

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



RECEIVED OOD

2017 AUG 10 P 2:51

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] SWD-1693
 [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 _____

Hank State 1P SWD #1
 330' FNL & 330' FWL
 Sec 16 T8S R28E
 Chaves County, NM.

- [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.

John Maxey
 Print or Type Name

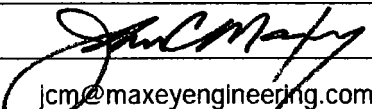
Signature

Consulting Pet Engineer
 Title

July 18, 2016
 Date

jcm@maxeyengineering.com
 e-mail Address

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No
- II. OPERATOR: Hadaway Consulting and Engineering, LLC
ADDRESS: PO Box 188, Canadian TX 79014
CONTACT PARTY: John Maxey PHONE: (575) 623-0438
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: John C. Maxey TITLE: Consulting Petroleum Engineer
SIGNATURE:  DATE: July 18, 2016
E-MAIL ADDRESS: jcm@maxeyengineering.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

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

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

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

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

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

XIV. PROOF OF NOTICE

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

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

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

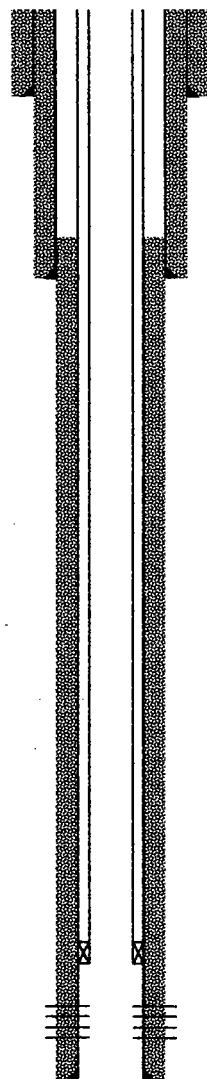
NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

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

INJECTION WELL DATA SHEET

OPERATOR: Hadaway Consulting and Engineering, LLCWELL NAME & NUMBER: Hank State 1P SWD #1

WELL LOCATION: <u>330' FNL & 330' FWL</u>	<u>D</u>	<u>16</u>	<u>8S</u>	<u>28E</u>
FOOTAGE LOCATION	UNIT LETTER	SECTION	TOWNSHIP	RANGE

WELLBORE SCHEMATIC

13 3/8" 48 ppf J55 csg @ 510'

9 5/8" 36 ppf J55 csg @ 2,200'

4 1/2" IPC tbg w/ packer set less than
100' above the permitted SWD interval.

7" 26 ppf J55 csg @ TD 7,800'

WELL CONSTRUCTION DATASurface CasingHole Size: 17 1/2" Casing Size: 13 3/8"Cemented with: _____ sx. or 708 - incl 200% excess ft³Top of Cement: Surface Method Determined: CirculationIntermediate CasingHole Size: 12 1/4" Casing Size: 9 5/8"Cemented with: _____ sx. or 1,010 - incl 50% excess ft³Top of Cement: Surface Method Determined: CirculationProduction CasingHole Size: 8 3/4" Casing Size: 7"Cemented with: _____ sx. or 1,155 - incl 25% excess ft³Top of Cement: min 500' tie back Method Determined: CBLTotal Depth: 7,800'Injection IntervalPerforated 7,420 (estimated) feet to 7,800

(Perforated or Open Hole; indicate which)

INJECTION WELL DATA SHEET

Tubing Size: 4 1/2" Lining Material: IPC

Type of Packer: Nickel plated Lok-Set or equivalent w/ profile and on-off tool.

Packer Setting Depth: Within 100' of top of SWD interval.

Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

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

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

2. Name of the Injection Formation: Siluro Devonian

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

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. _____

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: San Andres T/1,980' BGL

Hadaway Consulting and Engineering, LLC

Hank State 1P SWD #1

330' FNL & 330' FWL

Section 16 T8S R 28E

Chaves County, NM

- I. Plan to drill a 7,800' deep produced water disposal well for the operator's proposed San Andres drilling program located in the area.
- II. Hadaway Consulting and Engineering, LLC (OGRID: 371985)
P.O. Box 188, Canadian TX 79014
Operator phone: (806) 323-8723
Contact for Application: John Maxey (Maxey Engineering, LLC), (575) 623-0438
- III.A.1 Lease: State of New Mexico Land Office lease VB28310000 consisting of 320 acres in the W2 of section 16 T8S R28E, dated November 1, 2016. The well information: Hank State 1P SWD #1, 330' FNL & 330' FWL of section 16 T8S R28E, Chaves County, NM.
- III.A.2 Surface will be 17 1/2" hole by 13 3/8" 48 ppf H40 casing set at 510' cemented with 540 sx of Class C cement to surface.

Intermediate will be 12 1/4" by 9 5/8" 36 ppf J55 casing set at 2,200' cemented with 670 sx of Class C cement to surface.

Production will be 8 3/4" by 7" 26 ppf J55 casing set at 7,800' cemented with 770 sx of Class C cement to a minimum 500' tie back into the 9 5/8" casing with the TOC to be determined by a CBL.
- III.A.3 Tubing will be 4 1/2" 12.75 ppf J55 EUE IPC set within 100' of the top of the permitted injection interval with a packer.
- III.A.4 Packer will be a 7" nickel plated LokSet (or equivalent) packer with a stainless steel profile nipple and on-off tool.
- III.B.1 The disposal interval is Siluro Devonian.
- III.B.2 Yet to be drilled, the estimated top of the Siluro Devonian is 7,420'. With a TD of 7,800, the disposal interval will be the upper 380' of the Siluro Devonian. The actual

Hadaway Consulting and Engineering, LLC
Hank State 1P SWD #1
330' FNL & 330' FWL
Section 16 T8S R 28E
Chaves County, NM

top can be determined once logs are run on the well, and porous intervals will be perforated.

