

3/1/2016	SUSPENSE	WAM	3/1/2016	NSP	APP NO. 16068524
DATE IN		ENGINEER	LOGGED IN	TYPE	

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - 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

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☒ NSP ☐ SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

- [D] Other: Specify _____

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply

- [A] ☒ Working, Royalty or Overriding Royalty Interest Owners

- [B] ☐ Offset Operators, Leaseholders or Surface Owner

- [C] ☐ Application is One Which Requires Published Legal Notice

- [D] ☐ Notification and/or Concurrent Approval by BLM or SLO
 U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

- [E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,

- [F] ☐ Waivers are Attached

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] 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.

James Bruce
 Print or Type Name

James Bruce
 Signature

Manager
 Title

2/22/16
 Date

jamesbruce@nmdc.com
 e-mail Address

RECEIVED OCT 23 2016

- NSP-2045
 - water production

Company
 228537

well

- Zach McComick
 Red com #1

30-015-43654

Pool

- Pierce
 Crossing

Wolfcamp
 (GAS)

96712

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

NSP-2045

February 22, 2016

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

Ladies and gentlemen:

Pursuant to NMAC 19.15.15.11, Matador Production Company applies for approval of a non-standard gas spacing and proration unit in the Wolfcamp formation for the following well:

<u>Well:</u>	Zach McCormick Well No. 1
<u>Surface location:</u>	716 feet FNL & 380 feet FWL of Section 18
<u>Bottomhole location:</u>	660 feet FNL & 660 feet FWL
<u>Well unit:</u>	NW¼ of Section 18, Township 24 South, Range 29 East, N.M.P.M., Eddy County, New Mexico

The Wolfcamp formation is developed on statewide rules, with 320 acre spacing and wells to be located no closer than 660 feet to a quarter section line. A Form C-102 for the well is attached as **Exhibit A**.

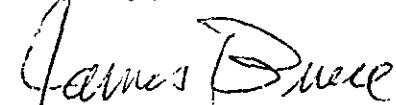
Applicant is the operator of the proposed non-standard unit. Applicant must commence the well shortly to extend the primary terms of fee leases in the NW¼ of Section 18. Applicant has sought to form a 320 acre well unit, but (i) there was insufficient time to obtain voluntary agreement or force pool interest owners into a standard well unit, and (ii) there are unleased federal tracts in the possible 320 well units, which makes it difficult to drill horizontal wells. Thus, applicant intends to drill a vertical well spaced on 160 acres. In that regard, applicant believes that other working interest owners probably do not want to join in a vertical well, and the proposed unit will not adversely affect them.

The persons affected by the non-standard unit are the interest owners (royalty, overriding royalty, and working interest) in the NE¼ and SW¼ of Section 18. Those interest owners are listed on **Exhibit B** and **Exhibit C**.

Notice of this application has been given to the offset interest owners, and a copy of the notice letter is attached as **Exhibit D**.

Please contact me if you need any further information on this application.

Very truly yours,

A handwritten signature in cursive script that reads "James Bruce". The signature is written in black ink and is positioned above the printed name.

James Bruce

Attorney for Matador Production Company

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
10101 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 & 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

