NXX41-200618-C-107B 684

Revised March 23, 2017

RECEIVED:	REVIEWER:	TYPE:	APP NO:
6/18/20	DM	PLC	pDM2017051377

ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Geological & Engineering Bureau –
1220 South St. Francis Drive, Santa Fe, NM 87505

ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Applicant: Advance Energy Partners Hat Mesa, LLC **OGRID Number:** 372417
Well Name: Wool Head 20 State Com Pad B **API:** 30-025-46468
Pool: Various **Pool Code:** 97895/98033

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

FOR OCD ONLY
☐ Notice Complete
☐ Application Content Complete

2) **NOTIFICATION REQUIRED TO:** Check those which apply.
A. ☐ Offset operators or lease holders
B. ☒ Royalty, overriding royalty owners, revenue owners
C. ☐ Application requires published notice
D. ☐ Notification and/or concurrent approval by SLO
E. ☐ Notification and/or concurrent approval by BLM
F. ☐ Surface owner
G. ☒ For all of the above, proof of notification or publication is attached, and/or,
H. ☐ No notice required

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.

06/17/2020
Date

Debbie Moughon
Print or Type Name

346-444-9739
Phone Number

Debbie Moughon
Signature

dmoughon@advanceenergypartners.com
e-mail Address

Application for Surface Pool and Lease Commingling at Wool Head 20 State Com Pad B Battery

Advance Energy Partners Hat Mesa requests NMOCD approval to surface commingle oil and gas from multiple wells and multiple pools at the Wool Head 20 State Com Pad B. Wells to be produced through this battery are shown in Table 1.

Multiple state leases included are Sections 17 and 20 of Township 21 South, Range 33 East. Total acreage is 6.89 acres. Owners are the same across all leases except for the State royalty rate on VO and VB leases.

The Central Tank Battery is located L-20-21S-33E.

Production from each well will flow into dedicated 3-phase separators. For each well the production stream will be separated into 3 independent streams, oil, gas and water.

Oil for each well is measured through dedicated turbine meters before combining into a heater and being stored in 750 bbl tanks. The oil is sold via a LACT unit or truck to Plains Pipeline. The total oil volumes will be allocated back to each well based on metered well volumes.

Gas for each well is measured through dedicated orifice meters before combining in a 2-phase separator. The gas is then sold through a Daniel senior orifice meter. The total gas sales volume will be allocated back to each well based on metered well volumes.

Gas from tank vapor recovery is compressed, metered and sold through a single dedicated orifice meter. The vapor recovery gas will be allocated back to individual wells based each well's percentage of total oil volumes.

Water for each well is measure through dedicated turbine meters. Water is then combined and stored in 750 bbl fiberglass storage tanks. Water is then moved to recycle or disposal.

Meter numbers will be provided for all wells once they are installed in the field. Meters will be proved periodically as described in 19.15.12.10 C for diverse ownership.

Production from all wells flowing into the battery are in accordance with the hyperbolic production decline presented in Order R-14299. Initial annual decline rates are expected to be above 60%.

Commingling this production after well separation and measurement is the most effective means of producing these reserves. Pricing for all products will be the same with or without the commingling.

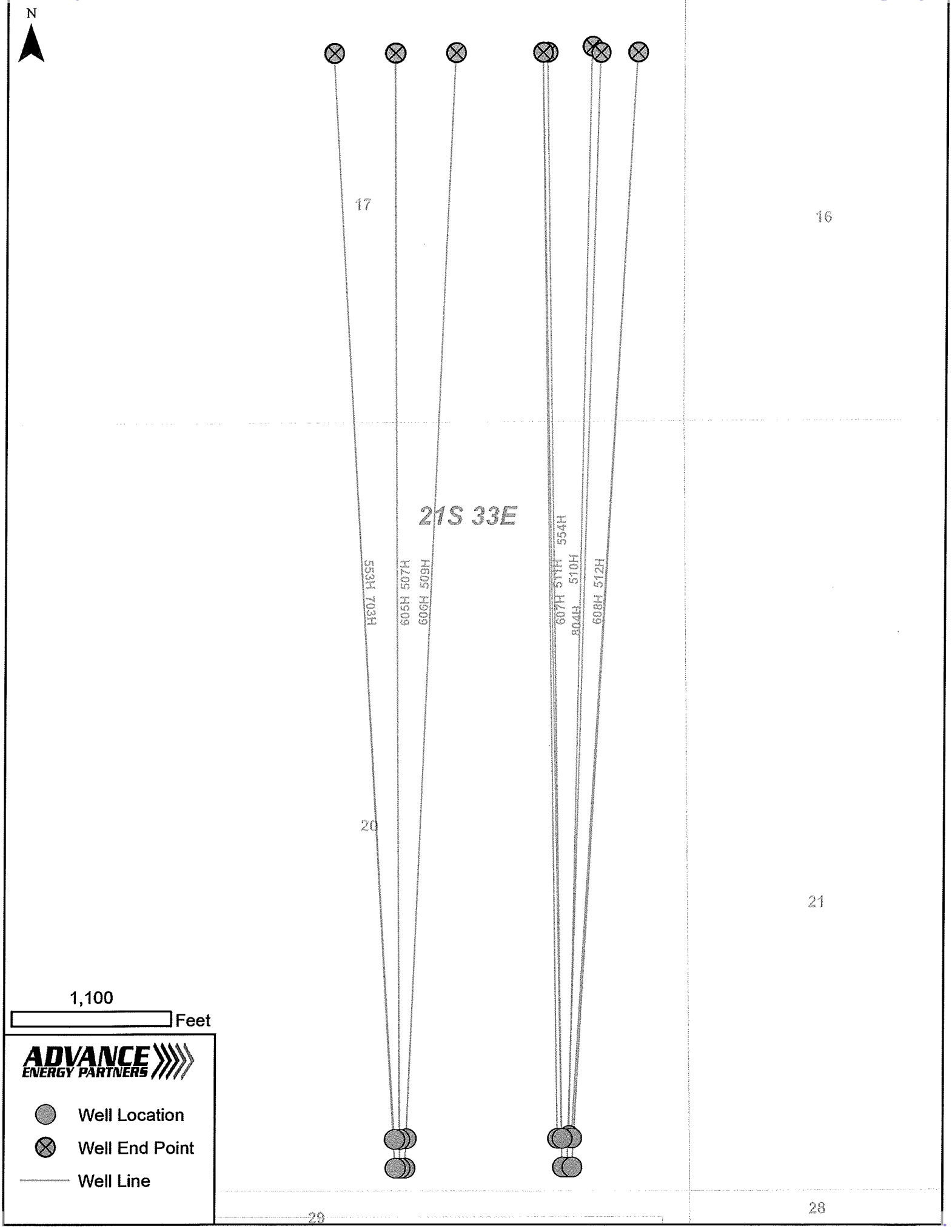
Advance requests the option to include future wells from the identified leases and pools.