- III.B.3 This is a new well and will be drilled for injection (disposal).
- III.B.4 There will be no other perforated intervals.
- III.B.5 There is no known next lower oil or gas producing zones in the area of the well. The next higher zone would be San Andres oil production at approximately 2,000'.
- IV. This is not an expansion of an existing project, this is a new well being drilled for SWD.
- V. Exhibit "A" identifies all wells and leases within a 2 mile radius of the proposed SWD well, and the ½ mile radius is the area of review for this application.
- VI. There are no wells that penetrate the injection (disposal) interval within the area of review.
- VII.1 The proposed daily operating rate is 10,000 BWPD with a maximum of 20,000 BWPD.
- VII.2 This system will be open and closed taking both pipeline water and trucked water from the operator's anticipated producing San Andres wells in the area. This is a new program and there are no producing wells yet. This permit for SWD and the permits for development drilling of the San Andres are being prepared concurrently.
- VII.3 The average daily surface operating pressure is anticipated to be on vacuum. The maximum surface pressure would be 0.2 psi/foot to the anticipated top of the injection (disposal) interval at 7,420', or 1,484 psi.
- VII.4 The source of the disposal fluid would be the operators anticipated producing San Andres wells to be developed in the area. San Andres production around the area of the proposed SWD is sparse and as such a produced water chemical analysis could

Hadaway Consulting and Engineering, LLC
Hank State 1P SWD #1
330' FNL & 330' FWL
Section 16 T8S R 28E
Chaves County, NM

not be obtained. There was no published data in the RGS symposiums for the next 3 closest San Andres fields. RGS published data for the Chisum San Andres is attached as Exhibit "B". The San Andres produced water in Chisum is reported to be 55,261 ppm Cl at a depth of approximately 2,050'. Chisum is 18 miles south of the proposed SWD well, but is on strike with regional San Andres west to east dip.

VII.5 There is no Devonian production in the area. The nearest deep well is the R.C. Graves #1 (30-005-61865) located 1980' FSL & 1980' FWL of section 15 T8S R28E. This well was drilled to a TD of 7,540' per the C105, and the deepest reported formation top was the Montoya at 7,420'. The well was P&A due to no shows (C103). No water samples were available in the OCD file. An RGS study published in 1976 on the Twin Lakes Devonian field located approximately 4 miles to the southeast of the proposed SWD well states the produced water is 39,000 ppm Cl at a depth of 7,265' (Exhibit "C").

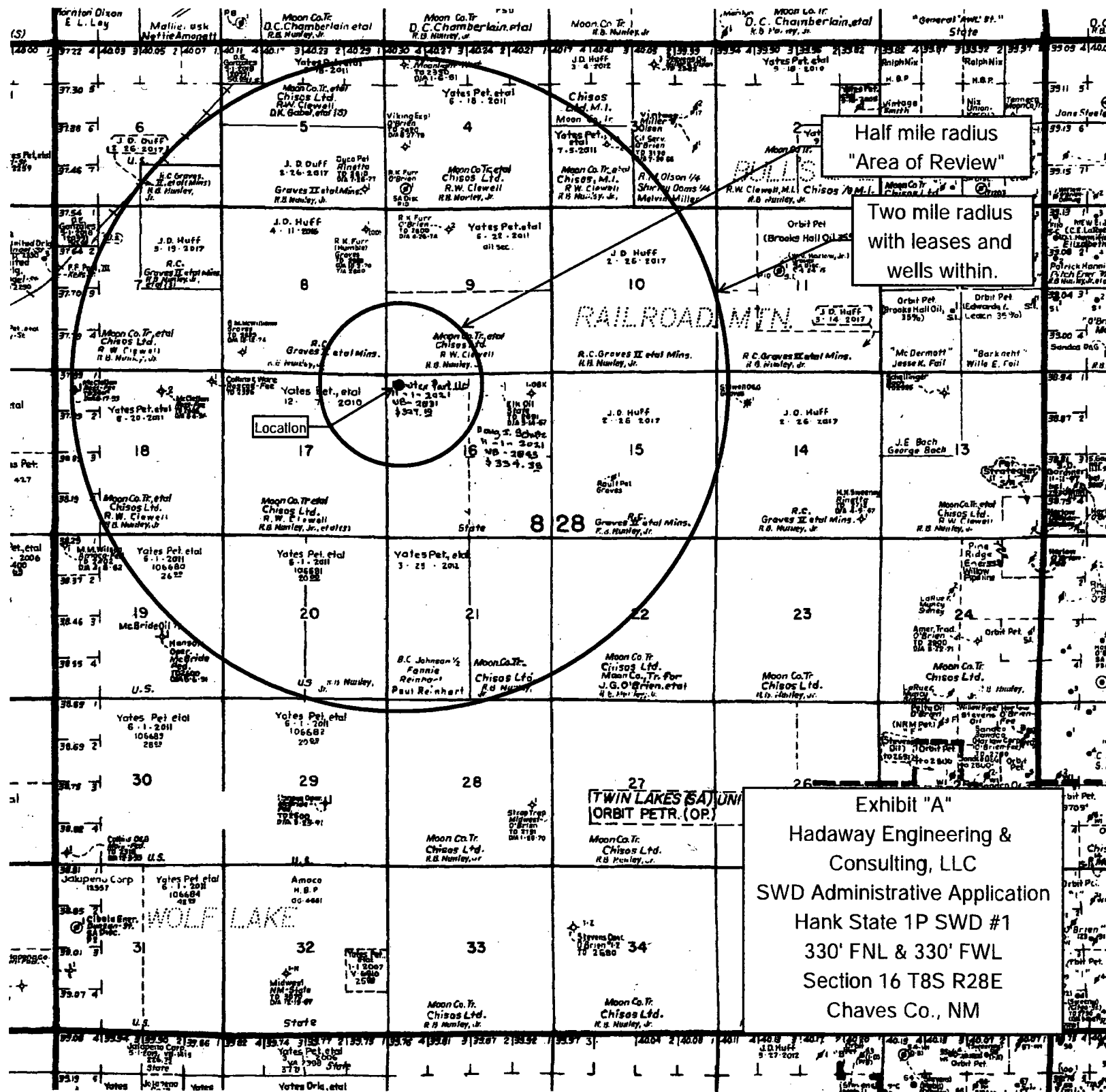
VIII. The Devonian dolomite is a fine to coarsely crystalline, brown to light grey reservoir rock. Porosity development consists of small and large vugs and fractures. Lining the vugs are large crystals of dolomite rhombs developed through secondary crystallizations. The only source of drinking water in the area would be from the red beds from surface down to 500' BGL. Interbedded salt is report in samples below 500'. Estimated formation tops are as follows:

