12.5	
EAST MILLMAN POOL UNIT #006	3001510105	13	19S	28E	N	ARTESIA		113098						64800	1728	4104	
EMERALD PWU 20 #001H	3001538338	20	19S	29E	D	BONE SPRING 2ND SAND	6.9	214078.6	68545.2	11436.1	35.7	1946.9	0	129500	109.8	0	40
EMERALD PWU 20 #002H	3001538421	20	19S	29E	E	BONE SPRING 2ND SAND	7.1	212073.4	68606.5	11377.5	31.2	2164.4	0	127200	122	0	40
EMERALD PWU 20 #003H	3001539365	20	19S	29E	L	BONE SPRING 2ND SAND	7.1	204892.3	66119.5	11032.7	40.5	1821.3	0	123300	134.2	0	40
ONYX PWU 29 #003H	3001539373	29	19S	29E	L	BONE SPRING 2ND SAND	7	204175.3	66111.6	11001.5	42.8	1752.1	0	122800	97.6	0	40
BERYL 33 FEDERAL #001H	3001539790	33	19S	29E	M	BONE SPRING 2ND SAND	6.9	194361.8	62734.8	10730.1	32.7	1733.4	0	116600	134.2	0	40
BERYL 33 FEDERAL COM #002H	3001539806	33	19S	29E	N	BONE SPRING 2ND SAND	6.8	212965.2	67868.7	11454.2	40.3	2203.7	0	128700	146.4	0	50
LONGBOARD PWU 20 #001H	3001540025	20	19S	29E	E	BONE SPRING 3RD SAND	7	103835.3	32098.1	6912.2	83.7	1007.6	1.39	62300	280.6	0	30
EMERALD PWU 20 #004H	3001540037	20	19S	29E	M	BONE SPRING 2ND SAND	6.8	206938.7	68707.6	11433.9	40.6	1886.4	0	122200	146.4	0	30
ONYX PWU 29 #002H	3001540423	29	19S	29E	E	BONE SPRING 2ND SAND	6.9	202518	66051.3	11044	45.4	1871.2	0	121000	134.2	0	40
ONYX PWU 29 #004H	3001540424	29	19S	29E	M	BONE SPRING 2ND SAND	7.1	199174.8	65109.6	10606.9	26.8	1713.1	0	119200	134.2	0	50
AGATE PWU 21 #008H	3001540512	21	19S	29E	M	BONE SPRING 1ST SAND	6.1		101408	3045	12	671	0	162925	549	290	780
ONYX PWU 29 #008H	3001540515	29	19S	29E	P	BONE SPRING 1ST SAND	6.2		97526	2676	0	586	0	155601	927	310	540



Bear Cub SWD No. 1
Water Wells within 1 Mile
3Bear Field Services LLC
Eddy Co., NM

PCS: NAD 1983 SPCS NM-E FIPS 3001 (US Ft.)
 Drawn by: SJL | Date: 10/26/2018 | Approved by: ELR

LONGQUIST & CO. LLC
 PETROLEUM ENGINEERS | ENERGY ADVISORS
 AUSTIN HOUSTON WICHITA DENVER CALGARY

+ Bear Cub SWD No. 1

• Water Well (1)

--- 1 Mile Radius

--- Distance Cell

--- QQ-Section [NM-PLSS 2nd Div.]

--- 1 Section [NM-PLSS 1st Div.]

--- Township/Range [NM-PLSS]

*Water Well Source: NM-OSE (2018)

The inset map shows the location of Eddy, NM, relative to Lea and the map extent. A red box indicates the 'Map Extent' area shown in the main map.



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01231 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: EXP EXPLORATION
Primary Status: PMT PERMIT
Total Acres: 0 **Subfile:** -
Total Diversion: 0 **Cause/Case:** -
Owner: WINSTON BALLARD

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/	Acres	Diversion	Consumptive
			1	2		To			
603998	EXPL	2013-10-07	PMT	LOG	CP 01231	T	0	0	

Current Points of Diversion

POD Number	Source	Q Q Q			(NAD83 UTM in meters)		Other Location Desc
		6416	4	SecTwsRng	X	Y	
CP 01231 POD1	Shallow	4	4	2 36 19S 28E	582311	3609372	

Source

Acres	Diversion	CU	Use	Priority	Source Description
0	0		EXP	10/02/2013	GW

CARLSBAD
CURRENT-ARGUS

AFFIDAVIT OF PUBLICATION

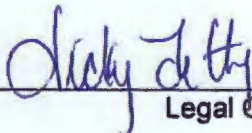
Ad No.
0001268211

LONQUIST & CO. LLC
12912 HILL COUNTRY BLVD., SUITE F-200

BEE CAVE TX 78738

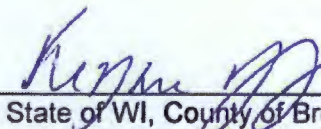
I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements 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:

11/10/18



Legal Clerk

Subscribed and sworn before me this
13th of November 2018.



State of WI, County of Brown
NOTARY PUBLIC

11/9/22

My Commission Expires

Legal Notice
3Bear Field Service, LLC, 415 W. Wall St., Suite 1212, Midland, Texas 79701, 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 Bear Cub SWD No. 1. The proposed well will be located 1,561' FNL & 1,276' FEL in Section 36, Township 19S, Range 28E in Eddy County, New Mexico. Disposal water will be sourced from area production, and will be injected into the Siluro-Devonian and Montoya formations (determined by offset log analysis) through an open hole completion between a maximum applied for top of 12,177 feet to a maximum depth of 14,000 feet. The maximum surface injection pressure will not exceed 2,436 psi with a maximum rate of 25,000 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.
November 10, 2018



PROOF OF NOTICE

**Shipment Receipt****Address Information**

Ship to:
OIL CONSERVATION DIVISION II
DISTRICT II
811 S. FIRST STREET

ARTESIA, NM
88210
US
5757481283

Ship from:
Tyler Moehlman
LONQUIST FIELD SERVICE LLC
1001 McKinney, Suite 1650

Houston, TX
77002
US
7135599998

Shipment Information:

Tracking no.: 773705621033
Ship date: 11/12/2018
Estimated shipping charges: 27.38 USD

Package Information

Pricing option: FedEx Standard Rate
Service type: Standard Overnight
Package type: FedEx Envelope
Number of packages: 1
Total weight: 0.50 LBS
Declared Value: 0.00 USD
Special Services:
Pickup/Drop-off: Use an already scheduled pickup at my location

Billing Information:

Bill transportation to: MyAccount-089
Your reference: 1783-C101,C102
P.O. no.:
Invoice no.:
Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">OIL CONSERVATION DIVISION DISTRICT II 811 S. FIRST STREET ARTESIA, NM 88210 1783-BEAR CUB #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;">7017 2680 0000 7062 9333</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>			

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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7017 2680 0000 7062 9333

7017 2680 0000 7062 9333

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OFFICIAL USE

<p>Certified Mail Fee \$</p>		<p>Postmark Here</p>
<p>Extra Services & Fees (check box, add fee as appropriate)</p>		
<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	\$	
<p>Postage \$</p>		
<p>Total \$</p>		
<p>Sent <u>7</u></p>		
<p>Street _____</p>		
<p>City, St. _____</p>		

**OIL CONSERVATION DIVISION
DISTRICT II
811 S. FIRST STREET
ARTESIA, NM 88210
1783-BEAR CUB #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:

HARLEY W & CAROL J BALLARD
1819-2 N CANAL
CARLSBAD, NM 88220

1783-BEAR CUB #1



9590 9402 4057 8079 2002 88

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9340

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

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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, State

HARLEY W & CAROL J BALLARD
1819-2 N CANAL
CARLSBAD, NM 88220

1783-BEAR CUB #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®



7017 2680 0000 7062 9340
 7017 2680 0000 7062 9340

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:

**APACHE CORPORATION
303 VETERANS AIRPARK LN #1000
MIDLAND TX 79705**

1783-BEAR CUB #1



9590 9402 4057 8079 2002 71

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9357

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

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

CERTIFIED MAIL®



7017 2680 0000 7062 9357
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Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Po

