

HOLLAND & HART LLP

Adam G. Rankin
 Phone (505) 988-4421
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 agrankin@hollandhart.com

April 3, 2018

VIA HAND DELIVERY

Case 16130

Heather Riley, Director
 Oil Conservation Division
 1220 South Saint Francis Drive
 Santa Fe, New Mexico 87505

Re: Application of Black River Water Management Company, LLC for a Salt Water Disposal Well and Authorization to Inject Through Its Proposed Malaga SWD No. 4 Well, Eddy County, New Mexico.

Dear Ms. Riley:

Enclosed in triplicate is the above-referenced application of Black River Water Management Company, LLC ("Black River"), as well as a copy of a legal advertisement. Black River respectfully requests that this matter be placed on the docket for the May 3, 2018, examiner hearing.

Very truly yours,

Adam G. Rankin
**BLACK RIVER WATER MANAGEMENT COMPANY,
 LLC**

Enclosures

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

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Aspen Boulder Carson City Colorado Springs Denver Denver Tech Center Billings Boise Cheyenne Jackson Hole Las Vegas Reno Salt Lake City Santa Fe Washington, D.C. ☏

Case 16130

Revised March 23, 2017

RECEIVED:	REVIEWER:	TYPE:	APP NO:
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

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

**ADMINISTRATIVE APPLICATION CHECKLIST**

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

Applicant: Black River Water Management Company, LLC**OGRID Number:** 371287**Well Name:** Malaga SWD-4**API:** 30-025-44514**Pool:** SWD; Devonian**Pool Code:** 96101

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION
 INDICATED BELOW**

1) TYPE OF APPLICATION: Check those which apply for [A]

A. Location - Spacing Unit - Simultaneous Dedication

☐ NSL☐ NSP (PROJECT AREA)☐ NSP (PRORATION UNIT)☐ SD

B. Check one only for [I] or [II]

[I] Commingling - Storage - Measurement

☐ DHC☐ CTB☐ PLC☐ PC☐ OLS☐ OLM

[II] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX☐ PMX☒ SWD☐ IPI☐ EOR☐ PPR**2) NOTIFICATION REQUIRED TO:** Check those which apply.A. ☒ Offset operators or lease holdersB. ☐ Royalty, overriding royalty owners, revenue ownersC. ☒ Application requires published noticeD. ☐ Notification and/or concurrent approval by SLOE. ☐ Notification and/or concurrent approval by BLMF. ☒ Surface ownerG. ☒ For all of the above, proof of notification or publication is attached, and/or,H. ☐ No notice required**FOR OCD ONLY**☐

Notice Complete

☐Application
Content
Complete

- 3) CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Brian Wood

1-28-18

Date

Print or Type Name

505 466-8120

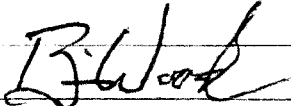
Phone Number

brian@permitswest.com

e-mail Address

Signature

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance XXX Disposal Storage
Application qualifies for administrative approval? XXX Yes No
- II. OPERATOR: BLACK RIVER WATER MANAGEMENT COMPANY, LLC
ADDRESS: 5400 LBJ FREEWAY, SUITE 1500, DALLAS TX 75240
CONTACT PARTY: BRIAN WOOD (PERMITS WEST, INC.) PHONE: 505 466-8120
- 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 XXX 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: Malaga SWD 4
30-015-44514
(Devonian (96101))
1. Proposed average and maximum daily rate and volume of fluids to be injected: (Devonian (96101))
 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: BRIAN WOOD TITLE: CONSULTANT
SIGNATURE:  DATE: JAN. 11, 2018
E-MAIL ADDRESS: brian@permitswest.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: BLACK RIVER WATER MANAGEMENT COMPANY, LLC

WELL NAME & NUMBER: MALAGA SWD 4

WELL LOCATION: 1489' FNL & 490' FWL

28 E

24 S

11

SECTION

TOWNSHIP

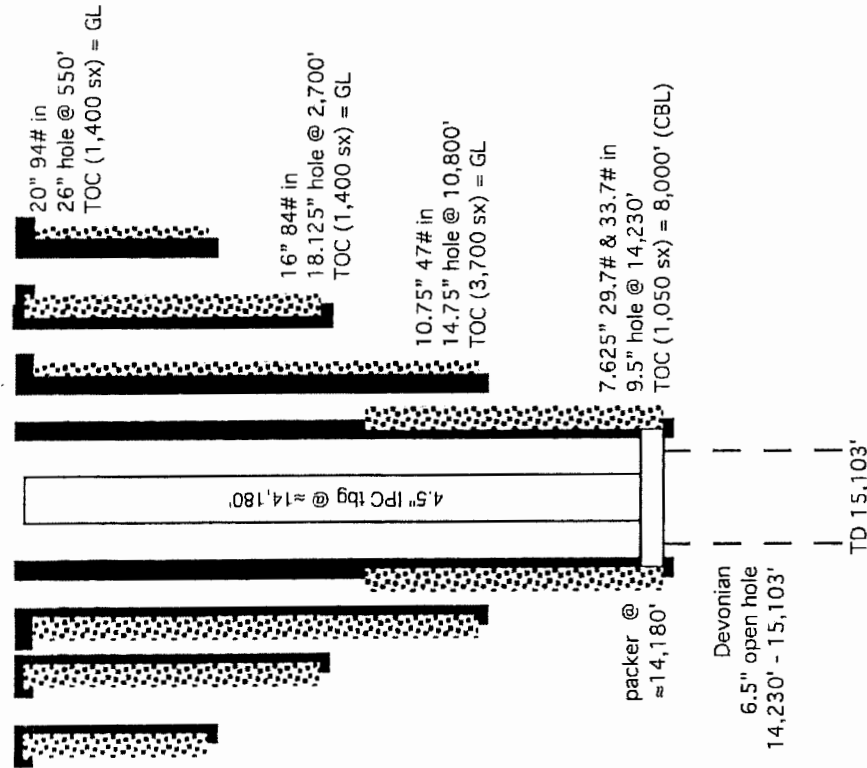
RANGE

FOOTAGE LOCATION

UNIT LETTER

WELLBORE SCHEMATIC

(not to scale)

WELL CONSTRUCTION DATASurface Casing

Hole Size: 26" Casing Size: 20"

Cemented with: 1400 sx. or ft³

Top of Cement: SURFACE Method Determined: VISUAL

Intermediate Casing

Hole Size: 18.125" & 14.75" Casing Size: 16" & 10.75"

Cemented with: 1,400 & 3,700 sx. or ft³

Top of Cement: SURFACE Method Determined: VISUAL

Production Casing

Hole Size: 9.5" Casing Size: 7.625" @ 14,230'

Cemented with: 1,050 sx. or ft³

Top of Cement: 8,000' Method Determined: CBL

Total Depth: 14,230'

Injection Interval

14,230' feet to 15,103'

(Perforated or Open Hole; indicate which)

|||||

INJECTION WELL DATA SHEET

Tubing Size: 4.5" Lining Material: IPC

Type of Packer: STAINLESS STEEL &/OR NICKEL

Packer Setting Depth: ≈14,180'

Other Type of Tubing/Casing Seal (if applicable):

Additional Data

1. Is this a new well drilled for injection? XXX Yes No
- If no, for what purpose was the well originally drilled?

2. Name of the Injection Formation: DEVONIAN
3. Name of Field or Pool (if applicable): SWD; DEVONIAN (POOL CODE 96101)
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used.
- NO

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:
- OVER: DELAWARE (2619'), BONE SPRING (6356'), WOLFCAMP (9496'),
- ATOKA (11726'), & MORROW (12273')
- UNDER: none

BLACK RIVER WATER MANAGEMENT COMPANY, LLC
MALAGA SWD 4
1489' FNL & 490' FWL
SEC. 11, T. 24 S., R. 28 E., EDDY COUNTY, NM

PAGE 1

30-015-44514

I. Goal is to drill a 15,103' deep commercial saltwater disposal well. Proposed disposal interval will be 14,228' - 15,103' in the SWD; Devonian (96101). See Exhibit A for C-102 and map.

II. Operator: Black River Water Management Company, LLC [OGRID 371287]
Operator phone number: (972) 371-5420
Operator address: 5400 LBJ Freeway, Suite 1500
Dallas TX 75240
Contact for Application: Brian Wood (Permits West, Inc.)
Phone: (505) 466-8120

III. A. (1) Lease name: Malaga SWD (fee)
Well name and number: Malaga SWD 4
Location: 1489' FNL & 490' FWL, Section 11, T. 43 S., R. 28 E.

A. (2) Surface casing (20", 94#, K-55, BTC) will be set at 550' in a 26" hole and cemented to the surface with 1400 sacks.

First intermediate casing (16", 84#, K-55, BTC) will be set at 2,700' in an 18.125" hole and cemented to surface with 1,400 sacks

Second intermediate casing (10.75", 47#, P-110 HC) will be set at 10,800' in a 14.75" hole and cemented to surface with 3,700 sacks.

Production casing (7.625", 29.7# P-110 HC, BTC from GL to 9,400' & 7.625", 33.7# P110 EC, BTC from 9,400' to 13,650') will be set at 14,230' in a 9.5" hole and cemented to 8,000' (CBL) with 1,050 sacks.

A 6.5" open hole will be drilled to 15,103'.

A. (3) Tubing will be IPC, 4.5", 11.6#, P-110, IC, BTC. Setting depth will be \approx 14,180'. (Disposal interval will be 14,230' to 15,103'.)