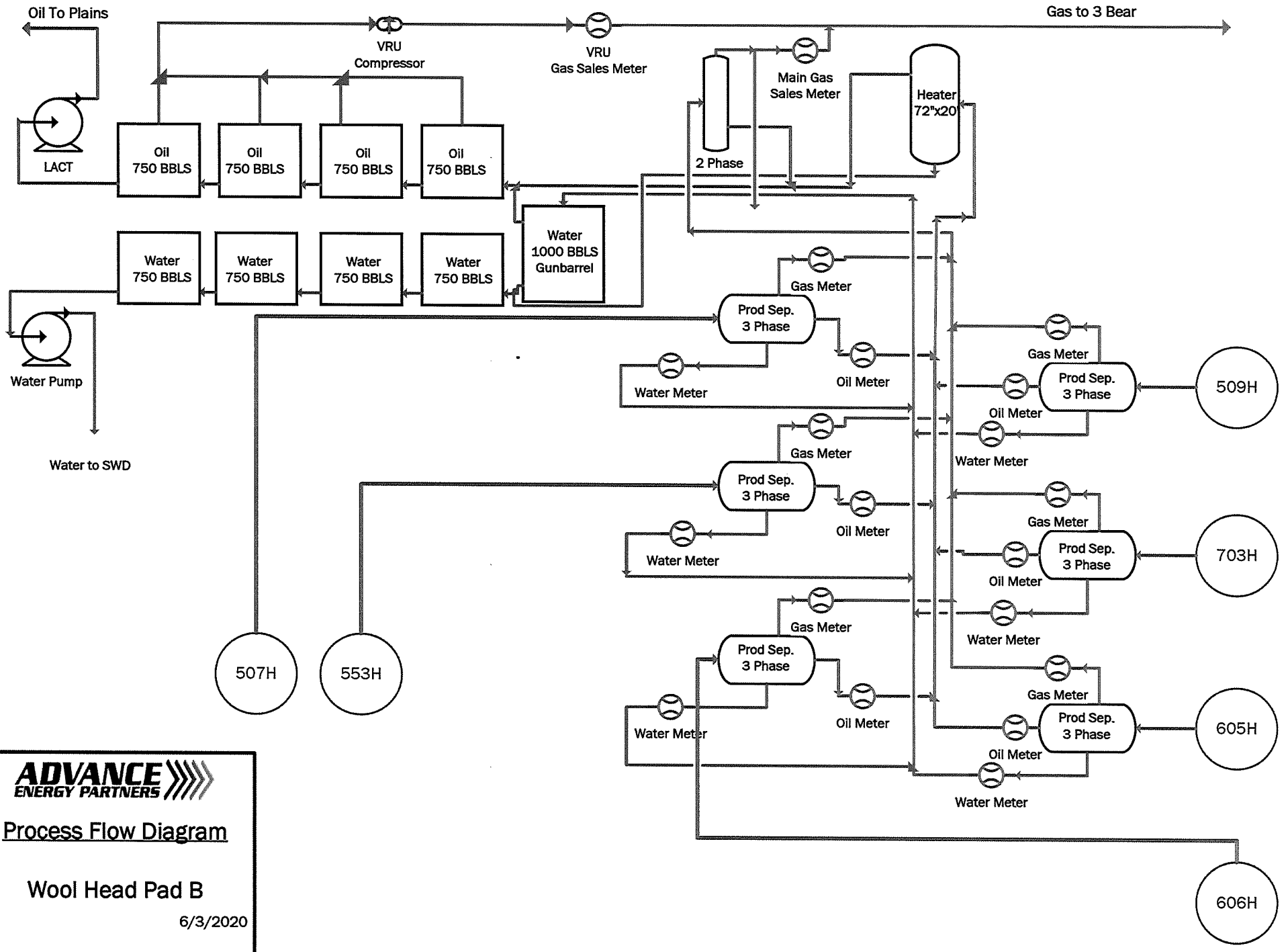
Table 1 Pad B

Wells to Commingle

	API	Well Name	Location	Pool Code/Name	Oil (BPD)	Gravity	Gas (MSCFD)	BTU
1	30-025-46468	Wool Head 20 State Com 507H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	1000-1500	44	1.5-2	1332
2	30-025-46470	Wool Head 20 State Com 509H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	1000-1500	44	1.5-2	1359
3	30-025-46471	Wool Head 20 State Com 553H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	1000-1500	44	1.5-2	1332
4	30-025-46267	Wool Head 20 State Com 606H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	1000-1500	44	1.5-2	1391
5	30-025-46266	Wool Head 20 State Com 605H	L-20-21S-33E	WC-025 G-08 S213304D : Bone Spring	1000-1500	47	1.5-2	1250
6	30-025-46268	Wool Head 20 State Com 703H	L-20-21S-33E	WC-025 G-10 S2133280; Wolfcamp	1000-1500	46	1.5-2	1250

Rates for wells are estimated based on type curves.


N
17
16
21S 33E
553H 703H
605H 507H
606H 509H
607H 511H 554H
804H 510H
608H 512H
20
21
29
28
1,100
Feet
ADVANCE ENERGY PARTNERS
Well Location
Well End Point
Well Line



ADVANCE ENERGY PARTNERS

Process Flow Diagram

Wool Head Pad B

6/3/2020

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
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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 Department

OIL CONSERVATION DIVISION

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

Form C-102
Revised August 4, 2011

Submit one copy to appropriate District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
	97895	WC-025 G-08 S213304D; BONE SPRING

Property Code	Property Name	Well Number
325948	WOOL HEAD 20 STATE COM	507H

OGRID No.	Operator Name	Elevation
372417	ADVANCE ENERGY PARTNERS HAT MESA	3721'