Yates	840
Seven Rivers	930
Penrose	1300
San Andres	1980
Glorieta	3212
Tubb	4600
Abo	5360
Wolfcamp	6000
Miss	7050
Siluro Devonian	7420

IX. The well will be stimulated with acid if needed.

Hadaway Consulting and Engineering, LLC
Hank State 1P SWD #1
330' FNL & 330' FWL
Section 16 T8S R 28E
Chaves County, NM

- X. Upon TD a triple combo log suite will be run.
- XI. The wellsite is in a remote area and there were no obvious stock tanks or other indications of underground fresh water sources in a grid search of the area on Google Earth. There were no wells within 1 mile of the proposed SWD on a location search of the State Engineers website.
- XII. Available geologic and engineering data were examined and no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water were found.
- XIII. A legal ad (Exhibit "D") was published on July 13, 2017, in the Roswell Daily Record, Chaves County New Mexico. A copy of this application has been mailed to the owner of the surface of the land on which the well is located (NM State Land Office), and all leasehold operators, leaseholders if no operator, and mineral owners if no leaseholder, per the attached USPS return receipt cards (Exhibit "E").



Half mile radius
"Area of Review"

Two mile radius
with leases and
wells within.

RAILROAD M.V.N.

Location

TWIN LAKES SA
ORBIT PETR. (OP)

Exhibit "A"
Hadaway Engineering &
Consulting, LLC
SWD Administrative Application
Hank State 1P SWD #1
330' FNL & 330' FWL
Section 16 T8S R28E
Chaves Co., NM

Exhibit "B"

Data prepared by: Symposium Committee
Affiliation: Roswell Geological Society
Date: 10-29-56

Field Name: Chisum (San Andres)
Location: Sec. 13, T. 11 S., R. 27 E.
County & State: Chaves, New Mexico

DISCOVERY WELL: McMillan & Peterson #1-A State

COMPLETION DATE: 7-10-51

PAY ZONE: The San Andres formation is a dolomite, fine to medium crystalline, anhydritic, tan to brown becoming more calcareous at the base, grading into a limestone, fine crystalline and brown in color. Scattered throughout are paper thin gray shale partings. Commercial production is usually found 600 feet below the top of the San Andres, occurring in a pin-point, pin-head and intercrystalline type of porosity. The discovery well potential for 62 BOPD pumping, GOR 775, from open hole 2,023-56 feet.

TYPICAL CORE ANALYSIS OF A PAY INTERVAL IN THIS FIELD:

Perm. in millidarcys		% Porosity	Liquid Saturation (% of pore space)	
Horizontal	Vertical		Water	Oil
1.5 - 3 est.	1.5 - 3 est.	7 est.	35 to 40 est.	15 est.

OTHER SHOWS ENCOUNTERED IN THIS FIELD: Production from Devonian. Refer to Chisum (Devonian) Map & Data sheet.

TRAP TYPE: Anticline

NATURE OF OIL: Asphaltic, Gravity 20° @ 60° F.

NATURE OF GAS: Sour gas (3.72% sulfur)

NATURE OF PRODUCING ZONE WATER:

Resistivity: 0.112 ohm-meters @ 68 °F.

	Total Solids	Na/K	Ca	Mg	Fe	SO ₄	Cl	CO ₂	HCO ₃	OH	H ₂ S
ppm		35,808					55,261				

INITIAL FIELD PRESSURE: 1,000 psi. estimated

TYPE OF DRIVE: Solution gas drive.

NORMAL COMPLETION PRACTICES: Set production string on top of pay, shoot and acidize open hole.