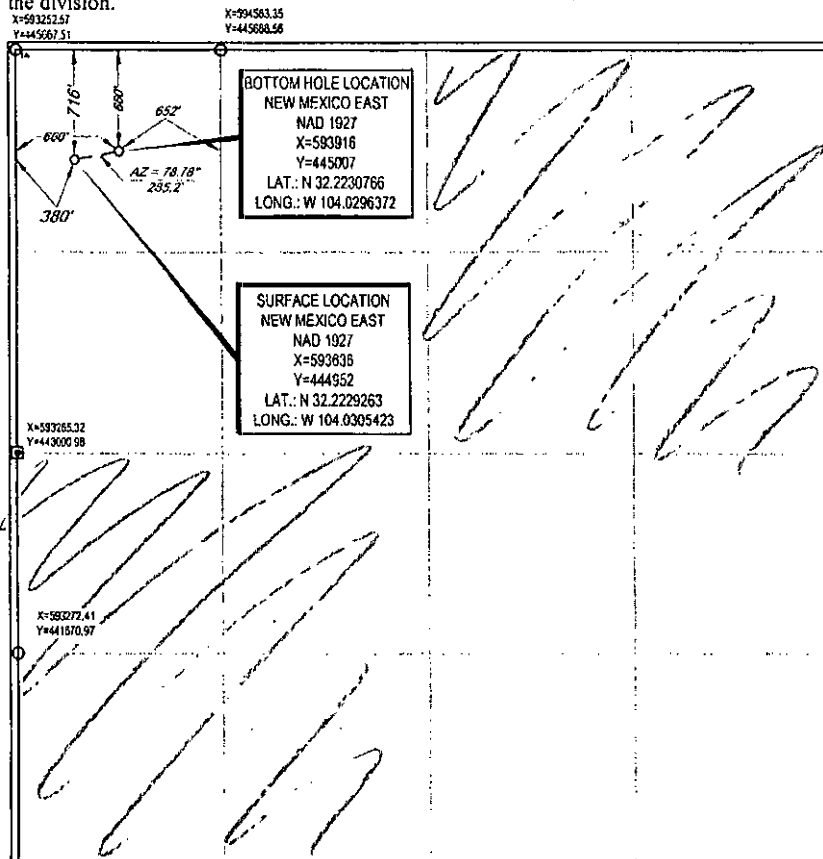
API Number		Pool Code	Pool Name
		96712	PIERCE CROSSING; WOLFCAMP, NW (GAS)
Property Code	Property Name		Well Number
	ZACH MCCORMICK FED COM 18-24S-29E		#1
OGRID No.	Operator Name		Elevation
228937	MATADOR PRODUCTION COMPANY		2953'

Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24-S	29-E	-	716'	NORTH	380'	WEST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24-S	29-E	-	660'	NORTH	660'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
160			

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.



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 undivided mineral interest in the land underlying the proposed bottom hole location or has a right to drill the well at this location pursuant to a contract with an owner of such a mineral or working interest, or is a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: *[Signature]* Date: 2/19/16
Printed Name: Chris Coleman
E-mail Address: cc Coleman@matadorresources.com

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 to the best of my belief.

02/11/2016
Date of Survey
Signature and Seal of Professional Surveyor
[Signature]
Certificate Number: 10329

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 & Natural Resources
Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Sante 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 30-015-43654	² Pool Code 96712	³ Pool Name Pierce Crossing; Wolfcamp, NW(Gas)
⁴ Property Code	⁵ Property Name ZACH McCORMICK	⁶ Well Number #1
⁷ OGRID No. 228937	⁸ Operator Name MATADOR PRODUCTION COMPANY	⁹ Elevation 2953'

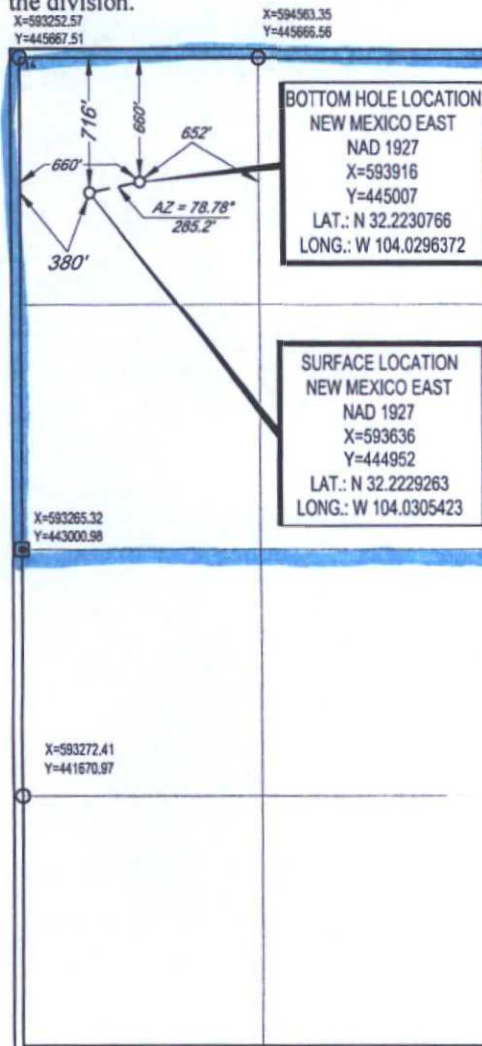
¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24-S	29-E	-	716'	NORTH	380'	WEST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24-S	29-E	-	660'	NORTH	660'	WEST	EDDY

¹¹ Dedicated Acres 160	¹² Joint or Infill	¹³ Consolidation Code	¹⁴ 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.