Surface Location

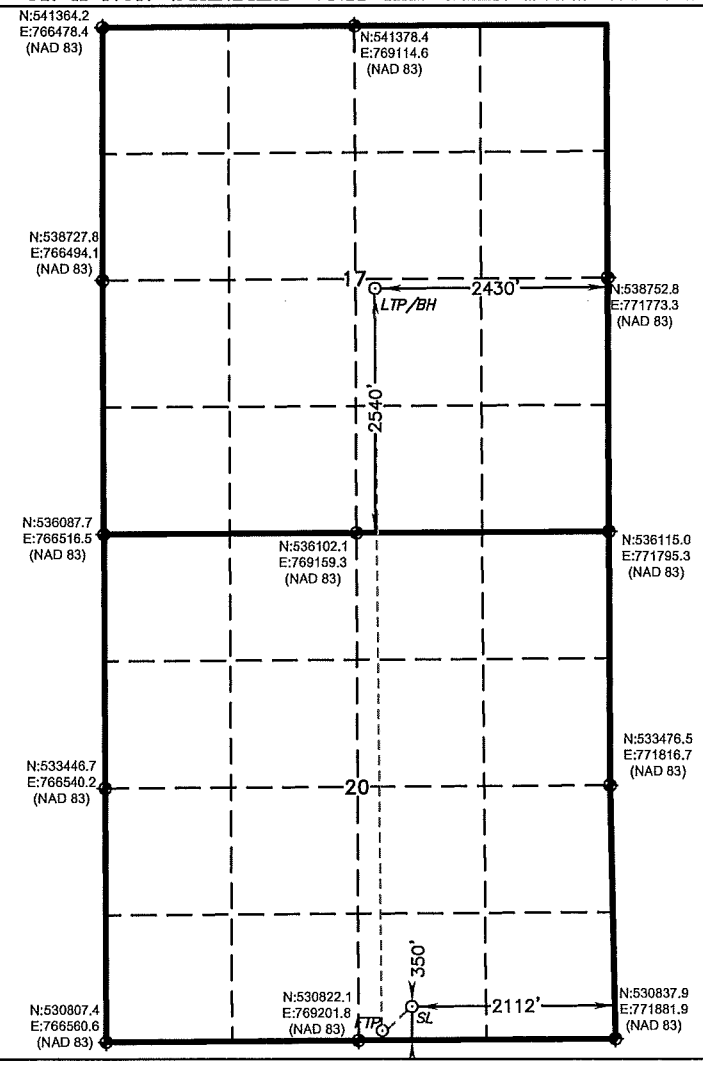
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
O	20	21 S	33 E		350	SOUTH	2112	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
J	17	21 S	33 E		2540	SOUTH	2430	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	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



LAST TAKE POINT
BOTTOM HOLE LOCATION
Lat – N 32.478619°
Long – W 103.593940°
NMSPCE– N 538642.5
E 769344.7
(NAD-83)

FIRST TAKE POINT
100' FSL & 2430' FEL
Lat – N 32.457401°
Long – W 103.593772°
NMSPCE– N 530923.5
E 769450.0
(NAD-83)

SURFACE LOCATION
Lat – N 32.458087°
Long – W 103.592757°
NMSPCE– N 531175.4
E 769761.4
(NAD-83)

OPERATOR CERTIFICATION

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

Signature Date

Printed Name

Email Address

SURVEYOR CERTIFICATION

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

Date Surveyed: JULY 25, 2019

Signature & Seal of Professional Surveyor

GARY L. JONES — NEW MEXICO — 7977 — REGISTERED PROFESSIONAL LAND SURVEYOR

Certificate Number: Gary L. Jones 7977

BASIN SURVEYS

0' 1000' 2000' 3000' 4000' N

SCALE: 1" = 2000'

WO Num.: 34750

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax: (575) 393-0720
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WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
	97895	WC-025 G-08 S213304D ; BONE SPRING

Property Code	Property Name	Well Number
325948	WOOL HEAD 20 STATE COM	509H

OGRID No.	Operator Name	Elevation
372417	ADVANCE ENERGY PARTNERS HAT MESA	3723'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
O	20	21 S	33 E		350	SOUTH	2013	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
J	17	21 S	33 E		2540	SOUTH	1590	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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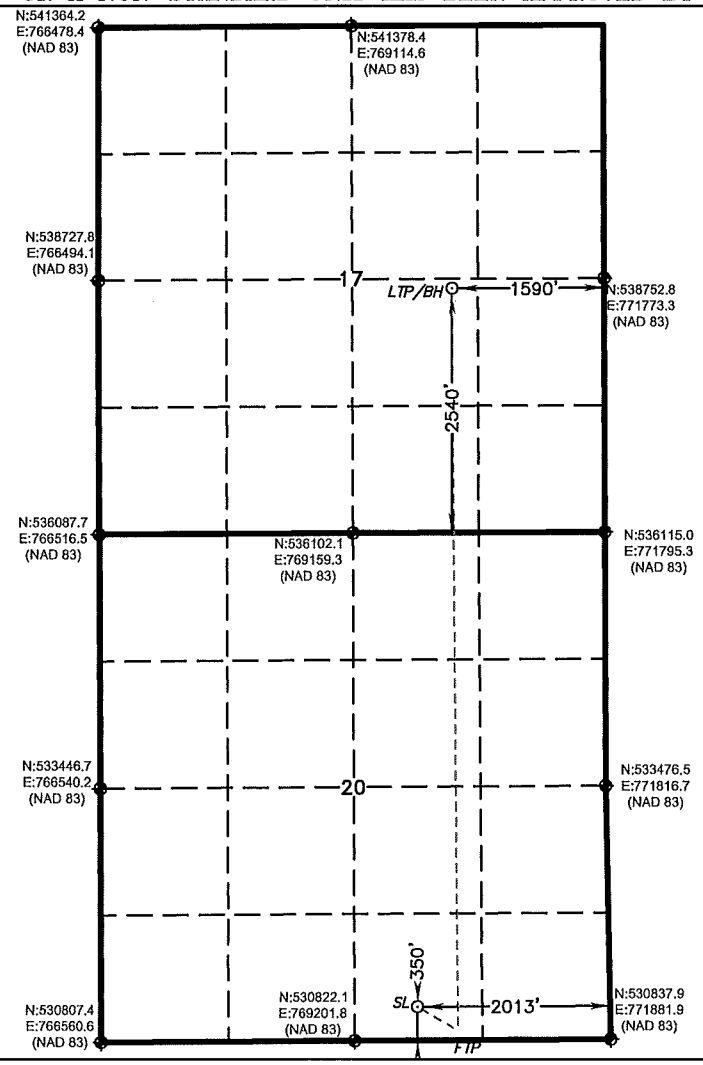

LAST TAKE POINT
BOTTOM HOLE LOCATION
Lat - N 32.478614°
Long - W 103.591217°
NMSPCE- N 538646.6
E 770184.5
(NAD-83)

FIRST TAKE POINT
100' FSL & 1590' FEL
Lat - N 32.457399°
Long - W 103.591049°
NMSPCE- N 530928.5
E 770289.8
(NAD-83)

SURFACE LOCATION
Lat - N 32.458087°
Long - W 103.592436°
NMSPCE- N 531176.1
E 769860.3
(NAD-83)

OPERATOR CERTIFICATION

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

Signature Date

Printed Name

Email Address

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JULY 25, 2019
Date Surveyed

Signature & Seal of Professional Surveyor

GARY L. JONES
NEW MEXICO
7977
REGISTERED PROFESSIONAL LAND SURVEYOR
BASIN SURVEYS

Certificate Number Gary L. Jones 7977

0' 1000' 2000' 3000' 4000' N

SCALE: 1" = 2000'
WO Num.: 34753

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WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
	97895	WC-025 G-08 S213304D;BONE SPRING