PRODUCTION DATA:

No. of wells @ yr. end				Production		No. of wells @ yr. end				Production	
Year	Type	Prod.	Shut in or Abnd.	Oil in barrels Gas in MMCF		Year	Type	Prod.	Shut in or Abnd.	Oil in barrels Gas in MMCF	
				Annual	Cumulative					Annual	Cumulative
1941	oil					1949	oil				
	gas						gas				
1942	oil					1950	oil				
	gas						gas				
1943	oil					1951	oil	1	0	1,544	1,544
	gas						gas				
1944	oil					1952	oil	2	0	5,962	7,506
	gas						gas				
1945	oil					1953	oil	2	0	4,514	12,020
	gas						gas				
1946	oil					1954	oil	2	0	3,775	15,795
	gas						gas				
1947	oil					1955	oil	2	0	3,281	19,076
	gas						gas				
1948	oil						oil				
	gas					1956*	gas				

* 1956 Figure is production to 5-1-56.

ROSWELL GEOLOGICAL SOCIETY SYMPOSIUM

Exhibit "C"

Author: Donald G. Stevens
Affiliation: Stevens Oil Company
Date: August 1976

Field Name: Twin Lakes Devonian
Location: T-9-S, R-28-E, Sec. 1
County & State: Chaves County, New Mexico

Discovery Well: Magnolia Petroleum Company #1 O'Brien "B" (Now Stevens Oil Company #2 O'Brien "C"). NW/4 NW/4 Sec. 1, completed 12-8-50.

Exploration Method Leading to Discovery:

Seismic

Pay Zone:

Formation Name: Siluro-Devonian Depth & Datum Discovery Well: 7264-69 (-3222)

Lithology Description:

Devonian dolomite is a fine to coarsely crystalline, brown to light grey reservoir rock. Porosity development consists of small and large vugs and fractures. Lining the vugs are large crystals of dolomite rhombs developed through secondary crystallization.

Approximate average pay: 50' gross 25' net Productive Area 320 acres

Type Trap: Anticline structure over basement uplift.

Reservoir Data:

7 % Porosity, Md Permeability, 30 % Sw, % So

Oil: Intermediate - 50° gravity

Gas: Sweet .84 specific gravity

Water: Na+K, 4300 Ca, nil Mg, 39,000 Cl, 1,410 SO₄, 683 CO₂, or HCO₃, nil Fe

Specific Gravity 1.046 Resistivity 0.148 ohms @ 68 °F

Initial Field Pressure: 2765 psi @ -3294 datum Reservoir Temp. 140 °F

Type of Drive:

Water

Normal Completion Practices:

Drill through Devonian porosity, log, selectively perforate porosity, acidize 1500 gallons 15% acid.

Type completion:

Flowing or gas lift

Normal Well Spacing 80 Acres

Deepest Horizon Penetrated & Depth:

Granite @ 7658' in discovery well

Other Producing Formations in Field:

San Andres

Production Data:

YEAR	TYPE	No. of wells @ yr. and		PRODUCTION OIL IN BARRELS GAS IN MMCF		YEAR	TYPE	No. of wells @ yr. and		PRODUCTION OIL IN BARRELS GAS IN MMCF	
		Prod.	S.I. or Abd.	ANNUAL	CUMULATIVE			Prod.	S.I. or Abd.	ANNUAL	CUMULATIVE
68	OIL	1	1	11,438	131,301	72	OIL	1	1	26,721	212,087
	GAS			16	165		GAS			28	270
69	OIL	1	1	13,022	144,323	73	OIL	1	1	16,338	228,425
	GAS			14	179		GAS			13	284
70	OIL	1	1	18,600	162,923	74	OIL	1	1	17,475	245,900
	GAS			26	206		GAS			13	297
71	OIL	1	1	22,443	185,366	75	OIL	2	1	27,358	273,256
	GAS			36	242		GAS			54	352

AFFIDAVIT OF PUBLICATION
STATE OF NEW MEXICO

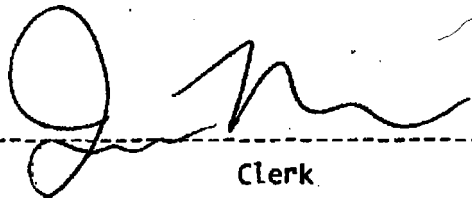
Exhibit "D"

I, Jenny Martinez
Legals Clerk

Of the Roswell Daily Record, a daily newspaper published at Roswell, New Mexico do solemnly swear that the clipping hereto attached was published in the regular and entire issue of said paper and not in a supplement thereof for a period of:

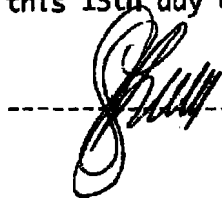
One time with the issue dated

July 13th, 2017


Clerk

Sworn and subscribed to before me

this 13th day of July, 2017



Notary Public

My Commission expires

June 13, 2018

Proposal...

Publish July 13, 2017

Hadaway Engineering & Consulting, LLC, proposes to drill and complete the Hank State 1P SWD #1 as a produced water disposal well. The Hank State 1P SWD #1 well is located 330' FNL & 330' FWL, Section 16 T6S-R28E, Chaves County, New Mexico.

The maximum proposed rate of injection is 20,000 barrels of water per day and the maximum proposed injection pressure is 1,484 psi. Water will be disposed of into the Siluro Devonian formation at an anticipated depth of 7,420' to 7,600'.

Contact for the application is Maxey Engineering, LLC, P.O. Box 1361, Roswell, New Mexico 88202, Attn: Mr. John Maxey, consulting Petroleum Engineering, Phone (575) 623-0438.