¹⁷OPERATOR 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 undivided 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 _____
E-mail Address _____

¹⁸SURVEYOR 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 to the best of my belief.

02/11/2016

Date of Survey _____
Signature and Seal of Professional Surveyor

Certificate Number _____

EXHIBIT **A**

COG Operating LLC
600 West Illinois Ave.
Midland, TX 79701

EXHIBIT **B**

Concho Oil and Gas LLC
600 West Illinois Ave.
Midland, TX 7970

Nestegg Energy Corporation
2308 Sierra Vista
Artesia, NM 88210

Bureau of Land Management
620 East Greene Street
Carlsbad, New Mexico 88220

Chevron U.S.A., Inc.
15 Smith Road
Midland, TX 79705

D. Stuart Harroun, Jr., Trustee of the D. Stuart
Harroun, Jr. Revocable Trust UTA dated August 3, 1984
515 Tres Lagunas Lane Ne
Albuquerque, NM 87113

Eric D. Boyt
P.O. Box 1015
Midland, TX 79702

Herman Clifford Walker, III
8001 Edinburgh Dr.
Midland, TX 79707

J.M. Mineral Land & Co. Inc.
P.O. Box 1015
Midland, TX 79702

Jeffrey Caswell Neal, Trustee of the
Neal Trust, dated December 11, 1990
1311 Doepp Drive
Carlsbad, NM 88220-4625

Magnolia Royalty Co., Inc.
P.O. Box 10703
Midland, TX 79702

Piper L. Nelms
18706 Collins St.
Tarzana, CA 91356

Tara L. Keene-Karson
18700 Collins St.
Tarzana, CA 91356

First National Bank of Santa Fe, Trustee of
the Dorothy S. Harroun Irrevocable Trust
dated October 13, 1983
62 Lincoln Avenue
Santa Fe, NM 87501

EXHIBIT C

Bureau of Land Management

620 East Greene Street

Carlsbad, New Mexico 88220

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

February 22, 2016

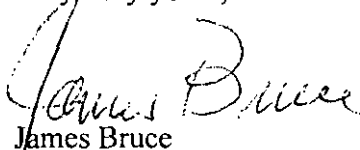
CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Attachment 1

Dear Sirs:

Matador Production Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a non-standard gas spacing and proration unit comprised of the NW¼ of Section 18, Township 24 South, Range 29 East, N.M.P.M., Eddy County, New Mexico. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 20 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,



James Bruce

Attorney for Matador Production Company

EXHIBIT

D

Attachment 1

Chevron U.S.A., Inc.
15 Smith Road
Midland, TX 79705

D. Stuart Harroun, Jr., Trustee of the D. Stuart
Harroun, Jr. Revocable Trust UTA dated August 3, 1984
515 Tres Lagunas Lane Ne
Albuquerque, NM 87113

Eric D. Boyt
P.O. Box 1015
Midland, TX 79702

Herman Clifford Walker, III
8001 Edinburgh Dr.
Midland, TX 79707

J.M. Mineral Land & Co. Inc.
P.O. Box 1015
Midland, TX 79702

Jeffrey Caswell Neal, Trustee of the
Neal Trust, dated December 11, 1990
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Carlsbad, NM 88220-4625

Magnolia Royalty Co., Inc.
P.O. Box 10703
Midland, TX 79702

Piper L. Nelms
18706 Collins St.
Tarzana, CA 91356

Tara L. Keene-Karson
18700 Collins St.
Tarzana, CA 91356

First National Bank of Santa Fe, Trustee of
the Dorothy S. Harroun Irrevocable Trust
dated October 13, 1983
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Midland, TX 79701

Concho Oil and Gas LLC
600 West Illinois Ave.
Midland, TX 7970

Nestegg Energy Corporation
2308 Sierra Vista
Artesia, NM 88210

Bureau of Land Management
620 East Greene Street
Carlsbad, New Mexico 88220

McMillan, Michael, EMNRD

From: jamesbruc@aol.com
Sent: Tuesday, March 01, 2016 2:59 PM
To: McMillan, Michael, EMNRD
Subject: Re: Matador Zach Mc Cormack Federal Com Well 18-24S-29E Well No. 1

You are correct, but I will e-mail you tomorrow morning to clarify.