\$

Sent To

Street or

City, Sta

**APACHE CORPORATION
303 VETERANS AIRPARK LN #1000
MIDLAND TX 79705**

1783-BEAR CUB #1

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

See Reverse for Instructions

Postmark
Here

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:

**MEWBOURNE OIL CO
PO BOX 5270
HOBBS, NM 88241

1783-BEAR CUB #1**



9590 9402 4057 8079 2002 64

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9364

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

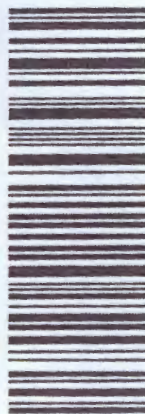
- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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

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**7017 2680 0000 7062 9364
7017 2680 0000 7062 9364**

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Certified Mail Fee

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

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

Postage

\$

Total Po

\$

Sent To

Street or

City, State

Postmark
Here

**MEWBOURNE OIL CO
PO BOX 5270
HOBBS, NM 88241

1783-BEAR CUB #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:

**COLGATE OPERATING LLC
306 W WALL STREET, STE 500
MIDLAND TX 79701**

1783-BEAR CUB #1



9590 9402 4057 8079 2002 57

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9371

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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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

\$

Sen.

City

State

Zip

**COLGATE OPERATING LLC
306 W WALL STREET, STE 500
MIDLAND TX 79701**

1783-BEAR CUB #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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7017 2680 0000 7062 9371

7017 2680 0000 7062 9371

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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:

**OXY USA WTP LP
PO BOX 4294
HOUSTON TX 77210**

1783-BEAR CUB #1



9590 9402 4057 8079 2022 20

2. Article Number (Transfer from service label)

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

7017 2680 0000 7062 9388

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

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7017 2680 0000 7062 9388

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Certified Mail Fee

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

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

Postage

\$

Total

\$

Semi

Street

City,

**OXY USA WTP LP
PO BOX 4294
HOUSTON TX 77210**

1783-BEAR CUB #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:

**LEGACY RESERVES OPERATING LP
303 W WALL STREET, STE 7500
MIDLAND, TX 79701**

1783-BEAR CUB #1



9590 9402 4057 8079 2022 13

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9395

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

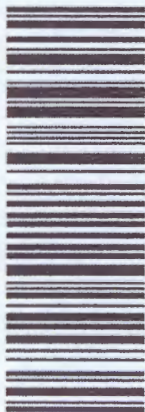
3. Service Type

- | | |
|--|---|
| <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

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

CERTIFIED MAIL®



7017 2680 0000 7062 9395
7017 2680 0000 7062 9395

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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 | \$ |

Postage

\$

Total

\$

Sent

Str

City

**LEGACY RESERVES OPERATING LP
303 W WALL STREET, STE 7500
MIDLAND, TX 79701**

1783-BEAR CUB #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:

OXY USA INC
PO BOX 4294
HOUSTON, TX 77210

1783-BEAR CUB #1



9590 9402 4057 8079 2022 06

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9401

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

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

CERTIFIED MAIL®



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7017 2680 0000 7062 9401

U.S. Postal Service™

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Certified Mail Fee

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

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total

\$

Sent

Street

City

OXY USA INC
PO BOX 4294
HOUSTON, TX 77210

1783-BEAR CUB #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:

**EOG Y RESOURCES INC
104 S 4TH STREET
ARTESIA, NM 88210**

1783-BEAR CUB #1



9590 9402 4057 8079 2021 90

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9418

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

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

CERTIFIED MAIL®



7017 2680 0000 7062 9418
7017 2680 0000 7062 9418

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

EOG Y RESOURCES INC

104 S 4TH STREET

ARTESIA, NM 88210

1783-BEAR CUB #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:

JC WILLIAMS
PO BOX 16
MIDLAND TX 79701

1783-BEAR CUB #1



9590 9402 4057 8079 2021 83

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9425

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

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
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 \$

\$

Sent 1

Street

City, \$

Postmark
Here

JC WILLIAMS
PO BOX 16
MIDLAND TX 79701

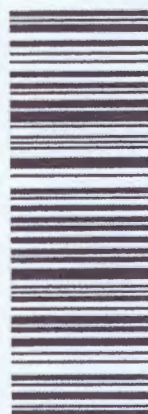
1783-BEAR CUB #1

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®



7017 2680 0000 7062 9425
7017 2680 0000 7062 9425

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:

**ENDURO OPERATING LLC
777 MAIN STREET STE 800
FT WORTH TX 76102**

1783-BEAR CUB #1



9590 9402 4057 8079 2021 76

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9432

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

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 Post

\$

Sent To

Street an

City, Stai

**ENDURO OPERATING LLC
777 MAIN STREET STE 800
FT WORTH TX 76102**

1783-BEAR CUB #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®



7017 2680 0000 7062 9432
7017 2680 0000 7062 9432

Postmark
Here

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <div style="display: flex; justify-content: space-between;"> <div>X</div> <div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div>	
1. Article Addressed to: <div style="text-align: center;"> D W UNDERWOOD 505 N BIG SPRING #100 MIDLAND TX 79701 1783-BEAR CUB #1 </div> <div style="text-align: center;">  9590 9402 4057 8079 2021 69 </div>		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7017 2680 0000 7062 9449		3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <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 </div> </div>	
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®



7017 2680 0000 7062 9449
7017 2680 0000 7062 9449

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) <div style="display: flex; justify-content: space-between;"> <div> <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 </div> <div> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ </div> </div>	Postmark Here
Postage \$ _____ Total \$ _____ Sent To _____ Street _____ City, S _____	
<div style="display: flex; justify-content: space-between;"> <div> D W UNDERWOOD 505 N BIG SPRING #100 MIDLAND TX 79701 1783-BEAR CUB #1 </div> <div> <div style="border: 1px solid black; width: 100px; height: 100px;"></div> </div> </div>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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;">OXY USA WTP LP 6 DESTA DR #6000 MIDLAND TX 79705</p> <p style="text-align: center;">1783-BEAR CUB #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;">7017 2680 0000 7062 9456</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>9590 9402 4057 8079 2021 52</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; font-size: 1.5em; font-weight: bold;">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 \$ _____</p> <p>Sent \$ _____</p> <p>State _____</p> <p>City _____</p>	<p style="text-align: center;">OXY USA WTP LP 6 DESTA DR #6000 MIDLAND TX 79705</p> <p style="text-align: center;">1783-BEAR CUB #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:

**ZORRO PARTNERS LTD
616 TEXAS STREET
FT WORTH TX 76102**

1783-BEAR CUB #1



9590 9402 4057 8079 2021 45

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9463

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

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

CERTIFIED MAIL®



7017 2680 0000 7062 9463
7017 2680 0000 7062 9463

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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

**ZORRO PARTNERS LTD
616 TEXAS STREET
FT WORTH TX 76102**

1783-BEAR CUB #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:

**ARD ENERGY GROUP LP
222 2 4TH STREET PH5
FT WORTH TX 76102**

1783-BEAR CUB #1



9590 9402 4057 8079 2021 38

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9470

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

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

CERTIFIED MAIL®



7017 2680 0000 7062 9470
7017 2680 0000 7062 9470

U.S. Postal Service™

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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

\$

Service

\$

State

City

**ARD ENERGY GROUP LP
222 2 4TH STREET PH5
FT WORTH TX 76102**

1783-BEAR CUB #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:

JAVELINA PARTNERS
616 TEXAS STREET
FT WORTH TX 76102

1783-BEAR CUB #1



9590 9402 4057 8079 2021 21

2. Article Number (Transfer from service label)

7017 2680 0000 7062 9487

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

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

CERTIFIED MAIL®



7017 2680 0000 7062 9487
7017 2680 0000 7062 9487

U.S. Postal Service™

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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 | \$ |

Postage

\$

Total

\$

Sent

Street

City

JAVELINA PARTNERS
616 TEXAS STREET
FT WORTH TX 76102

1783-BEAR CUB #1

Postmark
Here

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

See Reverse for Instructions

LONQUIST & CO. LLC

AUSTIN
HOUSTON

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

WICHITA
CALGARY

www.lonquist.com

November 12, 2018

ARD Energy Group LP
222 W 4th St. PH 5
Fort Worth, TX 76102

Subject: Bear Cub SWD No. 1 Authorization to Inject

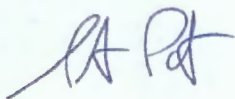
To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for 3Bear Energy LLC's Bear Cub SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application.

