

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:

APPLICATION OF FRONTIER FIELD
SERVICES, LLC FOR AUTHORITY
TO INJECT, LEA COUNTY, NEW MEXICO

Case No. 14664

RECEIVED OGD
2011 JUN 23 PM 1:14

**FRONTIER FIELD SERVICES, LLC'S
SUPPLEMENTAL OF HEARING RECORD**

As authorized by the Hearing Examiner, applicant Frontier Field Services, LLC ("Frontier") hereby supplements the hearing record with the signed return receipts for the certified mail notice letters that are included in Frontier's Exhibit No. 5. Frontier has marked the supplemental exhibit as Exhibit No. 5A and has attached it hereto.

HINKLE, HENSLEY, SHANOR &
MARTIN, LLP



Gary W. Larson
P.O. Box 2068
Santa Fe, NM 87504-2068
Phone: (505) 982-4554
Facsimile: (505) 982-8623
glarson@hinklelawfirm.com

Counsel for Frontier Field Services, LLC

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Cimera Energy of Co.
 500 N. Marienfeld #600
 Midland TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sadie Garcia* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Sadie Garcia 5-25-11

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7010 0290 0001 9420 6858

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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
 550 W. Texas #1300
 Midland TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 [Signature] 5-25

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7010 0290 0001 9420 6865

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Mid America Pipeline Co.
 Tax Dept.
 PO Box 4018
 Houston TX 77210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ron Lewis* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 [Signature] MAY 25 2011

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7010 0290 0001 9420 6810

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 State of New Mexico
 Commission of Public Safety
 310 Old Santa Fe Trail
 Santa Fe NM 87501
 MAY 25 2011
 Santa Fe NM 87501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 ROBERTA SANCHEZ 5/24/11

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7010 0290 0001 9420 6827

Case No. 14664
 FRONTIER
 FIELD SERVICES
 Exhibit #5A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Dept. of the Interior
Bureau of Land Mgt.
301 Dinosaur Trail
Santa Fe NM 87508

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Mica Lopez* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
5-24-11

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Lynx Petroleum Consultants
PO Box 1708
Hobbs NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Harry Scott* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
L. Scott 11/29/07

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7010 0290 0001 9420 6803

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541

2. Article Number (Transfer from service label) 7010 0290 0001 9420 6889

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ConocoPhillips Co.
3401 E. 30th St
Farmington NM 87402

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Greg Cross* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
Greg Cross 5/25/11

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

V-F Petroleum, Inc
PO Box 1889
Midland TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Cheney* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
Cheney

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7010 0290 0001 9420 6841

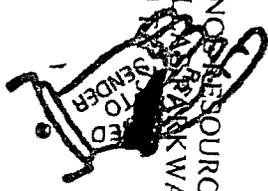
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7010 0290 0001 9420 6834

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Endurance Resources LLC 15455 Dallas Parkway #600 Addison TX 75001</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7010 0290 0001 9420 6872</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> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1</p>	

ENDURANCE RESOURCES, LLC
15455 DALLAS PARKWAY #600
ADDISON TX 75001



7010 0290 0001 9420 6872



RETURN RECEIPT REQUESTED

PRIORITY MAIL
UNITED STATES POSTAL SERVICE
Visit us at usps.com
Label 107, January 2008




RECEIPT REQUESTED
1005



\$11.35
00061383-06

U.S. POSTAGE PAID
ALBUQUERQUE, NM
MAY 23 11
AMOUNT