Have to get applications filed this afternoon.

Jim

-----Original Message-----

From: McMillan, Michael, EMNRD, EMNRD <Michael.McMillan@state.nm.us>
To: Jim Bruce <jamesbruc@aol.com>
Cc: Jones, William V, EMNRD, EMNRD <WilliamV.Jones@state.nm.us>
Sent: Tue, Mar 1, 2016 2:53 pm
Subject: Matador Zach Mc Cormack Federal Com Well 18-24S-29E Well No. 1

Jim:

I received your NSP application on Tuesday March 1, 2015.

I need a list of owners in the mineral interest estate in the NE/4 and SW/4.

Does Exhibit B relate to the NE/4 and Exhibit C relate to the SW/4?

Thank you

Michael A. McMillan

Engineering and Geological Services Bureau, Oil Conservation Division
1220 South St. Francis Dr., Santa Fe NM 87505
O: 505.476.3448 F. 505.476.3462
Michael.mcmillan@state.nm.us

McMillan, Michael, EMNRD

From: jamesbruc@aol.com
Sent: Wednesday, March 02, 2016 10:48 AM
To: McMillan, Michael, EMNRD
Subject: Re: Matador Zach Mc Cormack Federal Com Well 18-24S-29E Well No. 1

Exhibit B lists the interest owners in the NE/4 -- COG and Concho are WI owners, Nestegg is an ORR owner, and the BLM is the mineral owner/lessor.

Exhibit C lists the interest owners in the SW/4 -- Chevron is the WI owner and the others (except the BLM) are fee royalty owners. The BLM is the unleased mineral owner of the SW/4SW/4.

Jim

-----Original Message-----

From: McMillan, Michael, EMNRD, EMNRD <Michael.McMillan@state.nm.us>
To: Jim Bruce <jamesbruc@aol.com>
Cc: Jones, William V, EMNRD, EMNRD <WilliamV.Jones@state.nm.us>
Sent: Tue, Mar 1, 2016 2:53 pm
Subject: Matador Zach Mc Cormack Federal Com Well 18-24S-29E Well No. 1

Jim:

I received your NSP application on Tuesday March 1, 2015.

I need a list of owners in the mineral interest estate in the NE/4 and SW/4.

Does Exhibit B relate to the NE/4 and Exhibit C relate to the SW/4?

Thank you

Michael A. McMillan

Engineering and Geological Services Bureau, Oil Conservation Division
1220 South St. Francis Dr., Santa Fe NM 87505
O: 505.476.3448 F. 505.476.3462
Michael.mcmillan@state.nm.us

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

RECEIVED OGD

2016 MAR 17 P 1:23

March 11, 2016

Re: Matador Production Co.
NSP application
Zach McCormick Well No. 1

Re: Mike:

Enclosed are the certified green cards for this
application. Everyone received notice.

Jim

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:

Concho Oil and Gas LLC
 600 West Illinois Ave.
 Midland, TX 7970

9590 9403 0589 5183 8939 74

2. Article Number (Transfer from service label)
 7012 0470 0001 5954 8728

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

COG Operating LLC
 600 West Illinois Ave.
 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5954 8735

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Concho Oil and Gas LLC
 600 West Illinois Ave.
 Midland, TX 7970

9590 9403 0589 5183 8939 81

2. Article Number (Transfer from service label)
 7012 0470 0001 5954 8735

PS Form 3800, August 2006 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:

COG Operating LLC
 600 West Illinois Ave.
 Midland, TX 79701

9590 9403 0589 5183 8939 81

2. Article Number (Transfer from service label)
 7012 0470 0001 5954 8735

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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

Domestic Return Receipt

7012 0470 0001 5954 8728

M 2

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:

Piper L. Nelms
18706 Collins St.
Tarzana, CA 91356

2. Article Number (Transfer from service label)

9590 9402 1240 5246 2058 76

7012 0470 0001 5954 8766

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Aaron Nelms

C. Date of Delivery

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

3. Service Type

☐ Priority Mail Express®
☐ Adult Signature
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Collect on Delivery
☐ Signature Confirmation™
☐ Restricted Delivery