According to the New Mexico Oil Conservation Division, surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date in which this application was mailed to them.

Any questions should be directed towards 3Bear Energy LLC's agent, Lonquist & Co., LLC.

Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

Bear Cub SWD No. 1

7018 1830 0000 8887 8650
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, NOT AT DOTTED LINE.
CERTIFIED MAIL®

7018 1830 0000 8887 8650
7018 1830 0000 8887 8650

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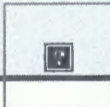
OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$
 Sent To
 Street and Apt. No., or PO Box No.
 City, State, ZIP+4®
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <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>1. Article Addressed to: Andrea Antillon New Mexico State Land Office 310 Old Santa Fe Trail P.O. Box 1148 Santa Fe, NM 87504-1148</p> <p>9590 9402 4693 8323 9945 01</p>	<p>3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>
<p>2. Article Number (Transfer from service label)</p>	

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

**USPS Tracking®****Tracking****FAQs****Track Another Package +****Tracking Number:** 70181830000088878650

Remove

Your item has been delivered and is available at a PO Box at 7:45 am on February 12, 2019 in SANTA FE, NM 87501.

Status **Delivered**

February 12, 2019 at 7:45 am
Delivered, PO Box
SANTA FE, NM 87501

Get Updates **Delivered****Text & Email Updates****Tracking History****February 12, 2019, 7:45 am**

Delivered, PO Box

SANTA FE, NM 87501

Your item has been delivered and is available at a PO Box at 7:45 am on February 12, 2019 in SANTA FE, NM 87501.

February 11, 2019

In Transit to Next Facility

Feedback

February 10, 2019, 2:15 am
Departed USPS Facility
ALBUQUERQUE, NM 87101

February 9, 2019, 1:43 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

February 7, 2019, 8:05 pm
Arrived at USPS Regional Facility
NORTH HOUSTON TX DISTRIBUTION CENTER

Product Information



See Less 

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

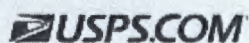
The easiest tracking number is the one you don't have to know.

With Informed Delivery®, you never have to type in another tracking number. Sign up to:

- See images* of incoming mail.
- Automatically track the packages you're expecting.
- Set up email and text alerts so you don't need to enter tracking numbers.
- Enter USPS Delivery Instructions™ for your mail carrier.

[Sign Up](#)

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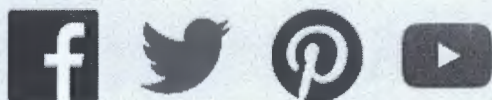
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CALGARY

www.lonquist.com

November 12, 2018

Enduro Operating LLC
777 Main St. Suite 800
Fort Worth, TX 76102

Subject: Bear Cub 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 3Bear Energy LLC's Bear Cub SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application.

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Any questions should be directed towards 3Bear Energy LLC's agent, Lonquist & Co., LLC.

Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

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November 12, 2018

Colgate Operating LLC
306 W Wall Street Suite 500
Midland, TX 79701

Subject: Bear Cub SWD No. 1 Authorization to Inject

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November 12, 2018

D W Underwood
505 N. Bigspring #100
Midland, TX 79701

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November 12, 2018

Apache Corporation
303 Veterans Airpark Ln #1000
Midland, TX 79705

Subject: Bear Cub SWD No. 1 Authorization to Inject

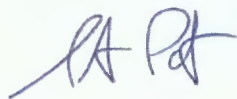
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November 12, 2018

Legacy Reserves Operating LP
Oxy USA WTP Limited Partnership
303 W. Wall Street Suite 1600
Midland, TX 79701

Subject: Bear Cub SWD No. 1 Authorization to Inject

To Whom It May Concern:

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November 12, 2018

Harley W. Ballard & Carol J. Ballard
1819-2 N Canal
Carlsbad, NM 88220

Subject: Bear Cub SWD No. 1 Authorization to Inject

To Whom It May Concern:

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November 12, 2018

Javelina Partners
616 Texas St.
Fort Worth, TX 76102

Subject: Bear Cub SWD No. 1 Authorization to Inject

To Whom It May Concern:

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November 12, 2018

EOG Y Resources, Inc.
104 S. 4th St.
Artesia, New Mexico 88210

Subject: Bear Cub SWD No. 1 Authorization to Inject

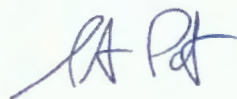
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November 12, 2018

JC Williamson
PO Box 16
Midland, TX 79701

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November 12, 2018

OXY USA WTP LP
6 Desta Dr. #6000
Midland, TX 79705

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November 12, 2018

Oxy USA WTP Limited Partnership
PO Box 4294
Houston, TX 77210

Subject: Bear Cub SWD No. 1 Authorization to Inject

To Whom It May Concern:

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PO Box 4294
Houston, TX 77210

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November 12, 2018

Mewbourne Oil Co
PO Box 5270
Hobbs, NM 88241

Subject: Bear Cub SWD No. 1 Authorization to Inject

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November 12, 2018

Legacy Reserves Operating LP
Oxy USA WTP Limited Partnership
303 W. Wall Street Suite 1600
Midland, TX 79701

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November 12, 2018

Zorro Partners LTD
616 Texas St.
Fort Worth, TX 76102

Subject: Bear Cub SWD No. 1 Authorization to Inject

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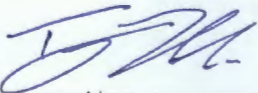
Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery X Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No
- II. OPERATOR: 3Bear Field Service, LLC
ADDRESS: 415 W. Wall St., Suite 1212
CONTACT PARTY: Kevin Burns PHONE: 432-686-2973
- 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: Tyler Moehlman  TITLE: Consulting Engineer – Agent for 3Bear Field Service
SIGNATURE: _____ DATE: 11/12/2018
- E-MAIL ADDRESS: tyler.moehlman@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:

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

III. WELL DATA

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

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

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

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

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

XIV. PROOF OF NOTICE

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

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

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

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

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.

Side 1

INJECTION WELL DATA SHEET

OPERATOR: 3Bear Field Service, LLC

WELL NAME & NUMBER: Bear Cub SWD No. 1

WELL LOCATION: 1,561 FNL 1,276 FEL
FOOTAGE LOCATION

II
UNIT LETTER

36
SECTION

19S
TOWNSHIP

28E
RANGE

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 26.000"

Cemented with: 328 sx.

Top of Cement: surface

Casing Size: 20.00"

or _____ ft³

Method Determined: circulation

1st Intermediate Casing

Hole Size: 17.500"

Cemented with: 350 sx.

Top of Cement: surface

Casing Size: 13.375"

or _____ ft³

Method Determined: circulation

2nd Intermediate Casing

Hole Size: 12.250"

Cemented with: 1,193 sx.

Top of Cement: surface

Casing Size: 9.625"

or _____ ft³

Method Determined: circulation

Production Liner

Hole Size: 8.500"

Cemented with: 4,440 sx.