Property Code	Property Name	Well Number
325948	WOOL HEAD 20 STATE COM	553H

OGRID No.	Operator Name	Elevation
372417	ADVANCE ENERGY PARTNERS HAT MESA	3721'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
O	20	21 S	33 E		350	SOUTH	2079	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
J	17	21 S	33 E		2540	SOUTH	3430	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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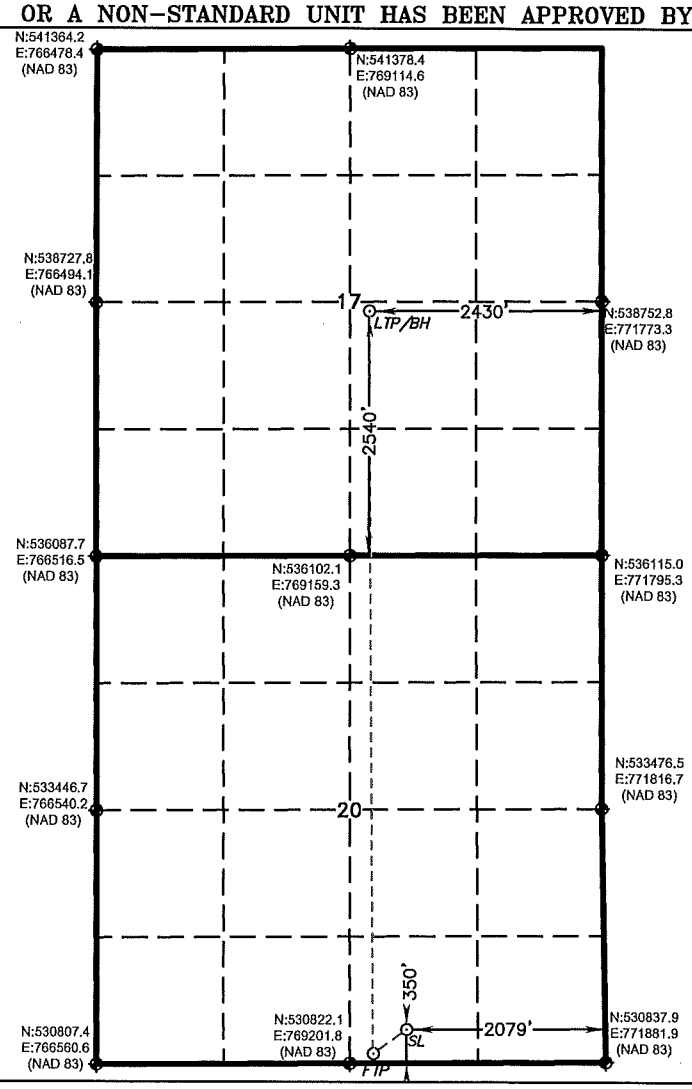

LAST TAKE POINT
BOTTOM HOLE LOCATION
Lat – N 32.478621°
Long – W 103.593942°
NMSPCE– N 538643.0
E 769344.1
(NAD–83)

FIRST TAKE POINT
100' FSL & 2430' FEL
Lat – N 32.457401°
Long – W 103.593775°
NMSPCE– N 530923.6
E 769449.1
(NAD–83)

SURFACE LOCATION
Lat – N 32.458087°
Long – W 103.592650°
NMSPCE– N 431175.5
E 769794.2
(NAD–83)

OPERATOR CERTIFICATION

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Printed Name

Email Address

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Date Surveyed: JULY 25, 2019

Signature & Seal of Professional Surveyor

GARY L. JONES — NEW MEXICO — 7977 — REGISTERED PROFESSIONAL LAND SURVEYOR — BASIN SURVEYS

Certificate Number: Gary L. Jones 7977

0' 1000' 2000' 3000' 4000' N

SCALE: 1" = 2000'

WO Num.: 34751

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax (575) 393-0720
DISTRICT II
611 S. First St., Artesia, NM 88210
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DISTRICT IV
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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Submit one copy to appropriate District Office

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WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code	Pool Name
30-025-46267	97895	WC-025 G-08 S213304D;BONE SPRING

Property Code	Property Name	Well Number
325948	WOOL HEAD 20 STATE COM	606H

OGRID No.	Operator Name	Elevation
372417	ADVANCE ENERGY PARTNERS HAT MESA	3715'

Surface Location

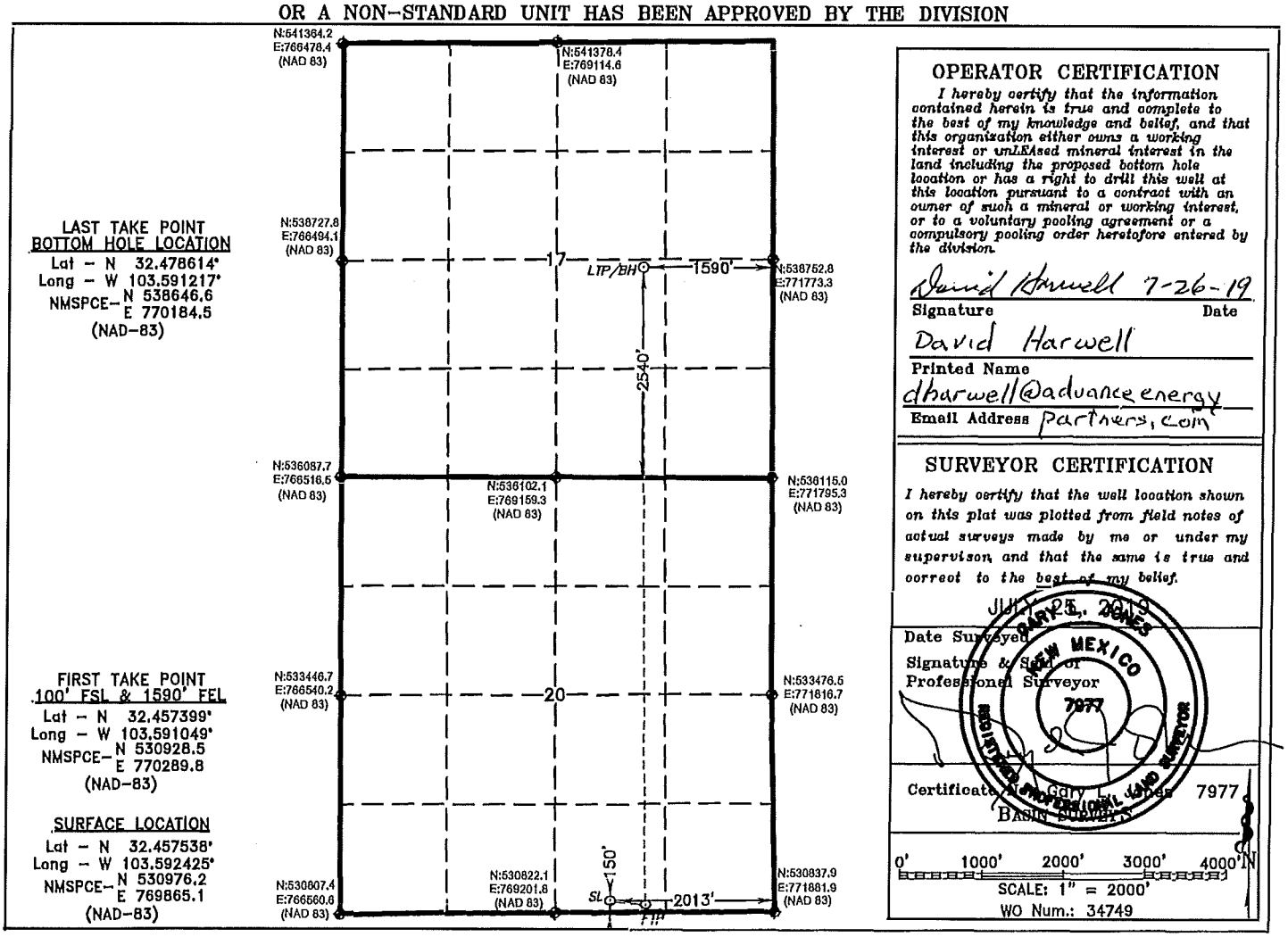
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
O	20	21 S	33 E		150	SOUTH	2013	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
J	17	21 S	33 E		2540	SOUTH	1590	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	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