Restricted Delivery (over \$500)

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Bureau of Land Management

Sent To

620 East Greene Street
Carlsbad, New Mexico 88220

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To

Piper L. Nelms
18706 Collins St.
Tarzana, CA 91356

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bureau of Land Management
620 East Greene Street
Carlsbad, New Mexico 88220

2. Article Number (Transfer from service label)

9590 9403 0589 5183 8939 50

7013 3020 0000 4609 2494

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
3/1/16

C. Date of Delivery

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

3. Service Type

☐ Priority Mail Express®
☐ Adult Signature
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Collect on Delivery
☐ Signature Confirmation™
☐ Restricted Delivery

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

First National Bank of Santa Fe, Trustee of the Dorothy S. Harroun Irrevocable Trust dated October 13, 1983
 62 Lincoln Avenue
 Santa Fe, NM 87501

9590 9403 0589 5183 8939 98

2. **7012 0470 0001 5954 8742**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
x Paul Truitt

B. Received by (Printed Name) *Paul Truitt* C. Date of Delivery *MAR - 1 2016*

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

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

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To Jeffrey Caswell Neal, Trustee of the Neal Trust, dated December 11, 1990
 1311 Doepp Drive
 Carlsbad, NM 88220-4625

Street, Apt. No., or PO Box No.
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To First National Bank of Santa Fe, Trustee of the Dorothy S. Harroun Irrevocable Trust dated October 13, 1983
 62 Lincoln Avenue
 Santa Fe, NM 87501

PS Form 3800, August 2006 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:

Jeffrey Caswell Neal, Trustee of the Neal Trust, dated December 11, 1990
 1311 Doepp Drive
 Carlsbad, NM 88220-4625

9590 9402 1240 5246 2058 90

2. Article Number (Transfer from service label) **7012 0470 0001 5954 8780**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
x Jeffrey Caswell Neal

B. Received by (Printed Name) *Jeffrey Caswell Neal* C. Date of Delivery *3-2-16*

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

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

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>D. Stuart Harroun, Jr., Trustee of the D. Stuart Harroun, Jr. Revocable Trust UTA dated August 3, 1984 515 Tres Lagunas Lane NE Albuquerque, NM 87113</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Stuart Harroun</i></p> <p>C. Date of Delivery <i>2/29/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 1240 5246 2059 37</p>		<p>3. Service Type</p> <p><input 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"/> Restricted Delivery</p>	
<p>7012 0470 0001 5954 8827</p>		<p>(over \$500)</p>	

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

Domestic Return Receipt

U.S. Postal Service™	
<p>CERTIFIED MAIL™ RECEIPT</p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p> <p>For delivery information visit our website at www.usps.com</p> <p>OFFICIAL USE</p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p>
<p>Sent To</p> <p>Chevron U.S.A., Inc. 15 Smith Road Midland, TX 79705</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

7012 0470 0001 5954 8834

7012 0470 0001 5954 8827

U.S. Postal Service™	
<p>CERTIFIED MAIL™ RECEIPT</p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p> <p>For delivery information visit our website at www.usps.com</p> <p>OFFICIAL USE</p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p>
<p>Sent To</p> <p>D. Stuart Harroun, Jr., Trustee of the D. Stuart Harroun, Jr. Revocable Trust UTA dated August 3, 1984 515 Tres Lagunas Lane NE Albuquerque, NM 87113</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Chevron U.S.A., Inc. 15 Smith Road Midland, TX 79705</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C. Lawrence</i></p> <p>C. Date of Delivery <i>2/29/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 1240 5246 2059 44</p>		<p>3. Service Type</p> <p><input 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>7012 0470 0001 5954 8834</p>		<p>(over \$500)</p>	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> 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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0; text-align: center;"> <p>Magnolia Royalty Co., Inc. P.O. Box 10703 Midland, TX 79702</p> </div>	<p> B. Received by (Printed Name) C. Date of Delivery DMiles 3/2/16 </p>
<p>2. Article Number (from label)</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;"> <p>9590 9402 1240 5246 2058 83</p> </div>	<p> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: </p>
<p>3. Article Number (from label)</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0; text-align: center;"> <p>7012 0470 0001 5954 8773</p> </div>	<p> 3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </p>
<p>(over \$500)</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