- A. (4) A stainless steel and/or nickel packer will be set at $\approx 14,180'$ (or $\leq 100'$ above the top of the open hole which will be at 14,230').
- B. (1) Disposal zone will be the Devonian (SWD; Devonian (96101) pool). Estimated fracture gradient is ≈ 0.62 to ≈ 0.68 psi per foot. Variation depends on whether limestone or dolomite.
- B. (2) Disposal interval will be open hole from 14,230' to 15,103'.
- B. (3) Well has not been drilled. It will be drilled as a saltwater disposal well.
- B. (4) No perforated intervals are in the well.
- B. (5) Two zones currently produce in the area of review and above the Devonian (14,228'). Those two zones and their tops are the Wolfcamp (9,496') and Morrow (12,273'). A Bone Spring (6,356') well has been approved in the area of review, but not yet drilled. No oil or gas zone is below the Devonian in the area of review.

IV. This is not an expansion of an existing injection project. It is disposal only.

V. Exhibit B shows and tabulates the 9 existing wells (all gas) + 1 approved (oil) well within a half-mile radius. None of the 10 wells did or will penetrate the Devonian. Exhibit C shows all 167 existing wells (106 oil or gas wells + 37 water wells + 22 P & A wells + 2 injection or disposal wells) within a two-mile radius.

All land within a half-mile radius is leased. All leases within a half-mile radius are fee. Exhibits D & E show all leases within a half-mile and two-mile radius.

VI. No Devonian penetrator is within a half-mile. Deepest (12,834' TVD) well (30-015-21786) within a half-mile bottomed in the Morrow, 1394' above the Devonian.

- VII. 1. Average injection rate will be $\approx 30,000$ bwpd.
Maximum injection rate will be $\approx 40,000$ bwpd.
2. System will be open and closed. Water will both be trucked and piped.
3. Average injection pressure will be $\approx 2,500$ psi
Maximum injection pressure will be 2,846 psi ($= 0.2$ psi/foot $\times 14,230'$ (top of open hole)).
4. Disposal water will be produced water, mainly from Bone Spring and Wolfcamp wells. There are 332 approved Bone Spring wells and 346 approved Wolfcamp wells in T. 23 & 24S., R. 28 & 29 E. The well will take other Permian Basin waters (e. g., Delaware). A summary of water analyses follows. Their abstracts are in Exhibit F.

Parameter	Devonian	Delaware	Bone Spring	Wolfcamp	Morrow
Bicarbonate	1260	122	1,955	1,026	611
Chloride	34,400	130,543	100,110	67,273	33,036
Sulfate	3,600	940	180	88	0
TDS	63,260	211,635	165,550	111,226	54,903

No compatibility problems have been reported from Black River's Black River SWD 1 (30-015-43807), 4 miles WNW, which has disposed of over 3,007,539 bbls in the Devonian in 2 years.

5. Closest Devonian producer (30-015-29252) is 19 miles ESE.

VIII. The Devonian (estimated 1,000' thick) is comprised of limestone and dolomite. It dips to the east at 1° . Estimated porosity is 2-6%. Closest possible underground source of drinking water above the proposed disposal interval is the Quaternary at the surface. According to State Engineer records (Exhibit G), 9 water wells are within a mile, deepest of which is 268'. Two of the nine water wells were sampled during a July 27, 2017 field inspection. No underground source of drinking water is below the proposed disposal interval.

BLACK RIVER WATER MANAGEMENT COMPANY, LLC
MALAGA SWD 4
1489' FNL & 490' FWL
SEC. 11, T. 24 S., R. 28 E., EDDY COUNTY, NM

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30-015-44514

Formation tops are:

Quaternary = 0'
Castile = 1023'
Lamar (base of salt) = 2597'
Bell Canyon = 2619'
Cherry Canyon = 3511'
Brushy Canyon = 4675'
Bone Spring limestone = 6356'
Wolfcamp = 9496'
Strawn = 11404'
Atoka = 11726'
Morrow = 12273'
Barnett = 13507'
Mississippian limestone = 13622'
Woodford shale = 14070'
Devonian carbonate = 14228'
disposal interval = 14230' - 15103'
TD = 15103'
(Montoya = 15228')

Nine water wells are within a 1-mile radius according to State Engineer records (Exhibit G), deepest of which is 268'. There will be >2 miles of vertical separation and shale, salt, and anhydrite intervals between the bottom of the only likely underground water source (Quaternary) and the top of the Devonian.

IX. The well will be stimulated with acid.

X. A CBL will be run from production casing setting depth to TOC. A triple combo log will be run from the second intermediate to TD.

XI. Two active water wells within a half-mile were sampled (Exhibit G) during a July 27, 2017 field inspection.

BLACK RIVER WATER MANAGEMENT COMPANY, LLC
MALAGA SWD 4
1489' FNL & 490' FWL
SEC. 11, T. 24 S., R. 28 E., EDDY COUNTY, NM

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30-015-44514

XII. Black River (Exhibit H) is not aware of any geologic or engineering data that may indicate the Devonian is in hydrologic connection with any underground sources of water. Deepest water well within a 2-mile radius is 290'. There are 174 approved Devonian saltwater disposal wells and 10 approved Devonian water injection wells in New Mexico. Closest Quaternary fault is \approx 54 miles southwest (Exhibit H).

XIII. A legal ad (see Exhibit I) was published on October 12, 2017. Notice (this application) has been sent (Exhibit J) to the surface owner (Oscar & Gloria Vasquez Revocable Trust) and all lessees within a half-mile.



Map created with 10/2010 National Geographic, ©2005 Tele Atlas, Rel. 8/2005



EXHIBIT A

11/01/17

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 30-015- 44514	² Pool Code 96101	³ Pool Name SWD; Devonian
⁴ Property Code 319808	⁵ Property Name MALAGA SWD	⁶ Well Number #4
⁷ OGRID No. 371287	⁸ Operator Name BLACK RIVER WATER MANAGEMENT COMPANY, LLC.	⁹ Elevation 2988'

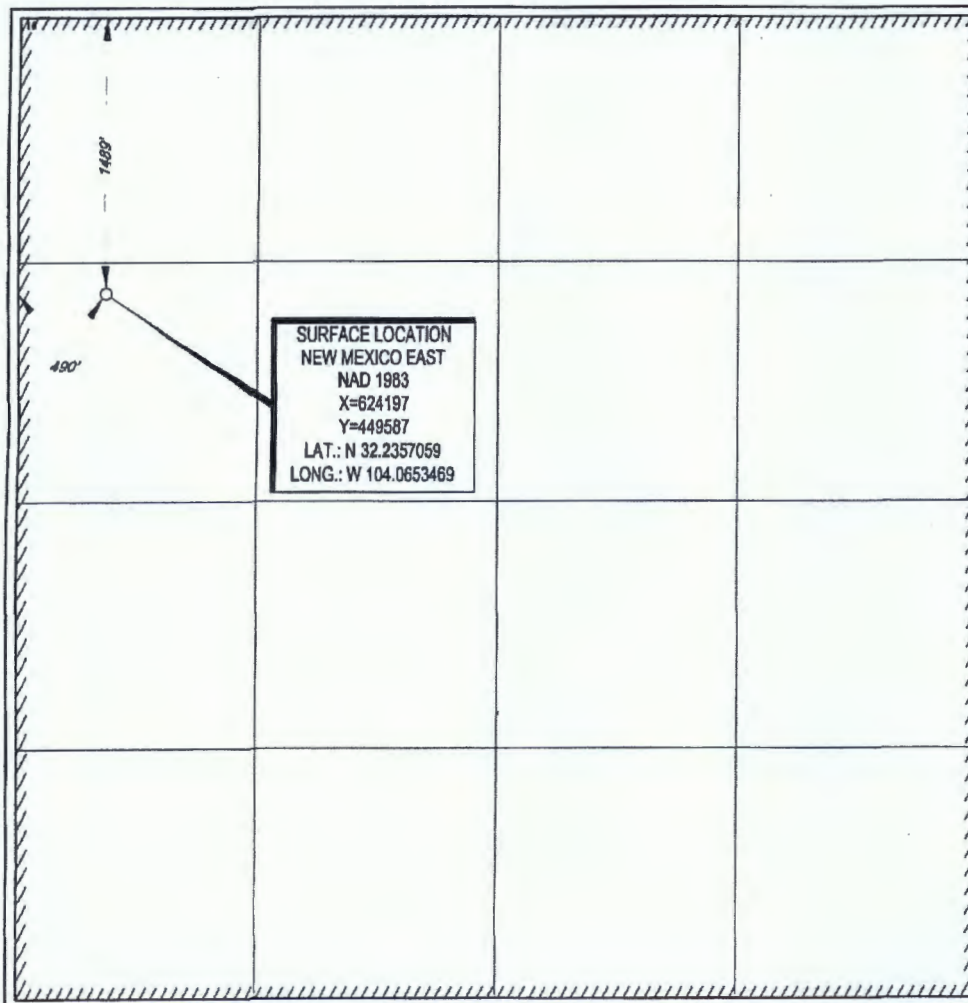
¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	11	24-S	28-E	-	1489'	NORTH	490'	WEST	EDDY

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 640	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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.