LAST TAKE POINT
BOTTOM HOLE LOCATION
Lat – N 32.478614°
Long – W 103.591217°
NMSPCE– N 538646.6
E 770184.5
(NAD-83)

FIRST TAKE POINT
100' FSL & 1590' FEL
Lat – N 32.457399°
Long – W 103.591049°
NMSPCE– N 530928.5
E 770289.8
(NAD-83)

SURFACE LOCATION
Lat – N 32.457538°
Long – W 103.592425°
NMSPCE– N 530976.2
E 769865.1
(NAD-83)

OPERATOR CERTIFICATION

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

David Harwell 7-26-19
Signature Date

David Harwell
Printed Name

dharwell@advanceenergypartners.com
Email Address

SURVEYOR CERTIFICATION

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

JULY 25, 2019
Date Surveyed

Signature & Seal of Professional Surveyor

GARY L. JONES
NEW MEXICO
7977
REGISTERED PROFESSIONAL LAND SURVEYOR

Certificate No. Gary L. Jones 7977
BASIN SURVEYS

0' 1000' 2000' 3000' 4000'
SCALE: 1" = 2000'
WO Num.: 34749

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
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WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-025-46266	97895	WC-025 G-08 S213304D;BONE SPRING

Property Code	Property Name	Well Number
325948	WOOL HEAD 20 STATE COM	605H

OGRID No.	Operator Name	Elevation
372417	ADVANCE ENERGY PARTNERS HAT MESA	3715'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
O	20	21 S	33 E		150	SOUTH	2046	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
J	17	21 S	33 E		2540	SOUTH	2010	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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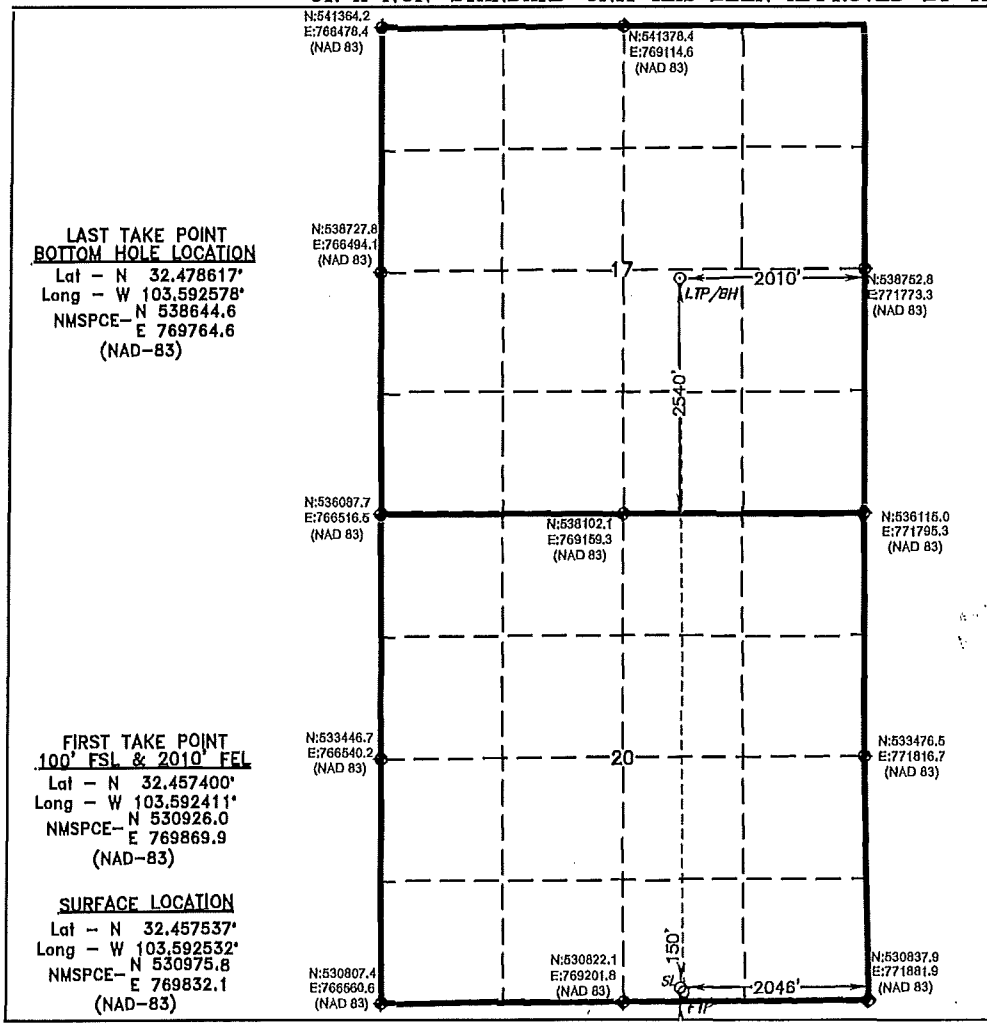

LAST TAKE POINT
BOTTOM HOLE LOCATION
Lat – N 32.478617°
Long – W 103.592578°
NMSPCE– N 538644.6
E 769764.6
(NAD-83)