Domestic Return Receipt

M2

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
Eric D. Boyd P.O. Box 1015 Midland, TX 79702	
PS Form 3800, August 2006 <small>See Reverse for Instructions</small>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Prohibited)</i>											
For delivery information visit our website at www.usps.com											
OFFICIAL USE											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Postage</td> <td style="width: 20%; padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;">Certified Fee</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Return Receipt Fee (Endorsement Required)</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Restricted Delivery Fee (Endorsement Required)</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Total Postage & Fees</td> <td style="padding: 5px;">\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	<div style="text-align: center; padding: 20px 0;"> Postmark Here </div>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> Sent To <hr/> Street, Apt. No., or PO Box No. <hr/> City, State, ZIP+4 </td> <td style="width: 20%; padding: 5px; vertical-align: top;"> Magnolia Royalty Co., Inc. P.O. Box 10703 Midland, TX 79702 </td> </tr> </table>	Sent To <hr/> Street, Apt. No., or PO Box No. <hr/> City, State, ZIP+4	Magnolia Royalty Co., Inc. P.O. Box 10703 Midland, TX 79702									
Sent To <hr/> Street, Apt. No., or PO Box No. <hr/> City, State, ZIP+4	Magnolia Royalty Co., Inc. P.O. Box 10703 Midland, TX 79702										
<div style="display: flex; justify-content: space-between;"> PS Form 3800, August 2006 See Reverse for Instructions </div>											

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:

J.M. Mineral Land & Co. Inc.
P.O. Box 1015
Midland, TX 79702

9590 9402 1240 5246 2059 06

2. (Transfer from service label)

7012 0470 0001 5954 8757

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

DMiles

C. Date of Delivery

3/2/16

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 Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Tara L. Keene-Karson

Street, Apt. No.,
or PO Box No.

18700 Collins St.

City, State, ZIP+4

Tarzana, CA 91356

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

J.M. Mineral Land & Co. Inc.

Street, Apt. No.,
or PO Box No.

P.O. Box 1015

City, State, ZIP+4

Midland, TX 79702

PS Form 3800, August 2006

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:

Tara L. Keene-Karson
18700 Collins St.
Tarzana, CA 91356

9590 9402 1240 5246 2058 69

2. (Transfer from service label)

7012 0470 0001 5954 8759

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)

X

C. Date of Delivery

3-1-16

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 Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Herman Clifford Walker, III 8001 Edinburgh Dr. Midland, TX 79707</p>		<p>B. Received by (Printed Name) Herman Clifford Walker III</p> <p>C. Date of Delivery 3/7/16</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 1240 5246 2059 13</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery</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>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; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To Nestegg Energy Corporation 2308 Sierra Vista Artesia, NM 88210</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To Herman Clifford Walker, III 8001 Edinburgh Dr. Midland, TX 79707</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
PS Form 3800, August 2006 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 X</p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Nestegg Energy Corporation 2308 Sierra Vista Artesia, NM 88210</p>		<p>B. Received by (Printed Name) Joel W. Miller</p> <p>C. Date of Delivery 3/3/16</p>	
<p>2. Article Number (Transfer from service label) 9590 9403 0589 5183 8939 67</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery</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>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

API: 30-015-43654

OPERATOR: Matador Prod. Co. (228537)