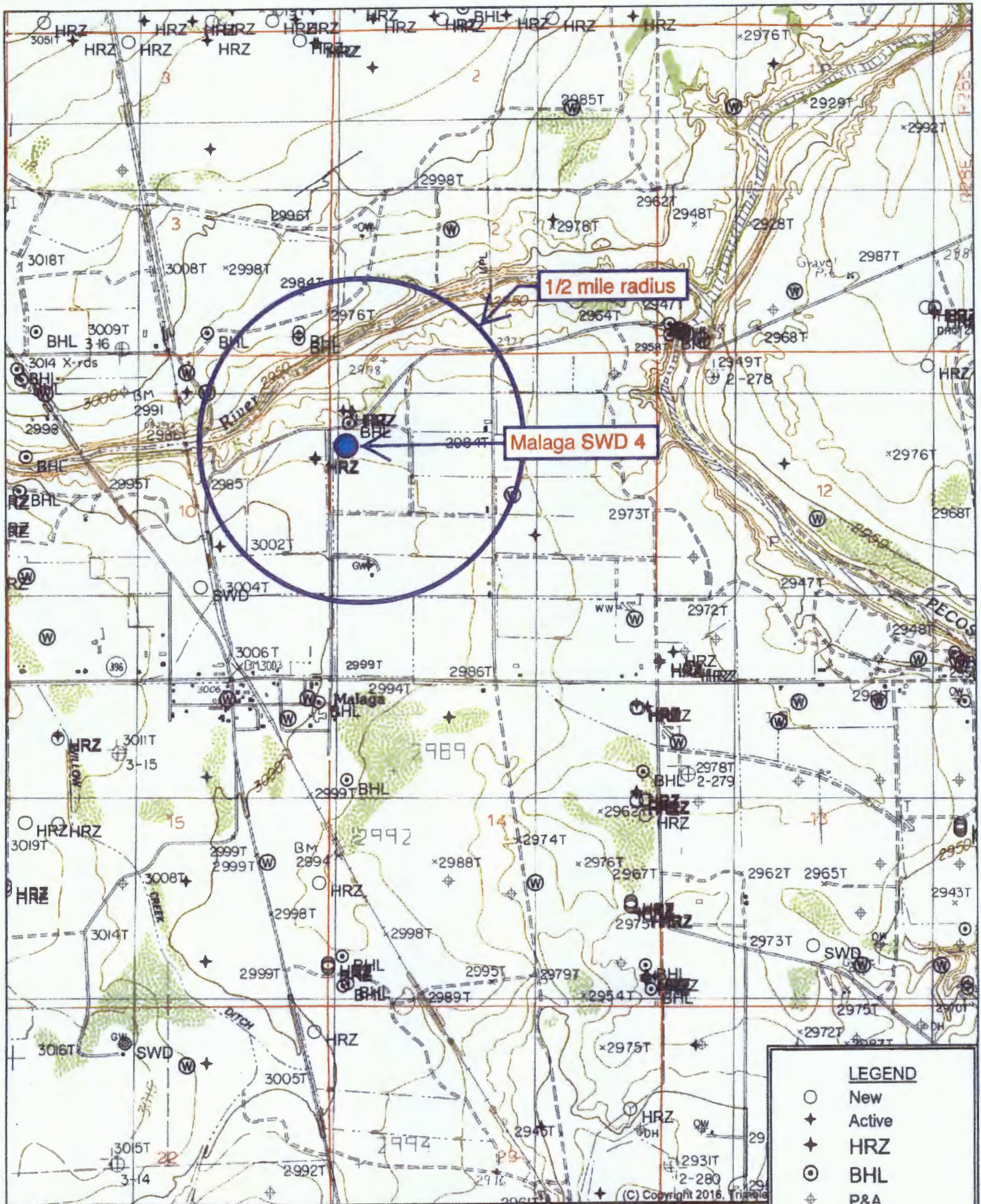


17 OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or an undivided mineral interest in the land underlying the proposed bottom hole location or has a right 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 previously entered into by the division.

Brian Wood 10-23-17
Signature Date
Brian Wood
Printed Name
brian@permitswest.com
E-mail Address
(505) 466-8120

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

04/12/2017
Date of Survey
Signature and Seal of Professional Surveyor
Michael B. Brown
MICHAEL B. BROWN
NEW MEXICO
18329
PROFESSIONAL SURVEYOR
Certificate Number
EXHIBIT A



1/2 mile radius

Malaga SWD 4

LEGEND

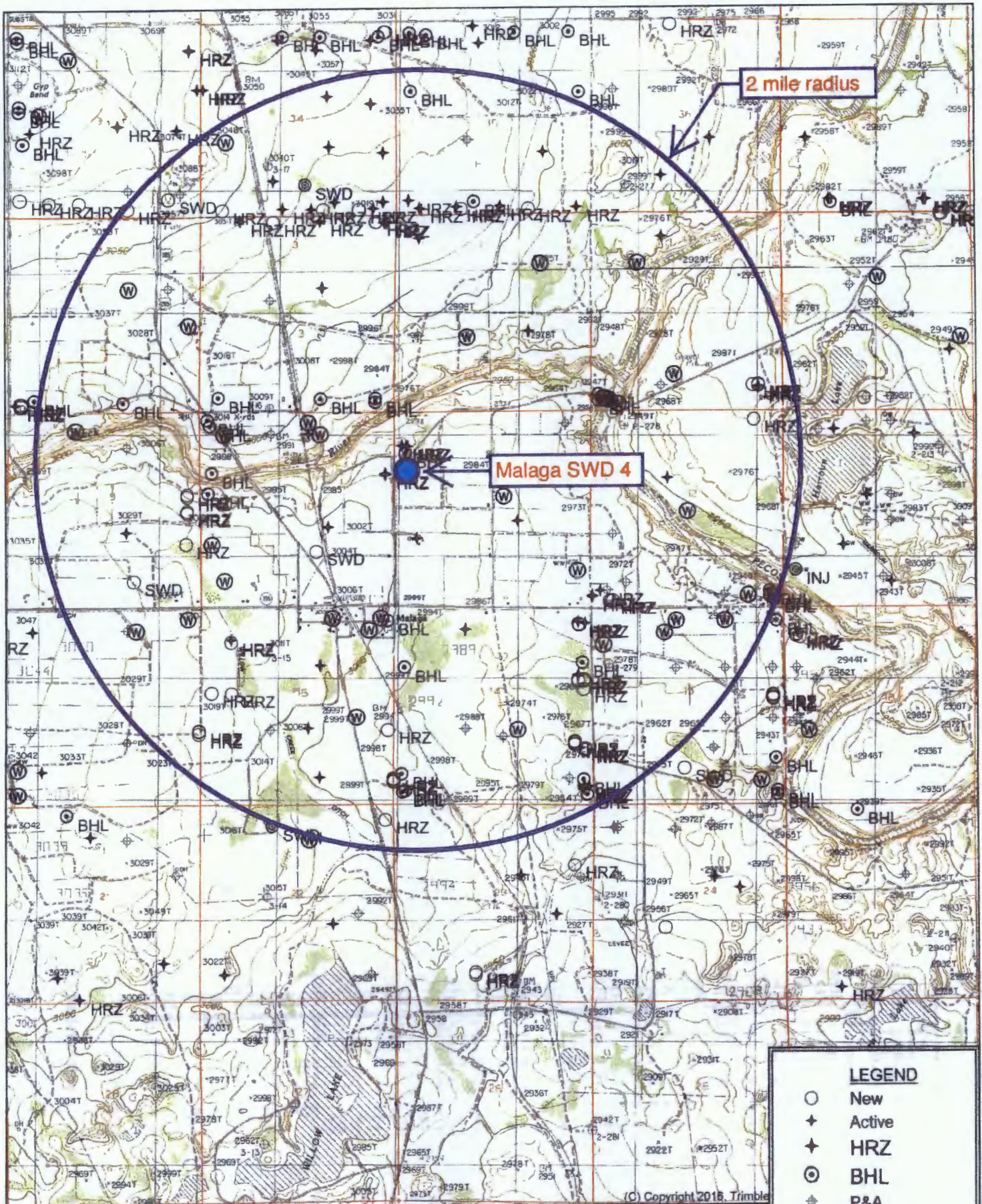
- New
- ✦ Active
- ✦ HRZ
- ⊙ BHL
- ✦ P&A
- ⊙ INJ
- ⊙ SWD
- ⊙ Water



Quad: MALAGA
Scale: 1 inch = 2,000 ft.

EXHIBIT B

API	WHO	WELL	TYPE WELL	UNIT- SECTION- T24S-R28E	TVD	ZONE	FEET FROM MALAGA SWD 4
3001543993	Matador	Guitar 10 24 28 RB 205H	G	D-11	9647	Purple Sage; Wolfcamp (Gas)	488
3001543940	Matador	Guitar 10 24 28 RB 201H	G	D-11	9477	Purple Sage; Wolfcamp (Gas)	515
3001543966	Matador	Guitar 10 24 28 RB 221H	G	D-11	10481	Purple Sage; Wolfcamp (Gas)	528
3001542660	Matador	Guitar 10 24 28 RB 202H	G	H-10	9554	Purple Sage; Wolfcamp (Gas)	760
3001543693	Matador	Guitar 10 24 28 RB 222H	G	H-10	10238	Purple Sage; Wolfcamp (Gas)	770
3001544257	Matador	Tom Matthews 10 24 28 RB 223H	G	I-10 (BHL)	10653	Purple Sage; Wolfcamp (Gas)	1680 (BHL)
3001542858	Mewbourne	Yardbirds 3 B2AP Fee 001H	Plan O	P-3 (BHL)	no report	Malaga; Bone Spring, North	1894 (BHL)
3001521786	COG	CNB Com 001	G	L-11	12834	Malaga; Morrow (Gas)	1980
3001542935	Mewbourne	Yardbirds 3 W2AP Fee 001H	G	P-3 (BHL)	10577	Purple Sage; Wolfcamp (Gas)	2069 (BHL)
3001543949	Mewbourne	Yardbirds 3 WOAP Fee 002H	G	P-3 (BHL)	9602	Purple Sage; Wolfcamp (Gas)	2089 (BHL)



Quad: MALAGA
Scale: 1 inch = 3,333 ft.