FIRST TAKE POINT
100' FSL & 2010' FEL
Lat – N 32.457400°
Long – W 103.592411°
NMSPCE– N 530926.0
E 769869.9
(NAD-83)

SURFACE LOCATION
Lat – N 32.457537°
Long – W 103.592532°
NMSPCE– N 530975.8
E 769832.1
(NAD-83)

OPERATOR CERTIFICATION

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David Harwell 7-26-19
Signature Date

David Harwell
Printed Name

dharwell@advanceenergypartners.com
Email Address

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JULY 25, 2019
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Signature & Seal of Professional Surveyor

NEW MEXICO
7977
REGISTERED PROFESSIONAL LAND SURVEYOR
BASIN SURVEYS

Certificate No. GARY L. JONES 7977

0' 1000' 2000' 3000' 4000'
SCALE: 1" = 2000'
WO Num.: 34748

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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-102
Revised August 4, 2011

Submit one copy to appropriate District Office

OCD – HOBBS
07/26/2019
RECEIVED

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-025-46268	98033	WC-025 G-10 S213328O;WOLFCAMP

Property Code	Property Name	Well Number
325948	WOOL HEAD 20 STATE COM	703H

OGRID No.	Operator Name	Elevation
372417	ADVANCE ENERGY PARTNERS HAT MESA	3715'

Surface Location

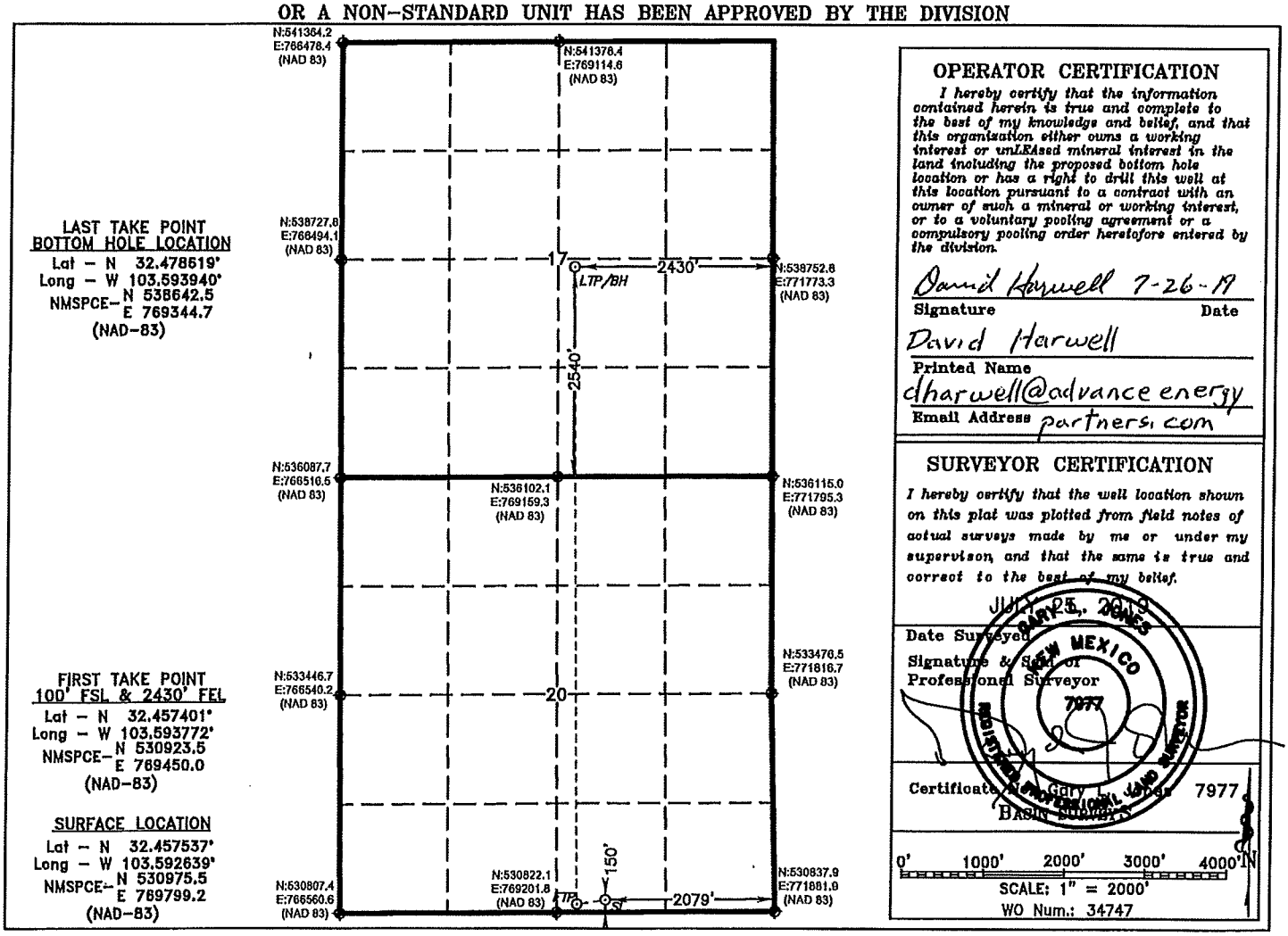
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
O	20	21 S	33 E		150	SOUTH	2079	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	SOUTH/South line	Feet from the	East/West line	County
J	17	21 S	33 E		2540	SOUTH	2430	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	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



OPERATOR CERTIFICATION

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

David Harwell 7-26-19
Signature Date

David Harwell
Printed Name

dharwell@advanceenergypartners.com
Email Address

SURVEYOR CERTIFICATION

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

JULY 25, 2019
Date Surveyed

Signature & Seal of Professional Surveyor

GARY L. JONES
NEW MEXICO
7977
REGISTERED PROFESSIONAL LAND SURVEYOR
BASIN SURVEYS

Certificate Number Gary L. Jones 7977

0' 1000' 2000' 3000' 4000'
SCALE: 1" = 2000'
WO Num.: 34747

ADVANCE ENERGY PARTNERS

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

June 3, 2020

Oil Conservation Division
Energy Minerals and Natural Resources Department
1220 South St. Frances
Santa Fe, New Mexico 87004

Re: Application to Commingle – Wool Head State Com Pad B
E/2 Section 20, T21S-R33E and SE/4 Section 17-T21S-R33E
Lea County, New Mexico

Ladies and Gentlemen

Advance Energy Partners Hat Mesa, LLC is applying for a commingling permit for oil and gas production from wells in the subject lands.

This letter is to confirm the lease ownership in the following applicable leases listed on the attached Exhibit are identical ownership. In addition, the overriding royalty interests pertaining to the same leases and lands are identical in these lands and leases.

Thank you again for your consideration. If you require additional information, please notify me either by telephone or my email indicated below.