Top of Cement: 4,140'

Total Depth: 12,177'

Casing Size: 7.625"

or _____ ft³

Method Determined: calculation

Injection Interval

12,177 feet to 14,000 feet

(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 5.5", 17 lb/ft, HCL-80, BTC from 0' – 12,080'

Lining Material: Duoline

Type of Packer: 7-5/8" X 5-1/2" Permanent Packer with High Temp Elastomer and Full Inconel 925 trim

Packer Setting Depth: 12,080'

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, Montoya

3. Name of Field or Pool (if applicable): 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:

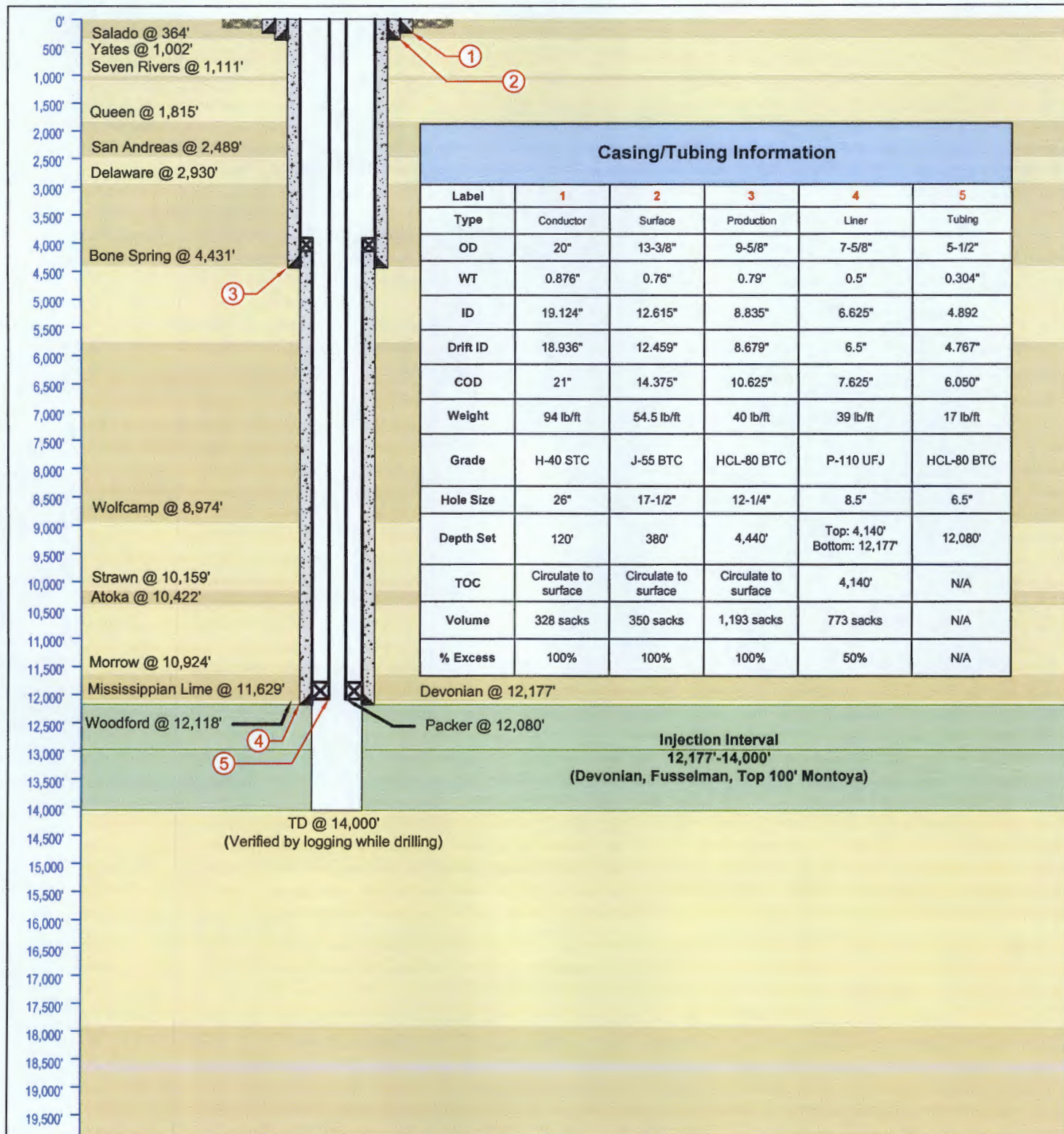
Delaware: 2,390'

Bone Spring: 4,431'

Wolcamp: 8,974'

Strawn: 10,159'

Atoka: 10,422'



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	3Bear Field Service, LLC		Bear Cub SWD No. 1	
	Country: USA		State/Province: New Mexico	County/Parish: Eddy
	Location:		Site: 1,561 FNL 1,276 FEL	Survey: S36-T19S-R28E
	API No: NA		Field: Silurian-Devonian	Well Type/Status: SWD
	NMOCD District No: 1		Project No: 1783	Date: 11/8/2018
	Drawn: TFM		Reviewed:	Approved:
	Rev No: 1		Notes:	



3Bear Field Services, LLC

Bear Cub SWD No. 1

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1.

Well information	
Lease Name	Bear Cub SWD
Well No.	1
Location	S-36 T-19S R-28E
Footage Location	1,561' FNL & 1,276' FEL

2.

a. Wellbore Description

Casing Information				
Type	Conductor	Intermediate	Intermediate 2	Production
OD	20"	13.375"	9.625"	7.625"
WT	0.876"	0.76"	0.79"	0.500"
ID	19.124"	12.615"	8.835"	6.625"
Drift ID	18.936"	12.459"	8.679"	6.500"
COD	21"	14.375"	10.625"	7.625"
Weight	94 lb/ft	54.5 lb/ft	40 lb/ft	39 lb/ft
Grade	H-40 STC	J-55 BTC	HCL-80 BTC	P-110 UFJ
Hole Size	26"	17.5"	12.25"	8.5"
Depth Set	120'	380'	4,440'	4,140'-12,177'

b. Cementing Program

Cement Information				
Casing String	Conductor	Intermediate 1	Intermediate 2	Liner
Lead Cement	Class H	HalCem	Stage 1: NeoCem Stage 2: NeoCem Stage 3: ExtendaCem	VERSACEM w/ gas migration control additives
Lead Cement Volume	328 sks	245 sks	Stage 1: 215 sks Stage 2: 449 sks Stage 3: 215 sks	773 sks
Tail Cement	-	HalCem	Stage 1: HalCem Stage 2: HalCem	Halcem
Tail Cement Volume	-	86 sks	Stage 1: 287 sks Stage 2: 27 sks	
Cement Excess	100%	100%	100%	50%
TOC	Surface	Surface	Surface	4,140'
Method	Circulate to Surface	Circulate to Surface	Circulate to Surface	Logged

3. Tubing Description

Tubing Information	
OD	5.5"
WT	0.304"
ID	4.892"
Drift ID	4.767
COD	6.050"
Weight	17 lb/ft
Grade	HCL-80 BTC
Depth Set	0-12,080'

Tubing will be lined with Duoline.

4. Packer Description

7-5/8" x 5-1/2" TCPC Permanent Packer with High Temp Elastomer and Full Inconel 925 trim

B. Completion Information

1. Injection Formation: Devonian, Silurian, Fusselman, Montoya (Top 100')

2. Gross Injection Interval: 12,177'-14,000'

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
Delaware	2,390'
Bone Spring	4,431'
Wolfcamp	8,974'
Strawn	10,159'
Atoka	10,422'

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 Injection:

Average Volume: 20,000 BPD

Maximum Volume: 25,000 BPD

2. Closed System

3. Anticipated Injection Pressure:

Average Injection Pressure: 1,827 PSI (surface pressure)

Maximum Injection Pressure: 2,436 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 and Wolfcamp formations. Attached are produced water sample analyses taken from the closest wells that feature samples from the Delaware, Bone Spring, Wolfcamp, Artesia, Morrow, and Strawn 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 Kodiak 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.

Montoya Formation Lithology:

The Montoya Group of Late Ordovician age unconformably overlies the Simpson Group. The Montoya is composed of light gray to medium-dark gray, fine- to medium-crystalline, calcareous dolomite, some units of which are interbedded with shale or dark-gray limestone and some units of which contain white to very light-gray chert. The Montoya carbonate limestone dolomite sequence is dense, impermeable, and non-porous.

A. Injection Zone: Siluro-Devonian Formation

Formation	Depth
Salado	364'
Yates	1,002'
Seven Rivers	1,111'
Queen	1,815'
San Andres	2,489'
Delaware	2,930'
Bone Spring	4,431'
Wolfcamp	8,974'
Strawn	10,159'
Atoka	10,422'
Morrow	10,924'
Mississippian Lime	11,629'
Woodford	12,118'
Devonian	12,177'

B. Underground Sources of Drinking Water

Within 1-mile of the proposed Bear Tracker SWD #1 location, there is one water well. The water well has an unknown depth. Water wells in the surrounding area have an average depth of 160 ft and an average water depth of 87 ft.