EXHIBIT C

Midland Map 11-24S-28E

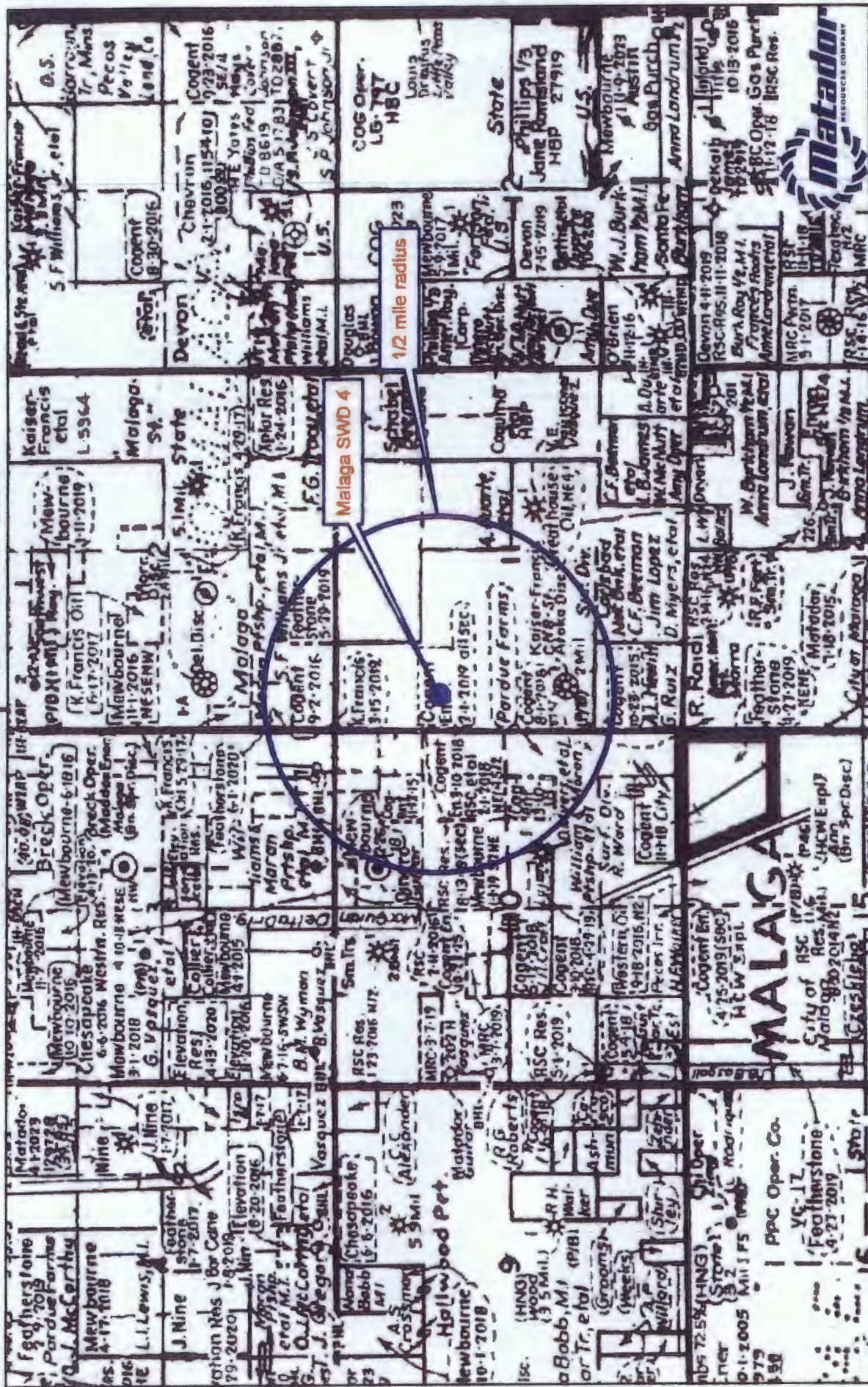
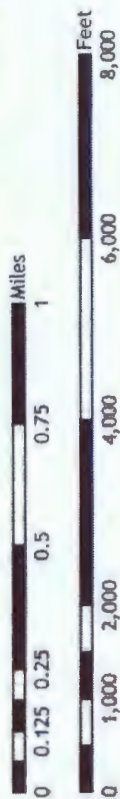


EXHIBIT D

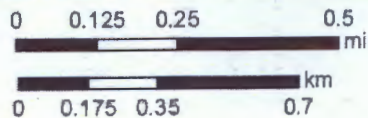
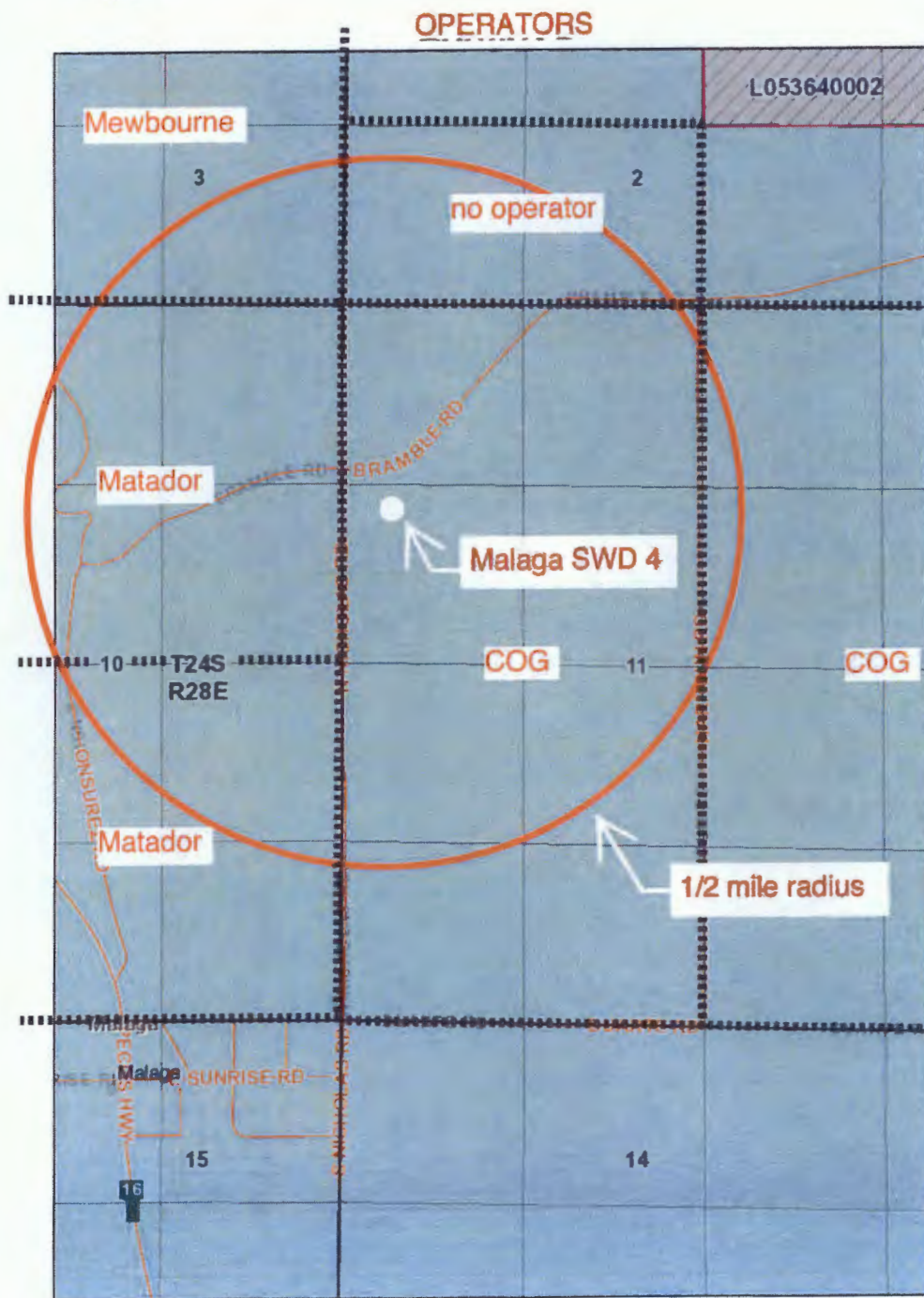




New Mexico State Land Office

Legend

- Override 1
- Override 1
- Override 1
- Villages
- Smaller Towns
- Larger Towns
- Cities
- State Boundary
- Continental Divide
- County Boundaries
- Townships
- Sections
- Subdivisions
- Highway Mileposts
- Detailed Roads
- Commercial Leases
- Minerals Leases
- Oil and Gas Leases
- Agricultural Leases
- Energy Leases
- Surface Estate (SLO)
- Subsurface Estate (SLO)
- Both Estates (SLO)
- Land Grants
- Bureau of Land Management
- Bureau of Reclamation
- Department of Agriculture
- Department of Defense
- Department of Energy
- USDA Forest Service
- Fish and Wildlife Service
- Bureau of Indian Affairs-Tribes
- National Park Service



Disclaimer:
The New Mexico State Land Office assumes no responsibility or liability for, or in connection with the accuracy, reliability or use of the information provided herein with respect to State Land Office data or data from other sources.

Data pertaining to New Mexico State Trust Lands are provisional and subject to revision, and do not constitute an official record of title. Official records may be reviewed at the New Mexico State Land Office in Santa Fe, New Mexico.