Sincerely,

Paul J. Burdick
Land Advisor
Advance Energy Partners Hat Mesa, LLC
Email: PBurdick@Advanceenergypartners.com
Office Telephone: 832-672-4623
Cell Telephone: 713-228-7320

Wool Head State Com Leases

NM State Lease Number	Section	Township-Range	Lessee of Record
V0-8658	20: South Half	21 South-33 East	Advance Energy Partners Hat Mesa, LLC
V0-8725	20: North Half	21 South-33 East	The Allar Company
V-3427	17: South Half	21 South-33 East	Advance Energy Partners Hat Mesa, LLC

ADVANCE ENERGY PARTNERS

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

June 5, 2020

Certified Mail
Return Receipt Requested

See Address List:

Re: Application of Lease Commingling and off Lease Measurement, Sales and Storage for the Wool Head State Com Pad A & Pad B

Ladies and Gentlemen,

This letter is to advise you that Advance Energy Partners Hat Mesa, LLC is filing an application for surface commingling at the Wool Head State Com Pad A & Pad B. A copy of the application is attached.

Any objections or requests for a hearing regarding this application must be submitted to the New Mexico Oil Conservation Division Santa Fe office within 20 days from the date of this letter.

Pursuant to Statewide rule 19.15.12.10(C) (g), Advance Energy Partners Hat Mesa, LLC requests the option to include additional pools or leases within the defined parameters set forth in the order for future additions.

For questions regarding this application, please contact me at 346-444-9739.

Sincerely,

Debbie Moughon

Debbie Moughon
Engineering Tech.
Advance Energy Partners, LLC
346-444-9739 or (cell) 713-447-0744
Email: dmoughon@advanceenergypartners.com

District I
1625 N. French Drive, Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Form C-107-B
Revised August 1, 2011

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: Advance Energy Partners Hat Mesa, LLC
OPERATOR ADDRESS: 11490 Westheimer Suite 950 Houston, Texas 77077
APPLICATION TYPE:

☐ Pool Commingling ☐Lease Commingling ☐Pool and Lease Commingling ☐Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☐ Fee ☐ State ☐ Federal

Is this an Amendment to existing Order? ☐Yes ☐No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
☐Yes ☐No

(A) POOL COMMINGLING
Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes
97895 WC-025 G-08 S213304D; Bone Spring	44/1.5-2	1332		8000 BOPD/9000 MCFPD	
98033 WC-025 G-10 S213328O; Wolfcamp	46/1.5-2	1250		8000 BOPD/9000 MCFPD	

(2) Are any wells producing at top allowables? ☐Yes ☐No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐Yes ☐No.
(4) Measurement type: ☐Metering ☐ Other (Specify)
(5) Will commingling decrease the value of production? ☐Yes ☐No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING
Please attach sheets with the following information

(1) Pool Name and Code.
(2) Is all production from same source of supply? ☐Yes ☐No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐Yes ☐No
(4) Measurement type: ☐Metering ☐ Other (Specify)

(C) POOL and LEASE COMMINGLING
Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

(1) Is all production from same source of supply? ☐Yes ☐No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Debbie Moughon TITLE: Eng Tech DATE: 6/5/20

TYPE OR PRINT NAME Debbie Moughon TELEPHONE NO.: 346-444-9739
E-MAIL ADDRESS: dmoughon@advanceenergypartners.com

Address List

Royalty Owner

Commission of Public Lands — Certified Mail
P. O. Box 1148
Santa Fe, New Mexico 87504

Working Interest Owners

Advance Energy Partners Hat Mesa, LLC — Certified Mail
11490 Westheimer, Suite 950
Houston, Texas 77077

Bullhead Energy, LLC — Certified Mail
P. O. Box 470458
Fort Worth, Texas 76147

The Allar Company — Certified Mail
P. O. Box 1567
Graham, Texas 76450

Overriding Royalty Owners

COG Operating LC — Certified Mail
One Concho Center
600 W. Illinois Ave
Midland, Texas 79701

Concho Oil & Gas LLC — Certified Mail
One Concho Center
600 W. Illinois Ave
Midland, Texas 79701

Charis Royalty F, LP — Certified Mail
P. O. Box 470158
Fort Worth, Texas 76147

Schlagel Brothers — Certified Mail
4304 Coyote Trail
Midland, Texas 79707

PBEX Resources, LLC
223 West Wall St., Suite 900
Midland, Texas 79701

Certified Mail

DG Royalty, LLC
110 N. Marienfeld, Suite 200
Midland, Texas 79701

Certified Mail

Michael D. Hayes and Kathryn A. Hayes
As Co- Trustees of the Hayes Revocable Trust
3608 Meadowridge Lane
Midland, Texas 79707

Certified Mail

Nestegg Energy Corporation
2308 Sierra Vista Rd
Artesia, New Mexico 88210

Certified Mail

EG3 Inc
P. O. Box 1567
Graham, Texas 76450

Certified Mail

Mike Petraitis
P. O. Box 10886
Midland, Texas 79702

Certified Mail

Wing Resources III, LLC
2100 McKinney Ave., Suite 15640
Dallas, Texas 75021

Certified Mail

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

1. Article Addressed to:

Concho Oil & Gas LLC
One Concho Center
600 W. Illinois Ave
Midland, Texas 79701

9590 9402 5459 9189 3922 39

2. Article Number (Transfer from service label)

7019 2280 0000 5479 7807

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addre

B. Received by (Printed Name) Jennifer Workley C. Date of Deli 6/9/2

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express
- ☐ Registered Mail™
- ☐ Registered Mail Restric Delivery
- ☑ Return Receipt for Merchandise
- ☐ Signature Confirmatior
- ☐ Signature Confirmatior Restricted Delivery

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

Postage
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Total Postage and Fees
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Postmark Here
Concho Oil & Gas

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1. Article Addressed to:

Mike Petraitis
P. O. Box 10886
Midland, Texas 79702

9590 9402 5459 9189 3923 14

2. Article Number *(Transfer from service label)*

7019 2280 0000 5479 7883

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Edmund Gutierrez ☐ Agent ☐ Addres

B. Received by *(Printed Name)* C. Date of Deli

Edmund Gutierrez 6/15/20

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
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- ☐ Mail Restricted Delivery
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- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☑ Registered Mail Restri Delivery
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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
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6/5/20
4 Mike
Postmark Here
Petraitis

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

1. Article Addressed to:

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

9590 9402 5459 9189 3924 13

2. Article Number (Transfer from service label)

7019 2280 0000 5479 7791

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Jennifer Wilkening C. Date of Delivery 6/9/20

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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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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COG Operating LC
6/5/20