IX. Proposed Stimulation Program

No stimulation program planned.

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 one (1) water well that exist within one mile of the well location. Samples from the well have been 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 water well CP-01231-POD1.

District I1625 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****Energy Minerals and Natural Resources****Oil Conservation Division****1220 South St. Francis Dr.****Santa Fe, NM 87505**Form C-101
Revised July 18, 2013☐ AMENDED REPORT**APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

¹¹ Operator Name and Address 3BEAR FIELD SERVICE, LLC 415 W. WALL ST., STE 1212 MIDLAND, TEXAS 79701		¹² OGRID Number 372603
		¹³ API Number 30-015-TBD
¹⁴ Property Code	¹⁵ Property Name BEAR CUB SWD	¹⁶ Well No. 1

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
H	36	19S	28E		1,561	FNL	1,276	FEL	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; Silurian-Devonian	Pool Code 97869
-------------------------------------	--------------------

Additional Well Information

¹¹ Work Type N	¹² Well Type SWD	¹³ Cable/Rotary R	¹⁴ Lease Type Private	¹⁵ Ground Level Elevation 3,293.12'
¹⁶ Multiple N	¹⁷ Proposed Depth 14,000	¹⁸ Formation Siluro-Devonian	¹⁹ Contractor TBD	²⁰ Spud Date ASAP
Depth to Ground water 75'		Distance from nearest fresh water well 1,251'		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**

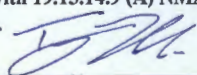
Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Conductor	26"	20"	94 lb/ft	120'	328	Surface
Surface	17-1/2"	13-3/8"	54.5 lb/ft	380'	350	Surface
Production	12-1/4"	9-5/8"	40 lb/ft	4,440'	1,193	Surface
Liner	8-1/2"	7-5/8"	39 lb/ft	4,140'-12,177'	773	4,140'
Tubing	6-1/2"	5.5"	17 lb/ft	0'-12,080'	N/A	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	10,000 psi	8,000 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: 

Printed name: Tyler Moehlman

Title: Consulting Engineer

E-mail Address: tyler.moehlman@lonquist.com

Date: November 12, 2018

Phone: 713-987-4144

OIL CONSERVATION DIVISION

Approved By:

Title:

Approved Date:

Expiration Date:

Conditions of Approval Attached

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazon Road, Artec, NM 87410
District IV
1220 S. St Francis Dr., NM 87505
Phone: (505) 476-3460 Fax (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 97869	³ Pool Name SWD; Silurian-Devonian
⁴ Property Code	⁵ Property Name BEAR CUB SWD		⁶ Well Number #1
⁷ OGRID No. 372603	⁸ Operator Name 3BEAR FIELD SERVICES, LLC		⁹ Elevation 3293.12'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	36	19 S	28 E		1561	NORTH	1276	EAST	EDDY

¹¹ 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

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.

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.

①

D C B A

E F G H

L K J I

M N O P

④

③

1560.50'

1276.25'

GEODETIC DATA
NAD 83 GRID - NM EAST
BEAR CUB SWD NO. 1
Y= 589479.67 N
X= 605171.92 E
LAT= 32.620359 N
LONG= -104.126000 W
1 - Y= 591012.12, X= 601203.25
2 - Y= 591049.25, X= 606431.78
3 - Y= 585765.05, X= 606456.70
4 - Y= 585731.46, X= 601144.29

¹⁷ 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 released 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.

Tyler Moehlman 11/12/2018
Signature Date
Tyler Moehlman 11/12/2018
Printed Name Date
tyler.moehlman@lonquist.com 11/12/2018
Email Address Date

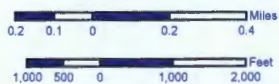
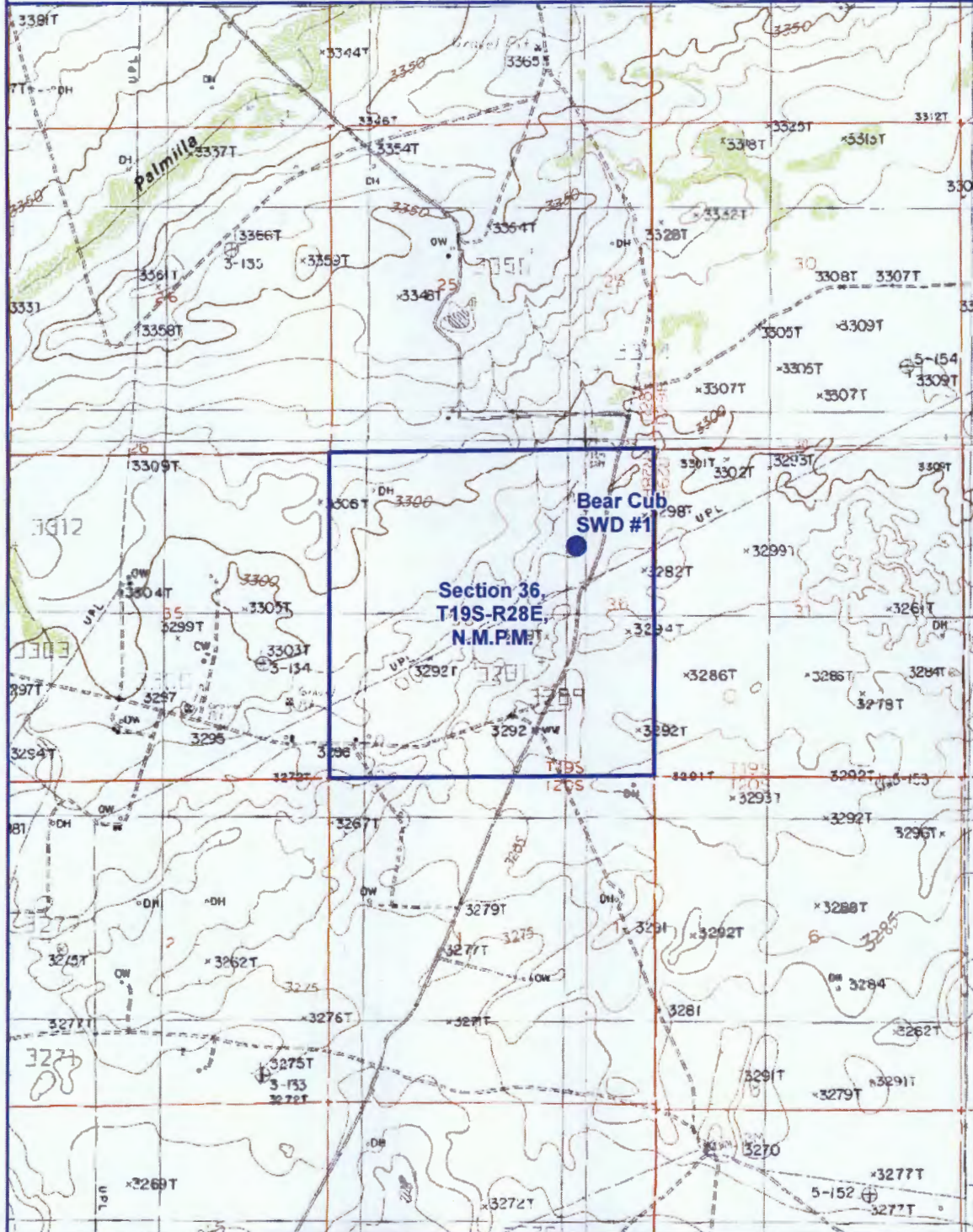
¹⁸ SURVEYOR CERTIFICATION

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.