EXHIBIT D

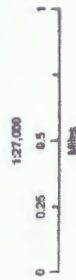


**Black River Water
Management Company, LLC**

Proposed Malaga SWD #4
2 Mile Mineral Ownership Map

Section 11, Township 24S, Range 28E
Malaga, Eddy County, New Mexico

 Federal Minerals
 State Minerals



NAD 1983 New Mexico State Plane East
FPS 3001 Feet

PERMITS
KIST

Prepared by Purcell West, Inc., November 2, 2017
for Black River Water Management Company, LLC



NM WAIDS

DATA

MAPS

HOME

SCALE

CORROSION

General Information About: Sample 5199			
SQUARE LAKE DEEP UNIT 001			
API	3001503979	Sample Number	
Unit/Section/ Township/Range	J / 33 / 16 S / 30 E	Field	
County	Eddy	Formation	DEV
State	NM	Depth	
Lat/Long	32.87982 / -103.97885	Sample Source	DST
TDS (mg/L)	63260	Water Type	
Sample Date(MM/DD/YYYY)		Analysis Date(MM/DD/YYYY)	
Remarks/Description			
Cation Information (mg/L)		Anion Information (mg/L)	
Potassium (K)		Sulfate (SO)	3600
Sodium (Na)		Chloride (Cl)	34400
Calcium (Ca)		Carbonate (CO ₃)	
Magnesium (Mg)		Bicarbonate (HCO ₃)	1260
Barium (Ba)		Hydroxide (OH)	
Manganese (Mn)		Hydrogen Sulfide (H ₂ S)	
Strontium (Sr)		Carbon Dioxide (CO ₂)	
Iron (Fe)		Oxygen (O)	



EXHIBIT F

MITCHELL ANALYTICAL LABORATORY

2638 Faudree
Odessa, Texas 79765-8538
561-5579

Company: **WadeCo Specialties, LLC**

Well Number: Santa Fe Fed 4 WH **30-015-27030**
Lease: RKI **H-35-225-286**
Location: WC20874
Date Run: 4/8/2014
Lab Ref #: 14-apr-h14284
K=1,289.47 ppm

Sample Temp: 70
Date Sampled: 3/18/2014
Sampled by: Wade Havens
Employee #:
Analyzed by: GR

Dissolved Gases

		Mg/L	Eq. Wt.	MEq/L
Hydrogen Sulfide (H2S)		.00	16.00	.00
Carbon Dioxide (CO2)		60.00	22.00	2.73
Dissolved Oxygen (O2)	NOT ANALYZED			

Cations

Calcium (Ca++)		25,342.08	20.10	1,260.80
Magnesium (Mg++)		1,698.24	12.20	139.20
Sodium (Na+)		52,917.44	23.00	2,300.76
Barium (Ba++)	NOT ANALYZED			
Manganese (Mn+)		7.87	27.50	.29
Strontium (Sr++)	NOT ANALYZED			

Anions

Hydroxyl (OH-)		.00	17.00	.00
Carbonate (CO3=)		.00	30.00	.00
BiCarbonate (HCO3-)		122.20	61.10	2.00
Sulfate (SO4=)		940.00	48.80	19.26
Chloride (Cl-)		130,543.44	35.50	3,677.28
Total Iron (Fe)		4.19	18.60	.23
Total Dissolved Solids		211,635.46		
Total Hardness as CaCO3		70,317.98		
Conductivity MICROMHOS/CM		220,000		

pH 6.180 Specific Gravity 60/60 F. 1.147

CaSO4 Solubility @ 80 F. 8.44MEq/L, CaSo4 scale is likely

CaCO3 Scale Index

70.0	1.164	100.0	1.764	130.0	3.284
80.0	1.294	110.0	2.214	140.0	3.284
90.0	1.764	120.0	2.214	150.0	3.284

RKI Exploration & Prod., LLC

C-108: Longview Fed 12 SWD No. 5 from SWD-1489 30-015-43596

Delaware Produced Water

WadeCo Specialties, LLC

EXHIBIT F

MITCHELL ANALYTICAL LABORATORY

2638 Faudree
Odessa, Texas 79765-8538
561-5579

Company: **WadeCo Specialties, LLC**

Well Number: Pinnacle State 36-32H **30-015-41587**
Lease: RKI **C-36-22s-28e**
Location: WC20910
Date Run: 4/8/2014
Lab Ref #: 14-apr-h14273
Sample Temp: 70
Date Sampled: 3/30/2014
Sampled by: Wade Havens
Employee #:
Analyzed by: GR
K=1,033.30 ppm

Dissolved Gases

		Mg/L	Eq. Wt.	MEq/L
Hydrogen Sulfide	(H2S)	5.00	16.00	.31
Carbon Dioxide	(CO2)	170.00	22.00	7.73
Dissolved Oxygen	(O2)	NOT ANALYZED		

Cations

Calcium	(Ca++)	9,945.48	20.10	494.80
Magnesium	(Mg++)	1,459.12	12.20	119.60
Sodium	(Na+)	51,717.70	23.00	2,248.60
Barium	(Ba++)	NOT ANALYZED		
Manganese	(Mn+)	1.35	27.50	.05
Strontium	(Sr++)	NOT ANALYZED		

Anions

Hydroxyl	(OH-)	.00	17.00	.00
Carbonate	(CO3=)	.00	30.00	.00
BiCarbonate	(HCO3-)	1,955.20	61.10	32.00
Sulfate	(SO4=)	180.00	48.80	3.69
Chloride	(Cl-)	100,110.00	35.50	2,820.00
Total Iron	(Fe)	6.9	18.60	.37
Total Dissolved Solids		165,550.75		
Total Hardness as CaCO3		30,846.09		
Conductivity MICROMHOS/CM		202,000		

pH 6.660 Specific Gravity 60/60 F. 1.115

CaSO4 Solubility @ 80 F. 23.81MEq/L, CaSO4 scale is unlikely

CaCO3 Scale Index

70.0	1.662	100.0	2.012	130.0	2.642
80.0	1.762	110.0	2.322	140.0	2.642
90.0	2.012	120.0	2.322	150.0	3.012

RKI Exploration & Prod., LLC

C-108: Longview Fed 12 SWD No. 5 from SWD-1489 30-015-43596

Bone Spring Produced Water

WadeCo Specialties, LLC

EXHIBIT F

MITCHELL ANALYTICAL LABORATORY

2638 Faudree
Odessa, Texas 79765-8538
561-5579

Company: **WadeCo Specialties, LLC**

Well Number: Longview Deep Fed 31-31 Lease: RKI Location: WC20907 Date Run: 4/8/2014 Lab Ref #: 14-apr-h14274 K=516.70 ppm	30-015-37604 L-31-22s-29e	Sample Temp: 70 Date Sampled: 3/30/2014 Sampled by: Wade Havens Employee #: Analyzed by: GR
---	--	---

Dissolved Gases

		Mg/L	Eq. Wt.	MEq/L
Hydrogen Sulfide (H2S)		5.00	16.00	.31
Carbon Dioxide (CO2)		300.00	22.00	13.64
Dissolved Oxygen (O2)	NOT ANALYZED			

Cations

Calcium (Ca++)		5,427.00	20.10	270.00
Magnesium (Mg++)		1,127.28	12.20	92.40
Sodium (Na+)		35,916.64	23.00	1,561.59
Barium (Ba++)	NOT ANALYZED			
Manganese (Mn+)		3.59	27.50	.13
Strontium (Sr++)	NOT ANALYZED			

Anions

Hydroxyl (OH-)		.00	17.00	.00
Carbonate (CO3=)		.00	30.00	.00
BiCarbonate (HCO3-)		1,026.48	61.10	16.80
Sulfate (SO4=)		88.00	48.80	1.80
Chloride (Cl-)		67,273.92	35.50	1,895.04
Total Iron (Fe)		58.7	18.60	3.16
Total Dissolved Solids		111,226.61		
Total Hardness as CaCO3		18,189.35		
Conductivity MICROMHOS/CM		152,700		

pH 6.890 Specific Gravity 60/60 F. 1.077

CaSO4 Solubility @ 80 F. 36.35MEq/L, CaSO4 scale is unlikely

CaCO3 Scale Index

70.0	.949	100.0	1.249	130.0	1.839
80.0	1.039	110.0	1.519	140.0	1.839
90.0	1.249	120.0	1.519	150.0	2.179

RKI Exploration & Prod., LLC

C-108: Longview Fed 12 SWD No. 5 from SWD-1489 30-015-43596

Wolfcamp Produced Water

WadeCo Specialties, LLC



MITCHELL ANALYTICAL LABORATORY

2638 Faudree
Odessa, Texas 79765-8538
561-5579

Company: **WadeCo Specialties, LLC**

Well Number: Longview Deep Fed 6-41	30-015-37606	Sample Temp: 70
Lease: RKI	M-6-23s-29e	Date Sampled: 3/30/2014
Location: WC20908		Sampled by: Wade Havens
Date Run: 4/8/2014		Employee #:
Lab Ref #: 14-apr-h14272		Analyzed by: GR

K=101.49 ppm

Dissolved Gases

		Mg/L	Eq. Wt.	MEq/L
Hydrogen Sulfide (H2S)		5.00	16.00	.31
Carbon Dioxide (CO2)		150.00	22.00	6.82
Dissolved Oxygen (O2)	NOT ANALYZED			

Cations

Calcium (Ca++)		1,608.00	20.10	80.00
Magnesium (Mg++)		517.28	12.20	42.40
Sodium (Na+)		18,971.44	23.00	824.85
Barium (Ba++)	NOT ANALYZED			
Manganese (Mn+)		2.55	27.50	.09
Strontium (Sr++)	NOT ANALYZED			