Interested parties must file objections or request a hearing with the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505 within 15 days.

Maxey Engineering, LLC

P. O. Box 1361

400 North Pennsylvania Avenue • Suite 230A

Roswell, NM 88202-1361

Office: (575) 623-0438 • Email: jcm@maxeyengineering.com

www.maxeyengineering.com

July 12, 2017

NM State Land Office
PO Box 1148
Santa Fe NM 87504

Example Notice
Letter

Ladies and Gentlemen:

Hadaway Engineering and Consulting LLC is making application with the NM Oil Conservation Division (NMOCD) to drill the Hank State 1P SWD #1 as a produced water disposal well. As required by NMOCD rules you are being notified, and no action is necessary unless you have questions or objections. Enclosed is a copy of the application with pertinent information summarized below.

Proposed Disposal Interval: Siluro Devonian (est 7,420' to 7,800' BGL)

Location: 330' FN & FWL, section 16 T8S R28E, Chaves Co., NM

Approx Location: 28 miles northeast of Roswell, NM

Application Contact: John Maxey, Maxey Engineering LLC, 575-623-0438

This application will be filed with the NMOCD. If you have an objection or wish to request a hearing, then you must contact the NMOCD within 15 days of receipt of this letter. The NMOCD address is 1220 South St. Francis Dr., Santa Fe, NM 87505. Their phone number is (505) 476-3440.

If you have any questions concerning the application, please notify the application contact above.

Sincerely,

Maxey Engineering, LLC



John C. Maxey

Diana Millsap

From: laurie@uhler.me
Sent: Tuesday, August 8, 2017 2:58 PM
To: Diana Millsap
Subject: Re: 3683_001.pdf

Yes. I received it.

Sent from my iPhone.

On Aug 8, 2017, at 2:40 PM, Diana Millsap <dmillsap@petroveninc.com> wrote:

Laurie,
I'm double checking to make sure you received the attached letter (by email)?
Thank you for your help,
Diana

From: Diana Millsap
Sent: Tuesday, August 8, 2017 12:47 PM
To: 'laurie@uhler.me' <laurie@uhler.me>
Cc: Diana Millsap <dmillsap@petroveninc.com>
Subject: 3683_001.pdf

Laurie,
Attached is a letter by NewTex Partners, LLC mailed on July 19, 2017 notifying J L Hebison Living Trust that NewTex has hired Hadaway Engineering to make application with the NM OCD to drill a salt water disposal well on our behalf.

Please respond to this email, verifying you received this notice.

We originally mailed to an incorrect address of: 111 Dover Circle, Salina, KS 67401-5826

Thank you for your help,

Diana Millsap
NewTex Partners, LLC

<3683_001.pdf>

7016 0750 0000 4073 8480

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)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
Total Postage	\$
J. L. Hebison Living Trust	
1111 Dover Circle	
Salina, KS 67401-5826	
City, State, ZIP	
City, State, ZIP	
PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions	

NewTex
7-18-17
19
Postmark
Here
Bank State
WRONG
address

7016 0750 0000 4073 8527

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 <i>S. Stone</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Charles W. Daniels 2162 Marlow Road Santa Rosa, CA 95403</p>		<p>B. Received by (Printed Name) <i>S. Stone</i></p> <p>C. Date of Delivery JUL 28 2017</p>	
<p>2. Article Number (Transfer from service label) 7016 0750 0000 4073 8527</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>AUG 01 2017</p>	
<p>9590 9402 2868 7069 5994 29</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <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>	

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

Domestic Return Receipt

7016 3010 0000 3248 5897

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 <i>Kory Kolberg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Elizabeth M. Winston Family LP 601 Carlson Parkway, Suite 800 Minnetonka, MN 55305</p>		<p>B. Received by (Printed Name) <i>Kory Kolberg</i></p> <p>C. Date of Delivery JUL 27 2017</p>	
<p>2. Article Number (Transfer from service label) 7016 3010 0000 3248 5897</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>9590 9402 2868 7069 5993 44</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <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>	

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

Domestic Return Receipt

7016 3010 0000 3248 5903

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 <i>Kory Kolberg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Francisca S. Winston Trust 601 Carlson Parkway, Suite 800 Minnetonka, MN 55305</p>		<p>B. Received by (Printed Name) <i>Kory Kolberg</i></p> <p>C. Date of Delivery JUL 28 2017</p>	
<p>2. Article Number (Transfer from service label) 7016 3010 0000 3248 5903</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>9590 9402 2868 7069 5993 51</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <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>	

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

Domestic Return Receipt

7016 3010 0000 3248 5866

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 <i>Grover S. Stone, Jr.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Grover S. Stone, Jr. 726 10th Ave. San Francisco, CA 94118</p>		<p>B. Received by (Printed Name) <i>Grover S. Stone, Jr.</i></p> <p>C. Date of Delivery JUL 31 2017</p>	
<p>2. Article Number (Transfer from service label) 7016 3010 0000 3248 5866</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>9590 9402 2868 7069 5993 13</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <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>	

7016 0750 0000 4073 8497

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:
June Daniels Grothe
23317 Stirrup Drive
Diamond Bar, CA 91765

2. Article Number (Transfer from service label)
7016 0750 0000 4073 8497

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
GROTHE

C. Date of Delivery
7/22/17

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

JUL 27 2017

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

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

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

Domestic Return Receipt

7016 3010 0000 3248 5835

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:
Lonesome Oil, LLC
P.O. Box 50880
Midland, TX 79710