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

1. Article Addressed to:

Nestegg Energy Corporation
2308 Sierra Vista Rd
Artesia, New Mexico 88210

9590 9402 5459 9189 3922 91

2. Article Number *(Transfer from service label)*
7019 2280 0000 5479 7869

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addre

B. Received by *(Printed Name)* MARY MILLER C. Date of Deli 6-8-2

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®
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- ☐ Priority Mail Express
- ☐ Registered Mail™
- ☐ Registered Mail Restric Delivery
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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
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1. Article Addressed to:

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

9590 9402 5459 9189 3924 06

2. Article Number (Transfer from service label)
7019 2280 0000 5479 5018

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A. Signature
X
☐ Agent
☐ Addre

B. Received by (Printed Name)
C. Date of Deli

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

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

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☐ Return Receipt (electronic) $
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State of NM Land Office

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

1. Article Addressed to:

Michael D. Hayes and Kathryn A. Hayes
As Co- Trustees of the Hayes Revocable Trust
3608 Meadowridge Lane
Midland, Texas 79707

9590 9402 5459 9189 3922 84

2. Article Number *(Transfer from service label)*

7019 2280 0000 5479 7852

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X MD Hayes ☐ Agent ☑ Addres

B. Received by *(Printed Name)* Michael Hayes C. Date of Deli

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
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- ☐ Priority Mail Express
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- ☐ Adult Signature Restricted Delivery $

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Michael D Hayes +
Kathryn Hayes

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1. Article Addressed to:

PBEX Resources, LLC
223 West Wall St., Suite 900
Midland, Texas 79701

9590 9402 5459 9189 3922 60

2. Article Number (Transfer from service label)

7019 2280 0000 5479 7845

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A. Signature

X

☐ Agent
☐ Addres

B. Received by (Printed Name)

C. Date of Deliv

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
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☐ Priority Mail Express®
☐ Registered Mail™
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☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
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PBEX
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6/5/20

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City, State, ZIP+4®

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1. Article Addressed to:

Charis Royalty F, LP
P. O. Box 470158
Fort Worth, Texas 76147

9590 9402 5459 9189 3922 46

2. Article Number *(Transfer from service label)*

7019 2280 0000 5479 7814

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addres

B. Received by *(Printed Name)* Alison Cook C. Date of Deli 6/15/20

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®
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- ☐ Registered Mail™
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Extra Services & Fees *(check box, add fee as appropriate)*	
☐ Return Receipt (hardcopy) $	
☐ Return Receipt (electronic) $	Postmark Here
☐ Certified Mail Restricted Delivery $	Charis Royalty
☐ 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

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:

Bullhead Energy, LLC
P. O. Box 470458
Fort Worth, Texas 76147

9590 9402 5459 9189 3922 15

2. Article Number (Transfer from service label)
7019 2280 0000 5479 7746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alison Cook ☐ Agent ☐ Addre

B. Received by (Printed Name) Alison Cook
C. Date of Deli 6/11/2

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 Restric Delivery
- ☑ Return Receipt for Merchandise
- ☐ Signature Confirmatior
- ☐ Signature Confirmatior Restricted Delivery

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

7019 2280 0000 5479 7746

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 Postage and Fees
$

6/5/20

Postmark Here

Bullhead Energy

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

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:

Commission of Public Lands
P. O. Box 1148
Santa Fe, New Mexico 87504

9590 9402 5459 9189 3922 08

2. Article Number *(Transfer from service label)*

7019 2280 0000 5479 7753

PS Form 3811, July 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addr

B. Received by *(Printed Name)* | C. Date of Del

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express
- ☐ Registered Mail™
- ☐ Registered Mail Restric Delivery
- ☑ Return Receipt for Merchandise
- ☐ Signature Confirmatior
- ☐ Signature Confirmatior Restricted Delivery

Domestic Return Recei

7019 2280 0000 5479 7753

U.S. Postal Service™
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OFFICIAL USE

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 Postage and Fees
$

6/5/20

Postmark Here

Commission of Public Lands

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

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:

Wing Resources III, LLC
2100 McKinney Ave., Suite 15640
Dallas, Texas 75021

9590 9402 5459 9189 3923 21

2. Article Number (Transfer from service label)

7019 2280 0000 5479 7890

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X COVID-19 ☐ Agent ☐ Addres

B. Received by (Printed Name) 6/18/20 C. Date of Deli

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restric Delivery
- ☑ Return Receipt for Merchandise
- ☐ Signature Confirmatior
- ☐ Signature Confirmatior Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 ...tic Return Receij

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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 Postage and Fees
$

6/5/20
Wi Postmark Here
Resources

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

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:

The Allar Company
P. O. Box 1567
Graham, Texas 76450

9590 9402 5459 9189 3922 22

2. Article Number (Transfer from service label)

7019 2280 0000 5479 7784

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x M Barnett ☑ Agent ☐ Addres

B. Received by (Printed Name) M Barrett C. Date of Deliv

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

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

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restric Delivery
☑ Return Receipt for Merchandise
☐ Signature Confirmatior
☐ Signature Confirmatior Restricted Delivery

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

7019 2280 0000 5479 7784

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OFFICIAL USE

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 Postage and Fees
$

6/5/20
The Allar Co.
Postmark Here

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

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:

EG3 Inc
P. O. Box 1567
Graham, Texas 76450

9590 9402 5459 9189 3923 07

2. Article Number (Transfer from service label)
7019 2280 0000 5479 7876

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x M. Barnett ☑ Agent ☐ Addressee

B. Received by (Printed Name) M Barrett 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
☐ n Delivery Restricted Delivery
☐ ail
☐ ail Restricted Delivery
☐ (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restric Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmatior
☐ Signature Confirmatior Restricted Delivery

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

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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
$

6/5/20
EG Postmark Here
Inc

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

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:

Schlagel Brothers
4304 Coyote Trail
Midland, Texas 79707

9590 9402 5459 9189 3922 53

2. Article Number *(Transfer from service label)*

7019 2280 0000 5479 7821

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Schlagel ☑ Agent ☐ Addres

B. Received by *(Printed Name)* EARLS CLR

C. Date of Deliv 6/15/20

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- Mail Restricted Delivery 00)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restri Delivery
- ☑ Return Receipt for Merchandise
- ☐ Signature Confirmatior
- ☐ Signature Confirmatior Restricted Delivery

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

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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
$

6/5/20
Schlagel
Brothers
Postmark Here

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

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:

DG Royalty, LLC
110 N. Marienfeld, Suite 200
Midland, Texas 79701

9590 9402 5459 9189 3922 77

7019 2280 0000 5479 7838

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X S Lopez ☐ Agent ☐ Address

B. Received by (Printed Name) COVID-19-7.2 C. Date of Delivery 6/8/20

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
☐ Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restric Delivery
☑ Return Receipt for Merchandise
☐ Signature Confirmatior
☐ Signature Confirmatior Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Dom... Return Receil

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OFFICIAL USE

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 Postage and Fees
$

6/5/20

Postmark Here
DG Royalty

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