Anions

Hydroxyl (OH-)		.00	17.00	.00
Carbonate (CO3=)		.00	30.00	.00
BiCarbonate (HCO3-)		611.00	61.10	10.00
Sulfate (SO4=)		.00	48.80	.00
Chloride (Cl-)		33,036.30	35.50	930.60
Total Iron (Fe)		1.49	18.60	.08
Total Dissolved Solids		54,903.06		
Total Hardness as CaCO3		6,140.85		
Conductivity MICROMHOS/CM		84,500		

pH 6.810 Specific Gravity 60/60 F. 1.038

CaSO4 Solubility @ 80 F. 53.48MEq/L, CaSO4 scale is unlikely

CaCO3 Scale Index

70.0	.035	100.0	.285	130.0	.905
80.0	.085	110.0	.545	140.0	.905
90.0	.285	120.0	.545	150.0	1.235

RKI Exploration & Prod., LLC

C-108: Longview Fed 12 SWD No. 5 from SWD-1489 30-015-43596

Morrow Produced Water

WadeCo Specialties, LLC

EXHIBIT F

TOPOI map printed on 07/21/17 from "Untitled.tpo"

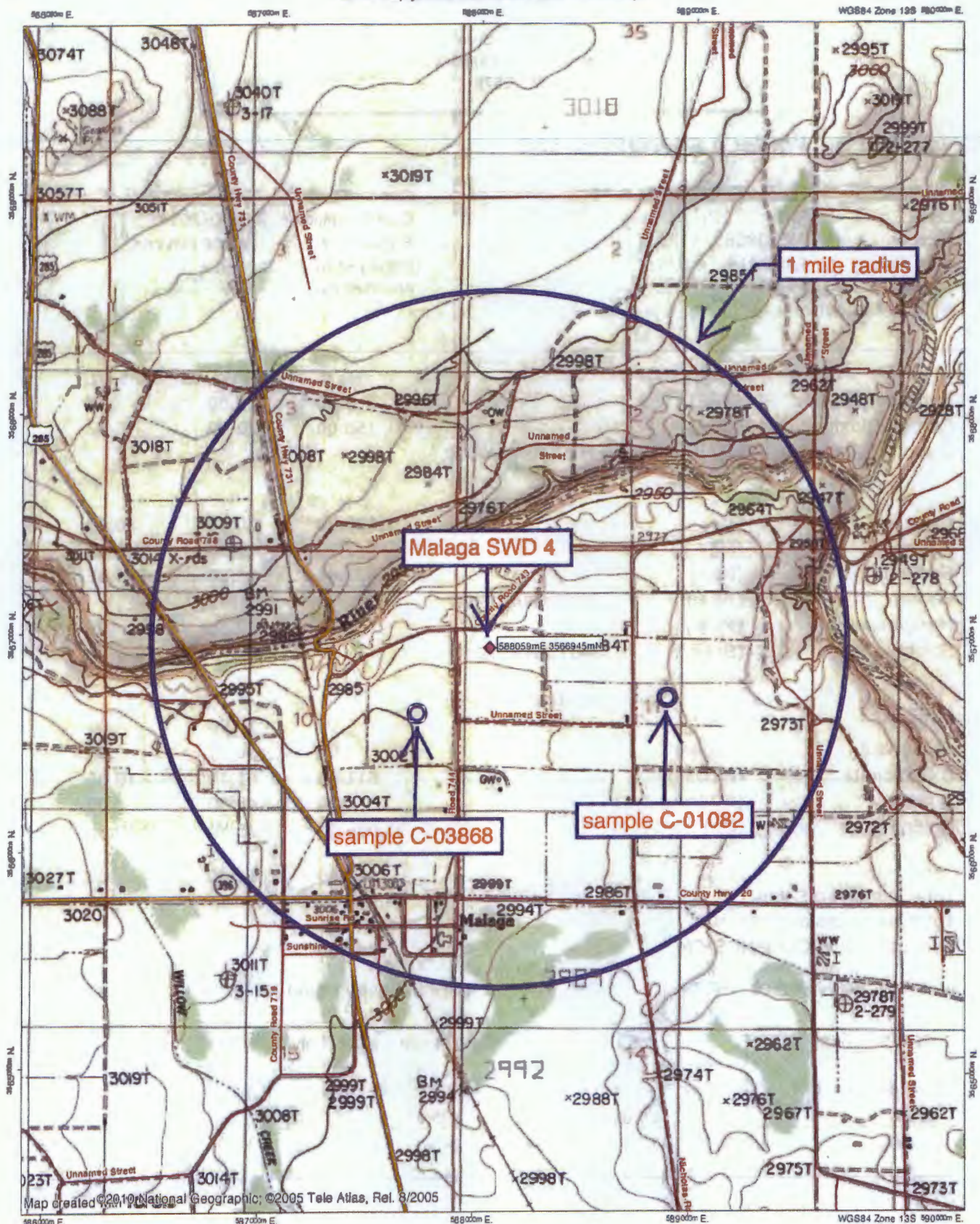


EXHIBIT G

TN MN
75
07/21/17



New Mexico Office of the State Engineer

Water Column/Average Depth to Water

(A CLW#### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced,
O=orphaned,
C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

POD Number	Code	Sub-basin	County	Q 64	Q 16	Q 4	Sec	Tws	Rng	X	Y	Distance	Depth	Well	Depth	Water	Column
<u>C 01442</u>		C	ED	1	2	10	24S	28E		587298	3567199*	802	100				
<u>C 01082</u>			ED	3	3	2	11	24S	28E	588832	3566693*	813	120				
<u>C 01237</u>		C	ED	1	1	2	10	24S	28E	587197	3567298*	931	123				
<u>C 00511</u>		C	ED	2	3	02	24S	28E	588518	3568001*	1151	268		140	128		
<u>C 02524 POD2</u>		C	ED	2	2	2	15	24S	28E	587814	3565690*	1278	90		11	79	
<u>C 00890</u>			ED	3	3	4	10	24S	28E	587211	3565897*	1348	50				
<u>C 00346</u>		C	ED	2	2	15	24S	28E	587715	3565591*	1397	90		32	58		
<u>C 00488</u>		C	ED	2	1	2	15	24S	28E	587412	3565688*	1413	64		8	56	
<u>C 00570</u>	1610 meters	C	ED	1	1	10	24S	28E	586490	3567195*	1588	100		28	72		
<u>C 00574</u>	= 1 mile		ED	2	4	4	11	24S	28E	589452	3566081*	1639	200		20	180	
<u>C 03862 POD2</u>		CUB	ED	3	3	3	01	24S	28E	589665	3567507	1701	30		10	20	
<u>C 03862 POD1</u>		CUB	ED	3	3	3	01	24S	28E	589672	3567505	1708	17		10	7	
<u>C 03862 POD3</u>		CUB	ED	3	3	3	01	24S	28E	589685	3567500	1718	60		10	50	
<u>C 03862 POD4</u>		CUB	ED	3	3	3	01	24S	28E	589705	3567490	1734	30		10	20	
<u>C 00764</u>			ED	3	1	3	10	24S	28E	586399	3566292*	1783	118		25	93	
<u>C 03862 POD5</u>		CUB	ED	4	3	3	01	24S	28E	589785	3567458	1801	17		10	7	
<u>C 00962</u>		C	ED	3	3	10	24S	28E	586505	3565992*	1822	63		9	54		
<u>C 02186</u>		C	ED	2	02	24S	28E	589128	3568606*	1975	100		55	45			
<u>C 03132</u>		C	ED	1	2	4	15	24S	28E	587616	3564877*	2114	90		19	71	
<u>C 00738</u>			ED	3	1	1	13	24S	28E	589673	3565472*	2185	125		12	113	
<u>C 00573</u>			ED	2	2	4	04	24S	28E	586188	3568087*	2191	250		35	215	
<u>C 02836</u>		C	ED	2	2	2	16	24S	28E	586203	3565676*	2248			15		
<u>C 02184</u>		C	ED	2	4	3	01	24S	28E	590248	3567700*	2315	87		60	27	
<u>C 01747</u>			ED			12	24S	28E	590367	3566577*	2337	176		139	37		
<u>C 02057</u>		C	ED	1	4	14	24S	28E	588956	3564774*	2349	126		52	74		
<u>C 00318</u>		C	ED	2	4	4	34	23S	28E	587811	3569298*	2366	150				
<u>C 02198</u>		C	ED		1	01	24S	28E	589940	3568611*	2512	78					
<u>C 00903</u>		C	ED	2	1	13	24S	28E	590178	3565575*	2523	57		30	27		
<u>C 00464</u>			ED	2	2	1	13	24S	28E	590277	3565674*	2556	111		28	83	
<u>C 03824 POD1</u>		CUB	ED	4	1	2	16	24S	28E	585770	3565578	2665	290		60	230	

EXHIBIT G

<u>C 02306</u>	C	ED	3 2 04	24S 28E	585690	3568382*	2770	75	25	50
<u>C 03703 FOD1</u>	C	ED	1 2 1 09	24S 28E	585259	3567225	2813	74	15	59
<u>C 00329</u>	C	ED	2 1 2 13	24S 28E	590682	3565677*	2913	95	30	65
<u>C 00684</u>		ED	2 1 2 13	24S 28E	590682	3565677*	2913	95	40	55
<u>C 01154</u>	C	ED	2 1 2 13	24S 28E	590682	3565677*	2913	95	50	45
<u>C 00618</u>	C	ED	3 4 4 12	24S 28E	590880	3565885*	3013	80	40	40
<u>C 01240</u>	C	ED	1 3 34	23S 28E	586494	3569592*	3075	125	25	100
<u>C 02244</u>	C	LE	3 1 2 22	24S 28E	587224	3563865*	3191	260		
<u>C 00983</u>	C	ED	4 4 4 12	24S 28E	591080	3565885*	3201	92	40	52

Average Depth to Water: 34 feet

Minimum Depth: 8 feet

Maximum Depth: 140 feet

Record Count: 39

UTMNA83 Radius Search (in meters):

Easting (X): 588059

Northing (Y): 3566945

Radius: 3220

*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.