2. Article Number (Transfer from service label)
7016 3010 0000 3248 5835

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
KINATOIS

C. Date of Delivery
7/25/17

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

JUL 27 2017

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

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

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

Domestic Return Receipt

7016 3010 0000 3248 5828

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Marshall & Winston, Inc.
P.O. Box 50880
Midland, TX 79710

2. Article Number (Transfer from service label)
7016 3010 0000 3248 5828

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
KINATOIS

C. Date of Delivery
7/25/17

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

JUL 27 2017

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

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

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

Domestic Return Receipt

7016 0750 0000 4073 8558

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:
Mary S. Briscoe
4900 Briscoe Road
St. Leonard, MD 20685

2. Article Number (Transfer from service label)
7016 0750 0000 4073 8558

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
THOMAS BRISCOE

C. Date of Delivery
7/24/17

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

JUL 27 2017

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

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

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

7016 3010 0000 3248 5798

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: Murray C. McKinnon Revocable Living Trust 6/6/1978 8696 Dunaway Dr. La Jolla, CA 92037</p> <p>9590 9402 2868 7069 5995 28</p> <p>2. Article Number (Transfer from service label) 7016 3010 0000 3248 5798</p>	<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) J. McKinnon</p> <p>C. Date of Delivery 7/24</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>JUL 27 2017</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>

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

7016 3010 0000 3248 5804

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: Moon Company Trustee under Trust Agreement dated 6/1/79 P.O. Box 9598 Amarillo, TX 79105</p> <p>9590 9402 2868 7069 5995 11</p> <p>2. Article Number (Transfer from service label) 7016 3010 0000 3248 5804</p>	<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) Antonio Mendez</p> <p>C. Date of Delivery JUL 27 2017</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 <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>

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

7016 3010 0000 3248 5781

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: Parker Family, LLC 601 Carlson Parkway, Suite 800 Minnetonka, MN 55305</p> <p>9590 9402 2868 7069 5995 35</p> <p>2. Article Number (Transfer from service label) 7016 3010 0000 3248 5781</p>	<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) Cory K. Parker</p> <p>C. Date of Delivery JUL 27 2017</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 <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>

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

7016 0750 0000 4073 8503

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: Richard C. Graves, II 502 Barkers CV Houston, TX 77079-2439</p> <p>9590 9402 2868 7069 5994 43</p> <p>2. Article Number (Transfer from service label) 7016 0750 0000 4073 8503</p>	<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) Richard C. Graves</p> <p>C. Date of Delivery 7-24-17</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>JUL 24 2017</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>

7016 3010 0000 3248 5875

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: Sandra J. Stone 2162 Marlow Road Santa Rosa, CA 95403</p> <p>9590 9402 2868 7069 5993 20</p>	<p>A. Signature X <i>S. Stone</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JUL 28 2017</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>AUG 07 2017</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>
2. Article Number (Transfer from service label) 7016 3010 0000 3248 5875	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

7016 3010 0000 3248 5767

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: Sixty-Three A, LLLP 601 Carlson Parkway, Suite 800 Minnetonka, MN 55305</p> <p>9590 9402 2868 7069 5995 59</p>	<p>A. Signature <i>Kim Kibbey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kim Kibbey</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>JUL 27 2017</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>
2. Article Number (Transfer from service label) 7016 3010 0000 3248 5767	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

7016 3010 0000 3248 5750

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: Sixty-Three B, LLLP 601 Carlson Parkway, Suite 800 Minnetonka, MN 55305</p> <p>9590 9402 2868 7069 5995 66</p>	<p>A. Signature <i>Kim Kibbey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kim Kibbey</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>JUL 27 2017</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>
2. Article Number (Transfer from service label) 7016 3010 0000 3248 5750	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

7016 3010 0000 3248 5745

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: State of New Mexico P.O. Box 1148 Santa Fe, NM 87504-1148</p> <p>9590 9402 2868 7069 5995 73</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JUL 24 2017</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>JUL 26 2017</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>
2. Article Number (Transfer from service label) 7016 3010 0000 3248 5745	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JUL 28 2017</u></p>	
<p>1. Article Addressed to:</p> <p>Steven L. Stone</p> <p>5024 Montgomery Drive</p> <p>Santa Rosa, CA 95409</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>2162 Marlow Rd.</p> <p>Santa Rosa, CA 95403</p> <p>AUG 01 2017</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 3010 0000 3248 5880</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 type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>W. A. Daniels</u></p> <p>C. Date of Delivery <u>25 2017</u></p>	
<p>1. Article Addressed to:</p> <p>William A. Daniels</p> <p>14305 Eastridge Drive</p> <p>Whittier, CA 90602</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 0750 0000 4073 8510</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"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Wendy M...</u></p> <p>C. Date of Delivery <u>JUL 28 2017</u></p>	
<p>1. Article Addressed to:</p> <p>Black Shale Minerals, LLC</p> <p>P.O. Box 2243</p> <p>Longview, TX 75606-2243</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 3010 0000 3248 5729</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"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Amy Falkenberg</u></p> <p>C. Date of Delivery <u>JUL 24 2017</u></p>	
<p>1. Article Addressed to:</p> <p>Robert B & Dana Nunley Jr.</p> <p>Richard H. and Kim Nunley</p> <p>P.O. Box 308</p> <p>Sabinal, TX 78881-0308</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 3010 0000 3248 5842</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"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

RECEIVED OGD

Maxey Engineering, LLC

P. O. Box 1361

2017 AUG 10 P 2:50 400 North Pennsylvania Avenue • Suite 230A
Roswell, NM 88202-1361

Office: (575) 623-0438 • Email: jcm@maxeyengineering.com
www.maxeyengineering.com

August 8, 2017

David Catanach
Oil Conservation Division
New Mexico Dept of Energy
Minerals and Natural Resources
1220 South Saint Francis Drive
Santa Fe, NM 87505

Re: Application of Hadaway Consulting & Engineering, LLC., for administrative approval of a Salt Water Disposal Well Permit located in unit D of Section 16, T8S R28E, Chaves County, New Mexico.