NSP- 2045

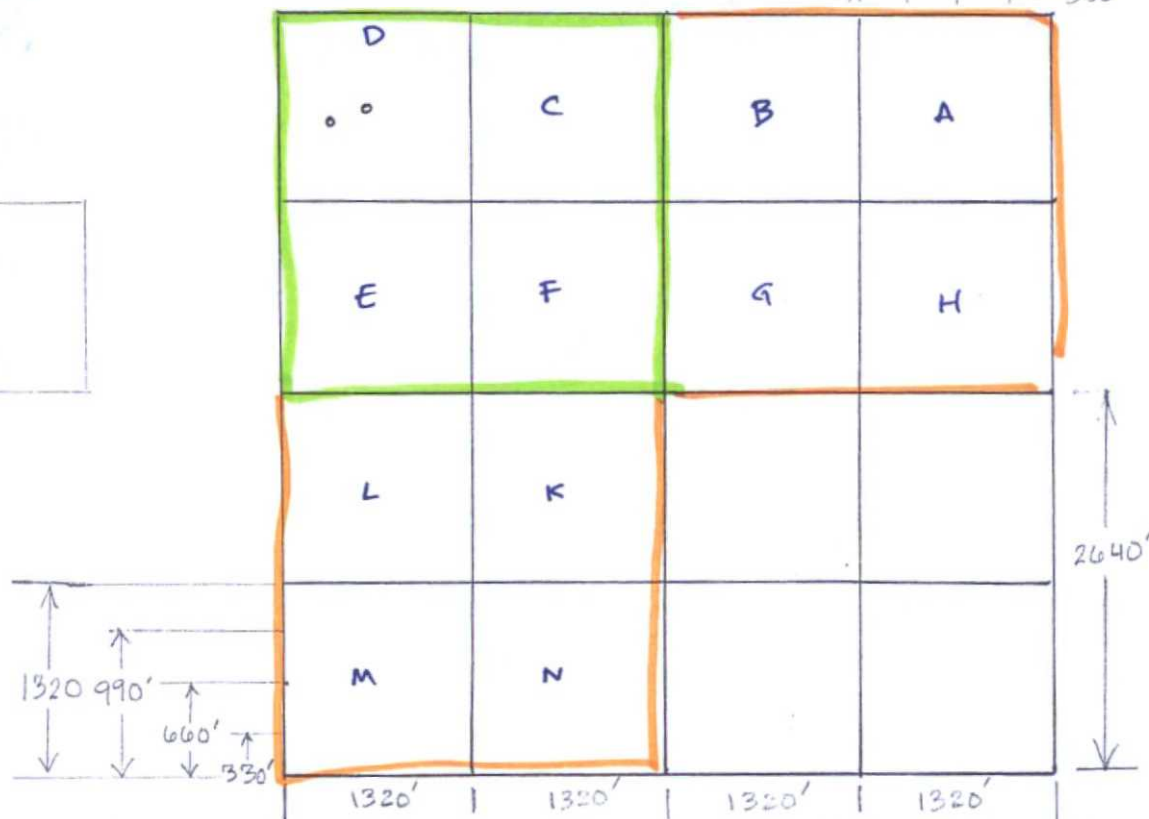
POOL: ~~Wolfcamp~~ Pierce Crossing; Wolfcamp NW (Gas) # 90712

PMAM1606155228

SEC. 18 T. 24S R. 29E

990'
660'
330'

Fee & Federal



WELL NAME: Zach McCormick Well #1

GAS: 320 ACRE SPACING
660' SET BACK

NSP

OIL: 40' ACRE SPACING
330' SETBACK

DATE RECEIVED: 3 / 1 / 16 + 21 DAYS => 3 / 22 / 16

N/A IF NO COMMON INT. OR WAIVER SIGN

MMCMILLAN (PETROLEUM ENGINEER FOR OCD) SIGN OUT HELP

Wells Operator Data OCD Review OCD Only Administration

OCD Permitting[Home](#) [Land Searches](#) [Land Details](#)**Section : 18-24S-29E**

Type: Normal

Total Acres: 638.88

County: Eddy (15)

D (1) Federal ¹ Fee ² (15) 39.5	C (C) Federal ¹ Federal ² (15) 40	B (B) Federal ¹ Federal ² (15) 40	A (A) Fee ¹ Federal ² (15) 40
E (2) Federal ¹ Fee ² (15) 39.68	F (F) Fee ¹ Fee ² (15) 40	G (G) Federal ¹ Federal ² (15) 40	H (H) Fee ¹ Federal ² (15) 40
L (3) Federal ¹ Fee ² (15) 39.76	K (K) Fee ¹ Fee ² (15) 40	J (J) Fee ¹ Fee ² (15) 40	I (I) Fee ¹ Fee ² (15) 40
M (4) Federal ¹ Federal ² (15) 39.84	N (N) Fee ¹ Fee ² (15) 40	O (O) Fee ¹ Fee ² (15) 40	P (P) Fee ¹ Fee ² (15) 40

159.28

Note¹ = Surface Owner RightsNote² = Sub-Surface Mineral Rights**Land Restrictions**

No land restrictions found for this section.

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 1220 South St. Francis Drive | Santa Fe, NM 87505 | P: (505) 476-3200 | F: (505) 476-3220

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