11/2/17 4:41 PM

WATER COLUMN/ AVERAGE DEPTH TO
WATER

EXHIBIT G

Hall Environmental Analysis Laboratory, Inc.

Analytical Report

Lab Order 1708112

Date Reported: 8/9/2017

CLIENT: Permits West

Client Sample ID: MBR4-C-01082

Project: Matadon Black River SWD 4

Collection Date: 7/27/2017 11:24:00 AM

Lab ID: 1708112-001

Matrix: AQUEOUS

Received Date: 8/1/2017 4:06:00 PM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed	Batch
EPA METHOD 1664B							Analyst: MAB
N-Hexane Extractable Material	ND	10.6		mg/L	1	8/4/2017	33163
EPA METHOD 300.0: ANIONS							Analyst: MRA
Chloride	490	50	*	mg/L	100	8/8/2017 6:16:30 PM	R44822
SM2540C MOD: TOTAL DISSOLVED SOLIDS							Analyst: KS
Total Dissolved Solids	2350	20.0	*	mg/L	1	8/4/2017 5:30:00 PM	33162

EXHIBIT G

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:	*	Value exceeds Maximum Contaminant Level.	B	Analyte detected in the associated Method Blank
	D	Sample Diluted Due to Matrix	E	Value above quantitation range
	H	Holding times for preparation or analysis exceeded	J	Analyte detected below quantitation limits
	ND	Not Detected at the Reporting Limit	P	Sample pH Not In Range
	PQL	Practical Quantitative Limit	RL	Reporting Detection Limit
	S	% Recovery outside of range due to dilution or matrix	W	Sample container temperature is out of limit as specified

Analytical Report

Lab Order 1708112

Date Reported: 8/9/2017

Hall Environmental Analysis Laboratory, Inc.

CLIENT: Permits West

Client Sample ID: MBR4-C-03868

Project: Matadon Black River SWD 4

Collection Date: 7/27/2017 1:17:00 PM

Lab ID: 1708112-002

Matrix: AQUEOUS

Received Date: 8/1/2017 4:06:00 PM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed	Batch
EPA METHOD 1664B							Analyst: MAB
N-Hexane Extractable Material	ND	10.0		mg/L	1	8/4/2017	33163
EPA METHOD 300.0: ANIONS							Analyst: MRA
Chloride	520	50	*	mg/L	100	8/8/2017 6:41:20 PM	R44822
SM2540C MOD: TOTAL DISSOLVED SOLIDS							Analyst: KS
Total Dissolved Solids	2590	40.0	*D	mg/L	1	8/4/2017 5:30:00 PM	33162

EXHIBIT G

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:	*	Value exceeds Maximum Contaminant Level.	B	Analyte detected in the associated Method Blank
	D	Sample Diluted Due to Matrix	E	Value above quantitation range
	H	Holding times for preparation or analysis exceeded	J	Analyte detected below quantitation limits
	ND	Not Detected at the Reporting Limit	P	Sample pH Not In Range
	PQL	Practical Quantitative Limit	RL	Reporting Detection Limit
	S	% Recovery outside of range due to dilution or matrix	W	Sample container temperature is out of limit as specified

Page 2 of 5

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1708112

09-Aug-17

Client: Permits West
Project: Matadon Black River SWD 4

Sample ID	MB-33163	SampType:	MBLK	TestCode:	EPA Method 1664B					
Client ID:	PBW	Batch ID:	33163	RunNo:	44730					
Prep Date:	8/4/2017	Analysis Date:	8/4/2017	SeqNo:	1414487	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	ND	10.0								

Sample ID	LCS-33163	SampType:	LCS	TestCode:	EPA Method 1664B					
Client ID:	LCSW	Batch ID:	33163	RunNo:	44730					
Prep Date:	8/4/2017	Analysis Date:	8/4/2017	SeqNo:	1414488	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	36.4	10.0	40.00	0	91.0	78	114			

Qualifiers:

- | | |
|---|---|
| * Value exceeds Maximum Contaminant Level. | B Analyte detected in the associated Method Blank |
| D Sample Diluted Due to Matrix | E Value above quantitation range |
| H Holding times for preparation or analysis exceeded | J Analyte detected below quantitation limits |
| ND Not Detected at the Reporting Limit | P Sample pH Not In Range |
| PQL Practical Quantitative Limit | RL Reporting Detection Limit |
| S % Recovery outside of range due to dilution or matrix | W Sample container temperature is out of limit as specified |

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1708112

09-Aug-17

Client: Permits West
Project: Matadon Black River SWD 4

Sample ID	MB	SampType:	MBLK	TestCode:	EPA Method 300.0: Anions					
Client ID:	PBW	Batch ID:	R44822	RunNo:	44822					
Prep Date:		Analysis Date:	8/8/2017	SeqNo:	1417079	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	ND	0.50								

Sample ID	LCS	SampType:	LCS	TestCode:	EPA Method 300.0: Anions					
Client ID:	LCSW	Batch ID:	R44822	RunNo:	44822					
Prep Date:		Analysis Date:	8/8/2017	SeqNo:	1417080	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	4.7	0.50	5.000	0	93.2	90	110			

Qualifiers:

* Value exceeds Maximum Contaminant Level.
D Sample Diluted Due to Matrix
H Holding times for preparation or analysis exceeded
ND Not Detected at the Reporting Limit
PQL Practical Quantitative Limit
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank
E Value above quantitation range
J Analyte detected below quantitation limits
P Sample pH Not In Range
RL Reporting Detection Limit
W Sample container temperature is out of limit as specified

Page 4 of 5

EXHIBIT G

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1708112

09-Aug-17

Client: Permits West

Project: Matadon Black River SWD 4

Sample ID	MB-33162	SampType:	MBLK	TestCode:	SM2540C MOD: Total Dissolved Solids
Client ID:	PBW	Batch ID:	33162	RunNo:	44736
Prep Date:	8/3/2017	Analysis Date:	8/4/2017	SeqNo:	1414683 Units: mg/L
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC LowLimit HighLimit %RPD RPDLimit Qual
Total Dissolved Solids	ND	20.0			

Sample ID	LCS-33162	SampType:	LCS	TestCode:	SM2540C MOD: Total Dissolved Solids
Client ID:	LCSW	Batch ID:	33162	RunNo:	44736
Prep Date:	8/3/2017	Analysis Date:	8/4/2017	SeqNo:	1414684 Units: mg/L
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC LowLimit HighLimit %RPD RPDLimit Qual
Total Dissolved Solids	1010	20.0	1000	0	101 80 120

Qualifiers:

* Value exceeds Maximum Contaminant Level.
D Sample Diluted Due to Matrix
H Holding times for preparation or analysis exceeded
ND Not Detected at the Reporting Limit
PQL Practical Quantitative Limit
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank
E Value above quantitation range
J Analyte detected below quantitation limits
P Sample pH Not In Range
RL Reporting Detection Limit
W Sample container temperature is out of limit as specified

Page 5 of 5

EXHIBIT G

Black River Water Management Company, LLC

One Lincoln Centre • 5400 LBJ Freeway • Suite 1500 • Dallas, Texas 75240

Voice 972.371.5454 • Fax 214.866.4832

ccollier@matadorresources.com

Clark Collier
Geologist

October 17, 2017

New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505
David.Catanach@state.nm.us

**Re: Geology Statement
 Rustler Breaks SWD #4 ("the Well")
 Section 11, Township 24 South, Range 28 East, N.M.P.M.
 Eddy County, New Mexico**

To whom it may concern:

Available geologic and engineering data related to the proposed Well has been thoroughly reviewed, and no evidence for a hydrological connection between the proposed deep Devonian injection zone, located at approximately 14,228', and any underground sources of drinking water has been found.

Sincerely,
Black River Water Management
Company, LLC

Clark Collier



EXHIBIT H



Malaga SWD 4

33.233701, -104.065343

54 miles

Quaternary faults

EXHIBIT H

Google Earth

Affidavit of Publication

State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly
sworn, on oath says:

That he is the Publisher of the
Carlsbad Current-Argus, a
newspaper published daily at the
City of Carlsbad, in said county of
Eddy, state of New Mexico and of
general paid circulation in said
county; that the same is a duly
qualified newspaper under the laws
of the State wherein legal notices
and advertisements may be
published; that the printed notice
attached hereto was published in the
regular and entire edition of said
newspaper and not in supplement
thereof on the date as follows, to wit:

October 12 2017

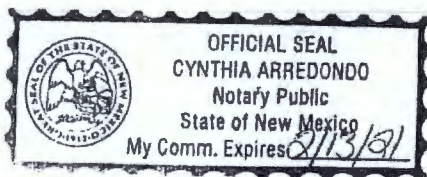
That the cost of publication is \$51.48
and that payment thereof has been
made and will be assessed as court
costs.

Subscribed and sworn to before me
this 18 day of October, 2017

Cynthia Arredondo

My commission Expires 2/13/21

Notary Public



October 12, 2017

Black River Water Management Company, LLC is applying to drill the Malaga SWD 4 as a saltwater disposal well. The well is staked at 1489 FNL & 490 FWL Sec. 11, T. 24 S., R. 28 E., Eddy County and is 3/4 mile northeast of Malaga, NM. Disposal will be in the Devonian from 14,228' to 15,103'. Maximum injection pressure will be 2,845 psi. Maximum disposal rate will be 40,000 bwpd. Interested parties must file objections or requests for hearing with the NM Oil Conservation Division, 1220 South Saint Francis Dr., Santa Fe, NM 87505 within 15 days. Additional information can be obtained by contacting: Brian Wood, Permits West, Inc., 37 Verano Loop, Santa Fe, NM 87508. Phone number is (505) 466-8120.