12 Nov 2018
Date of Survey Date
Signature and Seal of Professional Surveyor:
Jeffrey E. Hudson
JEFFREY E. HUDSON
NEW MEXICO
20559
PROFESSIONAL SURVEYOR
Certificate Number
20559

LOCATION VERIFICATION MAP

Section thirty-six (36), Township nineteen (19) South,
Range twenty-eight (28) East of the Principal Meridian, Eddy County, New Mexico



Map Tech: VKV

1" = 2,000'

Date: 10/30/2018

1:24,000



1100 Macon Street
Fort Worth, Texas 76102

Coordinate System:
NAD 1983 StatePlane New Mexico East FIPS 3001 Feet
Projection: Transverse Mercator
Datum: North American 1983
False Easting: 541,337.5000
False Northing: 0.0000
Central Meridian: -104.3333
Scale Factor: 0.9999
Latitude Of Origin: 31.0000
Units: Feet US



BEAR CUB SWD #1

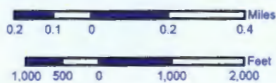
SHL Location & Penetration Point:
1561' FNL & 1276' FEL
Section 36, Township 19 South,
Range 28 East of P.M.
Eddy County, New Mexico

OPERATOR:
3BEAR FIELD SERVICES, LLC



AERIAL MAP

Section thirty-six (36), Township nineteen (19) South,
Range twenty-eight (28) East of the Principal Meridian, Eddy County, New Mexico



Map Tech: VKV 1" = 2,000'

Date: 10/30/2018 1:24,000



Coordinate System:
NAD 1983 StatePlane New Mexico East FIPS 3001 Feet
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BEAR CUB SWD #1

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1561' FNL & 1276' FEL
Section 36, Township 19 South,
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Eddy County, New Mexico

OPERATOR:
3BEAR FIELD SERVICES, LLC

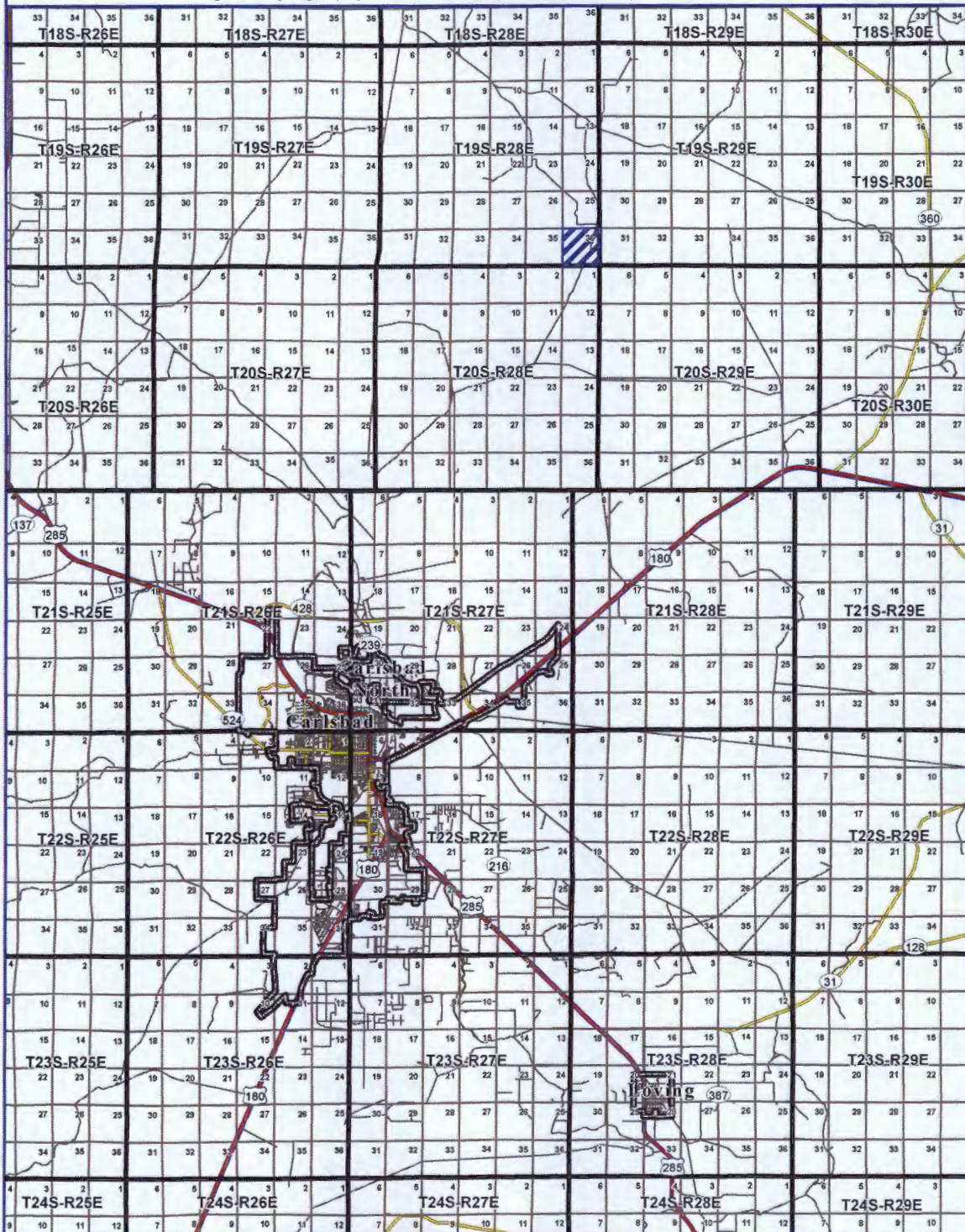


1100 Macon Street
Fort Worth, Texas 76102



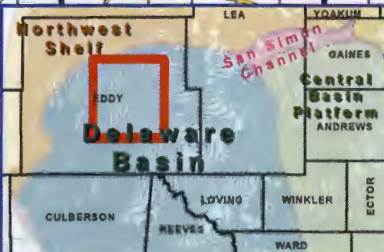
VICINITY MAP

Section thirty-six (36), Township nineteen (19) South,
Range twenty-eight (28) East of the Principal Meridian, Eddy County, New Mexico



Map Tech: VKV 1" = 17,500'

Date: 10/30/2018 1:210,000



Coordinate System:
NAD 1983 StatePlane New Mexico East FIPS 3001 Feet
Projection: Transverse Mercator
Datum: North American 1983
False Easting: 541,337.5000
False Northing: 0.0000
Central Meridian: -104.3333
Scale Factor: 0.9998
Latitude Of Origin: 31.0000
Units: Foot US



BEAR CUB SWD #1

SHL Location & Penetration Point:
1561' FNL & 1276' FEL
Section 36, Township 19 South,
Range 28 East of P.M.
Eddy County, New Mexico