Dear Mr. Catanach

Hadaway Consulting & Engineering, LLC (OGRID No 371985) as operator for Newtex Partners, LLC., seeks administrative approval for a Salt Water Disposal Permit for a new well, the Hank State 1P SWD #1, to be drilled at a location 330' FNL and 330' FWL of Section 16, T8S R 28E, Chaves County, New Mexico. Enclosed is the complete administrative application.

Newtex owns 100% of the working interest in the W/2 of section 16 and has designated Hadaway as their operator. If you have any questions concerning the completed application please do not hesitate to contact me. Your attention to this matter is appreciated.

Sincerely,

Maxey Engineering, LLC



John C. Maxey
Consulting Petroleum Engineer

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.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code		³ Pool Name	
⁴ Property Code		⁵ Property Name Hank State 1P SWD			⁶ Well Number 1
⁷ OGRID No. 371985		⁸ Operator Name Hadaway Consulting & Engineering, LLC			⁹ Elevation 4006' GL (est)

¹⁰ Surface Location									
UL or lot no. D	Section 16	Township 8S	Range 28E	Lot Idn	Feet from the 330	North/South line N	Feet from the 330	East/West line W	County Chaves

¹¹ Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

				<p>¹⁷ OPERATOR CERTIFICATION</p> <p><i>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.</i></p> <p><i>John C Maxey</i> 8/14/2017 Signature Date John C Maxey Printed Name jcm@maxeyengineering.com E-mail Address</p>	
					<p>¹⁸ SURVEYOR CERTIFICATION</p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>Date of Survey Signature and Seal of Professional Surveyor: Certificate Number</p>



New Mexico Office of the State Engineer

Point of Diversion Summary

(quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest) (NAD83 UTM in meters)

Well Tag	POD Number	Q64 Q16 Q4	Sec	Tws	Rng	X	Y
	RA 09732	1	22	08S	28E	585283	3719179*

Driller License: 1082	Driller Company: SPEARS, JACK DRILLING CO.
Driller Name: SPEARS, JACK	
Drill Start Date: 05/14/1999	Drill Finish Date: 06/17/1999
Log File Date: 06/22/1999	PCW Rcv Date:
Pump Type:	Pipe Discharge Size:
Casing Size: 5.00	Depth Well: 922 feet
	Plug Date:
	Source: Shallow
	Estimated Yield: 10 GPM
	Depth Water: 600 feet

Water Bearing Stratifications:	Top	Bottom	Description
	862	920	Shallow Alluvium/Basin Fill

Casing Perforations:	Top	Bottom
	832	922

*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

8/29/17 10:46 AM

POINT OF DIVERSION SUMMARY

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Tuesday, August 29, 2017 12:49 PM
To: 'John M'
Cc: Podany, Raymond, EMNRD
Subject: RC Graves Well No. 1

John and Ray:

The OCD is going to require that Hadaway provide a cross-section for the proposed Hanks State 1P SWD Well No. 1 (Unit D, Section 16, Township 8 South, Range 28 East) that includes the Mississippian, Siluro-Devonian (Devonian), and projected Ellenburger and Basement picks prior to approval for injection.

The OCD is concerned about Ellenburger injection.

Based on our previous conversation, the Artesia District Office will provide Santa Fe guidance on log tops, to ensure that the Ellenburger is not being injected into, and there is enough vertical distance between the Devonian and Ellenburger.

Another problem is that the RC Graves Well No. 1 (API 30-005-61865) well log tops in the well file are most likely incorrect. The well file shows the Devonian at 7074 feet (but the lithology is a chert, so it is likely the Lower Ms.) and the Montoya at 7420 feet (this is probably the Devonian).

Thanks

Mike

Michael McMillan
1220 South St. Francis
Santa Fe, New Mexico
505-476-3448
Michael.mcmillan@state.nm.us

ORDER TYPE: WFX / PMX (SWD) Number: _____ Order Date: _____ Legacy Permits/Orders: _____Well No. 2 Well Name(s): HANK STATE 1P SWDAPI: 30-0 25-Pending Spud Date: TBD New or Old: N (UIC Class II Primacy 03/07/1982)Footages 330PNL
330FWL Lot _____ or Unit D Sec 16 Tsp 8S Rge 28E County CHAVESGeneral Location: 22 miles NE/KOS-11 Pool: SWD Devonian-Silurian Pool No.: 47869BLM 100K Map: Salt Creek Hedera Way Engineering Operator: Consulting OGRID: 37185 Contact: John Macey, AgentCOMPLIANCE RULE 5.9: Total Wells: 3 Inactive: 0 Fincl Assur: OK Compl. Order: N/A IS 5.9 OK? X Date: 8-29-2017WELL FILE REVIEWED ☐ Current Status: N/AWELL DIAGRAMS: NEW: Proposed ☒ or RE-ENTER: Before Conv. ☐ After Conv. ☐ Logs in Imaging: N/A