OPERATOR:
3BEAR FIELD SERVICES, LLC

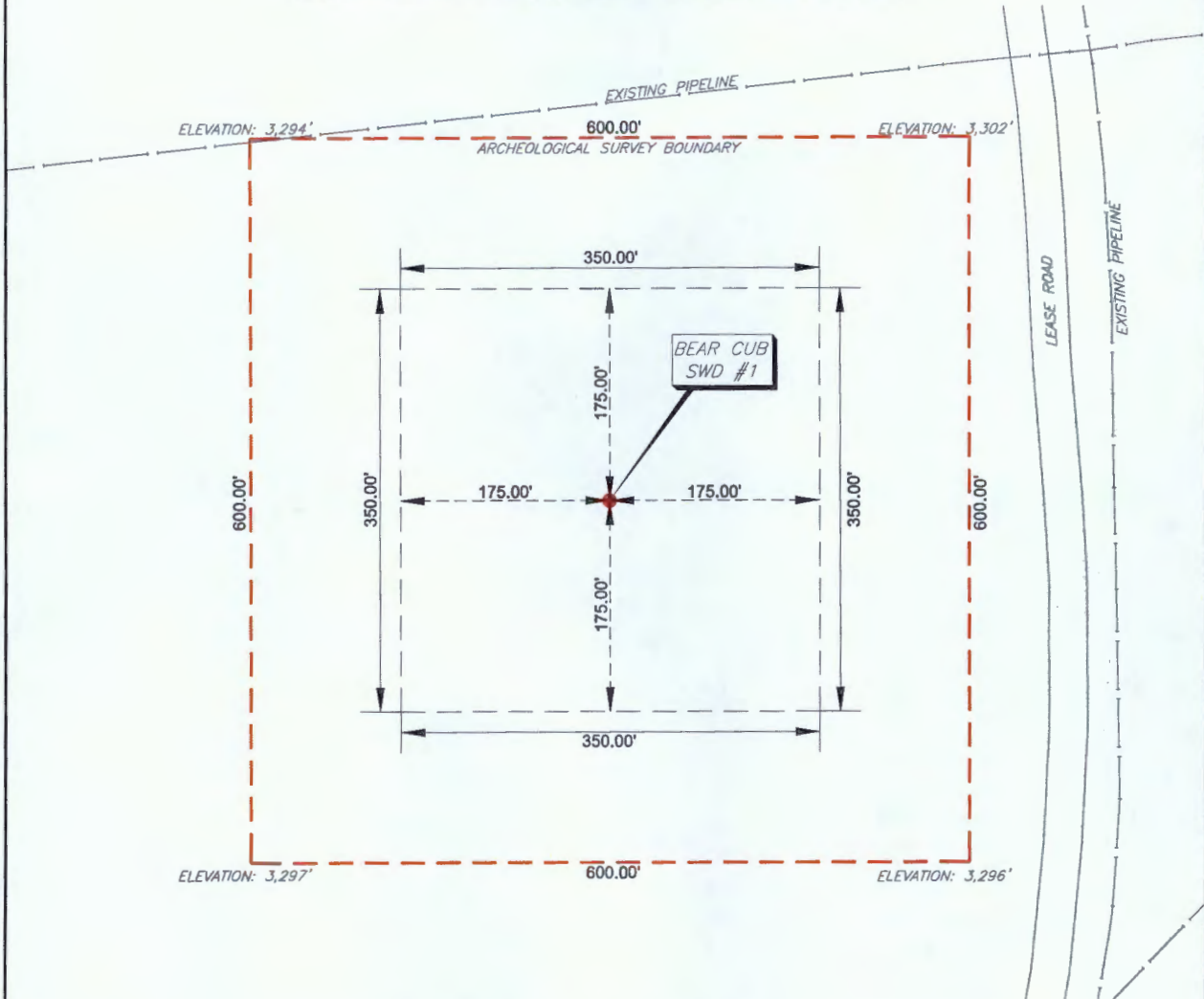


1100 Macon Street
Fort Worth, Texas 76102



EDDY COUNTY, NEW MEXICO

SECTION THIRTY-SIX (36), TOWNSHIP NINETEEN (19) SOUTH,
RANGE TWENTY-EIGHT (28) EAST OF THE PRINCIPAL MERIDIAN



COORDINATE TABLE				
WELL NAME	NORTHING (N.A.D. 27)	EASTING (N.A.D. 27)	NORTHING (N.A.D. 83)	EASTING (N.A.D. 83)
BEAR CUB SWD #1 SURFACE LOCATION & PENETRATION POINT	589417.80	563991.90	589479.67	605171.92
ELEVATION	LATITUDE (N.A.D. 27)	LONGITUDE (N.A.D. 27)	LATITUDE (N.A.D. 83)	LONGITUDE (N.A.D. 83)
3,293.12'	32.620241	-104.125493	32.620359	-104.126000

THE BEAR CUB SWD #1 IS LOCATED
APPROXIMATELY 15 MILES NORTHEAST OF
CARLSBAD, NEW MEXICO



NOTES:

- 1) BEARINGS & COORDINATES SHOWN HEREON ARE REFERENCED TO THE NEW MEXICO STATE PLANE COORDINATE SYSTEM, N.A.D. 27 & 83 DATUM (NEW MEXICO EAST ZONE) DERIVED FROM GPS OBSERVATIONS AND ARE BASED REFERENCE STATIONS - 'E 148' - MALJAMAR NE (1985)
- 2) LATITUDE & LONGITUDE ARE NAD 83 & 27 GEOGRAPHIC.
- 3) THIS IS AN WELL PLAT AND DOES NOT REPRESENT A TRUE BOUNDARY SURVEY. THIS SURVEY IS BASED ON OWNERSHIP AND EASEMENT INFORMATION PROVIDED BY APACHE CORPORATION. SURVEYOR DID NOT ABSTRACT SUBJECT TRACT AND THERE MAY BE EASEMENTS OR OTHER ENCUMBRANCES THAT AFFECT THE SUBJECT TRACT THAT ARE NOT SHOWN HEREON.



Location of
BEAR CUB SWD #1

Surface Location & Penetration Point: 1561' FNL & 1276' FEL
Section 36, Township 19 South, Range 28 East of P.M.
Eddy County, New Mexico

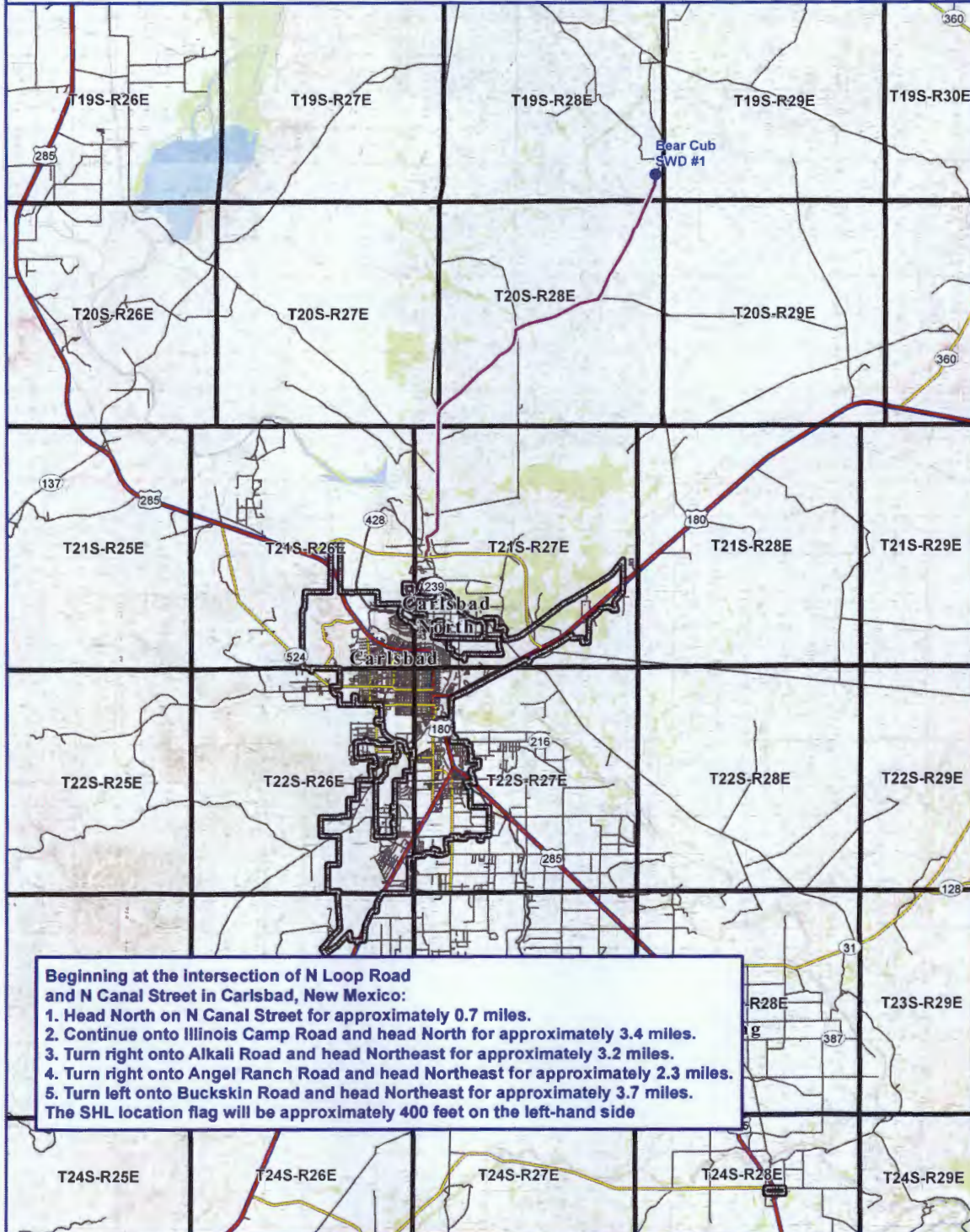


1100 Macon Street
Fort Worth, Texas 76102
(817) 529-1180 ~ Fax (817) 529-1181

DRAWN BY: JWP	DATE: 10-30-2018	DWG. NO.	REV.
CHECKED BY: JLW	DATE: 10-30-2018	DrDropper (Title Resources) Title Resources Team Folder\Long\1810010_Bear Cub SWD #1\Exhibits	1
SCALE: 1" = 100'	APP.:	PAGE 1 OF 1	

ROAD ROUTE MAP

Section thirty-six (36), Township nineteen (19) South,
Range twenty-eight (28) East of the Principal Meridian, Eddy County, New Mexico



Beginning at the intersection of N Loop Road
and N Canal Street in Carlsbad, New Mexico:

1. Head North on N Canal Street for approximately 0.7 miles.
 2. Continue onto Illinois Camp Road and head North for approximately 3.4 miles.
 3. Turn right onto Alkali Road and head Northeast for approximately 3.2 miles.
 4. Turn right onto Angel Ranch Road and head Northeast for approximately 2.3 miles.
 5. Turn left onto Buckskin Road and head Northeast for approximately 3.7 miles.
- The SHL location flag will be approximately 400 feet on the left-hand side



Map Tech: VKV 1" = 17,500'

Date: 10/30/2018 1:210,000



Coordinate System:
NAD 1983 StatePlane New Mexico East FIPS 3001 Feet
Projection: Transverse Mercator
Datum: North American 1983
False Easting: 541,337.5000
False Northing: 0.0000
Central Meridian: -104.3333
Scale Factor: 0.9999
Latitude Of Origin: 31.0000
Units: Foot US



BEAR CUB SWD #1

SHL Location & Penetration Point:
1561' FNL & 1276' FEL
Section 36, Township 19 South,
Range 28 East of P.M.
Eddy County, New Mexico

OPERATOR:
3BEAR FIELD SERVICES, LLC



1100 Macon Street
Fort Worth, Texas 76102

Bear Cub 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)	DATE DRILLED
02301	CONNIE C STATE #002	O	P	YESO ENERGY, INC.	5200	32.6337662000	-104.124130200	12/31/9999
02328	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.6236839000	-104.140022300	1/1/1900
02329	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.6236687000	-104.140022300	1/1/1900
02330	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.61830900000	-104.12268830000	1/1/1900
02331	STATE A #001	G	P	BILLY R WILSON-ROBINSON BRO DRL INC	99999	32.6119003000	-104.136993400	12/31/9999
02332	PRE-ONGARD WELL #002	O	P	PRE-ONGARD WELL OPERATOR	0	32.6227913000	-104.136817900	1/1/1900
02333	PRE-ONGARD WELL #002	O	P	PRE-ONGARD WELL OPERATOR	0	32.60944750000	-104.12282560000	1/1/1900
02334	PRE-ONGARD WELL #002	O	P	PRE-ONGARD WELL OPERATOR	0	32.60930630000	-104.12301640000	1/1/1900
21585	EXXON STATE #001	G	A	COLGATE OPERATING, LLC	99999	32.6264343000	-104.132507300	8/20/1975
21681	EXXON STATE #002	G	A	COLGATE OPERATING, LLC	99999	32.6337090000	-104.132522600	12/16/1975
22189	NEW MEXICO CU STATE #001	G	P	MEWBOURNE OIL CO	10400	32.6228065000	-104.132530200	12/31/9999
23195	MARTINEZ 31 FEDERAL # 001	O	A	LEGACY RESERVES OPERATING, LP	99999	32.6191826000	-104.115509000	4/10/1980
25366	CONNIE C STATE #001	O	P	YESO ENERGY, INC.	3500	32.6337357000	-104.128425600	12/31/9999
25587	CONNIE C STATE #003	O	P	YESO ENERGY, INC.	3525	32.6291580000	-104.132675200	12/31/9999
32845	WINCHESTER 36 STATE COM #001	G	A	MEWBOURNE OIL CO	11530	32.61526870000	-104.13265230000	7/2/2003
33554	RUGER 31 FEDERAL #001	G	A	MEWBOURNE OIL CO	11560	32.6119423000	-104.119773900	11/24/2004
37199	RUGER 6 FEDERAL COM #005H	O	C	MEWBOURNE OIL CO	0	32.6097133392	-104.117345497	12/31/9999
38067	WINCHESTER 36 STATE #002H	O	C	MEWBOURNE OIL CO	0	32.6242106995	-104.131991298	12/31/9999
38275	EXXON STATE #003	O	C	CIMAREX ENERGY CO. OF COLORADO	0	32.6255443226	-104.128425602	12/31/9999
40242	RUGER 31 MP FEDERAL #001H	O	A	MEWBOURNE OIL CO	8899	32.6121025000	-104.121757500	2/28/2013
40753	MIRAGE 30 PM STATE COM #001H	O	A	MEWBOURNE OIL CO	7658	32.6254005000	-104.106117200	1/29/2013
41306	MIRAGE 30 IL STATE COM #001H	O	A	MEWBOURNE OIL CO	7650	32.6304893000	-104.106117200	5/24/2014
41354	WINCHESTER 36 AD STATE #001H	O	A	MEWBOURNE OIL CO	7658	32.6237526000	-104.122444200	7/13/2013
41679	RUGER 31 LI FEDERAL #001H	O	A	MEWBOURNE OIL CO	8909	32.6154976000	-104.121765100	6/27/2014
41747	WINCHESTER 36 HE STATE #001H	O	A	MEWBOURNE OIL CO	7638	32.6181450000	-104.122428900	3/7/2014
41952	RUGER 31 DA FEDERAL COM #001H	O	A	MEWBOURNE OIL CO	7722	32.6219368000	-104.121398900	2/3/2014
42430	EXXON STATE #003	O	C	CIMAREX ENERGY CO. OF COLORADO	0	32.6255455000	-104.128395100	12/31/9999
42474	RUGER 31 B2EH FEDERAL #001H	O	A	MEWBOURNE OIL CO	7735	32.6183090000	-104.121780400	9/1/2014
42476	EXXON STATE #004	O	C	CIMAREX ENERGY CO. OF COLORADO	0	32.6255684000	-104.122551000	12/31/9999
42595	RUGER 31 B3EH FEDERAL #002H	O	A	MEWBOURNE OIL CO	8910	32.6182137000	-104.121337900	10/6/2014
42605	WINCHESTER 36 B2MP STATE #001H	O	N	MEWBOURNE OIL CO	0	32.6110992000	-104.138549800	12/31/9999
42606	WINCHESTER 36 B2LI STATE #001H	O	A	MEWBOURNE OIL CO	0	32.6155243000	-104.138481100	12/10/2014
43063	RUGER 31 B3DA FEDERAL #002H	O	A	MEWBOURNE OIL CO	8194	32.6220320000	-104.120957600	5/5/2015
43757	RUGER 31 B2LI FEDERAL #002H	O	N	MEWBOURNE OIL CO	0	32.3657010000	-104.071824000	12/31/9999
44047	SIG 5 6 B2CD FEDERAL COM #001H	O	N	MEWBOURNE OIL CO	0	32.6081352800	-104.096945100	12/31/9999
44903	PALMILLO 26 STATE COM #311H	O	N	APACHE CORPORATION	0	32.6268763000	-104.139647500	12/31/9999
44904	PALMILLO 26 STATE COM #312H	O	N	APACHE CORPORATION	0	32.6269863000	-104.139647800	12/31/9999
44905	PALMILLO 26 STATE COM #313H	O	N	APACHE CORPORATION	0	32.6291978000	-104.139799400	12/31/9999