Planned Rehab Work to Well: _____

Well Construction Details		Sizes (in)	Setting	Cement	Cement Top and Determination
		Borehole / Pipe	Depths (ft)	Sx or Cf	Method
Planned ___ or Existing ___ Surface	<u>17 1/2 / 13 3/8</u>	<u>510</u>	Stage Tool	<u>708</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___ Interm/Prod	<u>12 1/4 / 9 5/8</u>	<u>2200</u>		<u>1010</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___ Interm/Prod	<u>8 3/4 / 7</u>	<u>7800</u>		<u>7800</u>	<u>2150</u>
Planned ___ or Existing ___ Prod/Liner					
Planned ___ or Existing ___ Liner					
Planned ___ or Existing ___ OH / PERF	<u>7120 - 7800</u>		Inj Length		
Injection Lithostratigraphic Units:		Depths (ft)	Injection or Confining Units	Completion/Operation Details:	
Adjacent Unit: Litho. Struc. Por.	<u>MS</u>		Tops	Drilled TD <u>7800</u> PBTD _____	
Confining Unit: Litho. Struc. Por.				NEW TD _____ NEW PBTD _____	
Proposed Inj Interval TOP:				NEW Open Hole <input type="radio"/> or NEW Perfs <input checked="" type="radio"/>	
Proposed Inj Interval BOTTOM:				Tubing Size <u>4 1/2</u> in. Inter Coated? <u>X</u>	
Confining Unit: Litho. Struc. Por.				Proposed Packer Depth _____ ft	
Adjacent Unit: Litho. Struc. Por.				Min. Packer Depth _____ (100-ft limit)	
				Proposed Max. Surface Press. <u>1484</u> psi	
				Admin. Inj. Press. <u>1484</u> (0.2 psi per ft)	

AOR: Hydrologic and Geologic Information

POTASH: R-111-P N/A Noticed? _____ BLM Sec Ord ☐ WIPP ☐ Noticed? N/A Salt/Salado T: _____ B: _____ NW: Cliff House fm _____FRESH WATER: Aquifer ALLUVIUM Max Depth WIP HYDRO AFFIRM STATEMENT By Qualified Person ☒NMOSE Basin: Antesig CAPITAN REEF: thru adj NA No. Wells within 1-Mile Radius? _____ FW Analysis _____Disposal Fluid: Formation Source(s) Andres Analysis? _____ On Lease ☐ Operator Only ☒ or Commercial ☐Disposal Int: Inject Rate (Avg/Max BWPD): 10K/20K Protectable Waters? N/A Source: _____ System: Closed ☐ or Open ☒HC Potential: Producing Interval? N/A Formerly Producing? _____ Method: Logs/DST/P&A/Other logs 2-Mile Radius Pool Map ☐AOR Wells: 1/2-M Radius Map? X Well List? _____ Total No. Wells Penetrating Interval: _____ Horizontals? _____Penetrating Wells: No. Active Wells 0 Num Repairs? _____ on which well(s)? _____ Diagrams? _____

Penetrating Wells: No. P&A Wells _____ Num Repairs? _____ on which well(s)? _____ Diagrams? _____

NOTICE: Newspaper Date 3/1/13 Mineral Owner NMSL Surface Owner NMSL N. Date 7-26-2017RULE 26.7(A): Identified Tracts? _____ Affected Persons: Richard Graves, Maury Makin N. Date 7-25-2017Order Conditions: Issues: SEE BELOWAdd Order Cond: (A) Add cement all casings to surface

**Operator must supply X-section from R. Graves
#1 - 30-005-61865 to show Lims, Dev, M + TOPS -> to 665

NewTex Partners, LLC

5949 Sherry Lane, Suite 835
Dallas, Texas 75225
(972) 781-6666

August 29, 2017

VIA EMAIL: sueanncraddock@zianet.com

RE: Section 16-T8S-R28E
Chaves County, New Mexico

Dear Ms. Craddock:

Hadaway Engineering and Consulting LLC is making application with the NM Oil Conservation Division (NMOCD) to drill the **Hank State 1P SWD #1** as a produced water disposal well. As required by NMOCD rules you are being notified, and *no action is necessary* unless you have questions or objections. Enclosed is a copy of the application with pertinent information summarized below.

Proposed Disposal Interval:	Siluro Devonian (est 7,420' to 7,800' BGL)
Location:	330' FNL & FWL Section 16 T8S R28E Chaves Co., NM
Approx Location:	28 miles northeast of Roswell, NM
Application Contact:	John Maxey, Maxey Engineering LLC 575-623-0438

This application will be filed with the NMOCD. If you have an objection or wish to request a hearing, then you must contact the NMOCD within 15 days of receipt of this letter. The NMOCD address is 1220 South St. Francis Dr., Santa Fe, NM 87505. Their phone number is (505) 476-3440.

If you have any questions concerning the application, please notify the application contact above.

Very truly yours,

NEWTEX PARTNERS, LLC

Diana L. Millsap
Landman

Enclosure

Received by email on 30th day of August, 2017 notifying Chisos, Ltd. of the application for drilling the above mentioned SWD well. Chisos, Ltd. waives any objection to this application for Hank State 1P SWD #1.

CHISOS, LTD. By:


Sue Ann Craddock, President