EXHIBIT I

PERMITS WEST, INC.

PROVIDING PERMITS for LAND USERS

37 Verano Loop, Santa Fe, New Mexico 87504 (505) 466-1130

TYPICAL LETTER

January 11, 2018

Oscar & Gloria Vasquez Revocable Trust
PO Box 98
Malaga, NM 88263

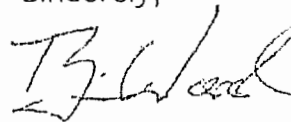
Black River Water Management Company, LLC is applying (see attached application) to drill the Malaga SWD 4 well as a saltwater disposal well. As required by NM Oil Conservation Division (NMOCD) rules, I am notifying you of the following proposed saltwater disposal well. This letter is a notice only. No action is needed unless you have questions or objections.

Well Name: Malaga SWD 4 (fee lease) TD = 15,103'
Proposed Disposal Zone: Devonian (from 14,230' to 15,103')
Location: 1489' FNL & 490' FWL Sec. 11, T. 24 S., R. 28 E., Eddy County, NM
Approximate Location: 3/4 mile northeast of Malaga, NM
Applicant Name: Black River Water Management Company, LLC (972) 371-5420
Applicant's Address: 5400 LBJ Freeway, Suite 1500, Dallas TX 75240

Submittal Information: Application for a saltwater disposal well will be filed with the NMOCD. If you have an objection, or wish to request a hearing, then it must be filed with the NMOCD within 15 days of receipt of this letter. NMOCD address is 1220 South St. Francis Dr. Santa Fe, NM 87505. Phone is (505) 476-3440.

Please call me if you have any questions.

Sincerely,



Brian Wood

7017 1000 0001 0526 2460

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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 and Fees	\$
Sent To	
Street and Apt. No., or PO Box	
City, State, ZIP+4®	

RECEIVED NM
JAN 12 2018
Post Office
Held

OSCAR & GLORIA VASQUEZ
REVOC. TRUST
PO BOX 98
MALAGA NM 88263
Malaga SWD4

EXHIBIT J

7017 1000 0001 0526 0923

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☐ Return Receipt (electronic)
☐ Signature Required
☐ Adult Signature Required
☐ Restricted Delivery

Postage: \$5.52

Total Postage and Fees: \$9.02

Send to: CHESAPEAKE EXPLORATION LLC
PO BOX 18496
OKLAHOMA CITY OK 73154
Malaga SWD4

City/State: OKLAHOMA

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

7017 1000 0001 0526 2415

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☐ Return Receipt (electronic)
☐ Signature Required
☐ Adult Signature Required
☐ Restricted Delivery

Postage: \$5.52

Total Postage and Fees: \$9.02

Send to: DOUGLAS OIL & GAS L.P.
c/o REX ENERGY
366 WALKER DR
STAE COLLEGE PA 16801
Malaga SWD4

City/State: PA

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

7017 1000 0001 0526 2408

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☐ Return Receipt (electronic)
☐ Signature Required
☐ Adult Signature Required
☐ Restricted Delivery

Postage: \$5.52

Total Postage and Fees: \$9.02

Send to: COG OPERATING & PRODUCTION
600 W. ILLINOIS AVE
MIDLAND TX 79701
Malaga SWD4

City/State: TX

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

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☐ Return Receipt (electronic)
☐ Signature Required
☐ Adult Signature Required
☐ Restricted Delivery

Postage: \$5.52

Total Postage and Fees: \$9.02

Send to: DOUGLAS OIL & GAS LIMITED
PARTNERSHIP
600 W. TEXAS, SUITE 940,
FRANKLIN TOWER 1
MIDLAND TX 79701
Malaga SWD4

City/State: TX

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

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Extra Services & Fees (check box):
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Signature Required
☐ Adult Signature Required
☐ Restricted Delivery

Postage: \$3.24

Total Postage and Fees: \$6.74

Send to: COGEAL/COGEN/COGENT/
COGEST/RSC
c/o RANDALL CATE
6824 ISLAND CIR
MIDLAND TX 79702
Malaga SWD4

City/State: TX

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

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Extra Services & Fees (check box):
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Signature Required
☐ Adult Signature Required
☐ Restricted Delivery

Postage: \$3.24

Total Postage and Fees: \$6.74

Send to: FEATHERSTONE DEVELOPMENT
CORPORATION
P.O. BOX 429
ROSWELL NM 88202
Malaga SWD4

City/State: NM

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

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Extra Services & Fees (check box):
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Signature Required
☐ Adult Signature Required
☐ Restricted Delivery

Postage: \$3.24

Total Postage and Fees: \$6.74

Send to: COGEAL/COGEN/COGENT/
COGEST/RSC
c/o JIM BRUCE
369 MONTEZUMA, #213
SANTA FE NM 87501
Malaga SWD4

City/State: NM

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

EXHIBIT J

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Certified Mail Fee: ☐ **POSTAGE**

Extra Services & Fees (check all that apply):
☐ Return Receipt (hard copy)
☐ Return Receipt (electronic)
☐ Restricted Mail (insured over \$500)
☐ Signature Required
☐ Signature Restricted Delivery

Postage: **7552-9998**

Total Postage and Fees: **ESTATE of ROBT. HEINSCH**
c/o BARBARA HEINSCH
4415 87TH ST.
LUBBOCK TX 79424
Malaga SWD4

Street and Zip: **4415 87TH ST. LUBBOCK TX 79424**

City, State, ZIP+4: **Malaga SWD4**

PS Form 3800, April 2015 Version (see instructions) See Reverse for Instructions

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Extra Services & Fees (check all that apply):
☐ Return Receipt (hard copy)
☐ Return Receipt (electronic)
☐ Restricted Mail (insured over \$500)
☐ Signature Required
☐ Signature Restricted Delivery

Postage: **7552-9998**

Total Postage and Fees: **KAISER-FRANCIS OIL COMPANY**
6733 S. YALE AVE.
TULSA OK 74136
Malaga SWD4

Street and Zip: **6733 S. YALE AVE. TULSA OK 74136**

City, State, ZIP+4: **Malaga SWD4**

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☐ Signature Required
☐ Signature Restricted Delivery

Postage: **7552-9998**

Total Postage and Fees: **JAMES H. ISABELL**
2820 MOSS AVE
MIDLAND TX 79705
Malaga SWD4

Street and Zip: **2820 MOSS AVE. MIDLAND TX 79705**

City, State, ZIP+4: **Malaga SWD4**

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☐ Return Receipt (hard copy)
☐ Return Receipt (electronic)
☐ Restricted Mail (insured over \$500)
☐ Signature Required
☐ Signature Restricted Delivery

Postage: **7552-9998**

Total Postage and Fees: **LANI INVESTMENTS LLC**
P.O. BOX 10458
MIDLAND TX 79702
Malaga SWD4

Street and Zip: **P.O. BOX 10458. MIDLAND TX 79702**

City, State, ZIP+4: **Malaga SWD4**

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☐ Restricted Mail (insured over \$500)
☐ Signature Required
☐ Signature Restricted Delivery

Postage: **7552-9998**

Total Postage and Fees: **JAMES H. ISABELL**
10 DESTA DR., SUITE 104 EAST
MIDLAND TX 79705
Malaga SWD4

Street and Zip: **10 DESTA DR., SUITE 104 EAST. MIDLAND TX 79705**

City, State, ZIP+4: **Malaga SWD4**

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Extra Services & Fees (check all that apply):
☐ Return Receipt (hard copy)
☐ Return Receipt (electronic)
☐ Restricted Mail (insured over \$500)
☐ Signature Required
☐ Signature Restricted Delivery

Postage: **7552-9998**

Total Postage and Fees: **MEWBORNE OIL COMPANY**
PO BOX 7698
TYLER TX 75711
Malaga SWD4

Street and Zip: **PO BOX 7698. TYLER TX 75711**

City, State, ZIP+4: **Malaga SWD4**

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Extra Services & Fees (check all that apply):
☐ Return Receipt (hard copy)
☐ Return Receipt (electronic)
☐ Restricted Mail (insured over \$500)
☐ Signature Required
☐ Signature Restricted Delivery

Postage: **7552-9998**

Total Postage and Fees: **KAISER-FRANCIS OIL COMPANY**
PO BOX 2468
TULSA OK 74121
Malaga SWD4

Street and Zip: **PO BOX 2468. TULSA OK 74121**

City, State, ZIP+4: **Malaga SWD4**

PS Form 3800, April 2015 Version (see instructions) See Reverse for Instructions

EXHIBIT J

7017 1000 0001 0526 2453

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Postmark Here

PECOS NM
JAN 12 2018
7552-9998

Total Postage and Fees
\$
Send To
NADEL AND GUSSMAN PERMIAN
3300 TSPICE TOWER,
15TH E. 5TH ST.
TUCSA OK 74103
Malaga SWD4

PS Form 3800, April 2016 PSN 7552-9998-0007 See Reverse for Instructions

7017 1000 0001 0526 1128

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Postmark Here

PECOS NM
JAN 12 2018
7552-9998

Total Postage and Fees
\$
Send To
SOE LLC,
P.O. BOX 30189
PENSACOLA FL 35203
Malaga SWD4

PS Form 3800, April 2016 PSN 7552-9998-0007 See Reverse for Instructions

7017 1000 0001 0526 1074

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Postmark Here

PECOS NM
JAN 12 2018
7552-9998

Total Postage and Fees
\$
Send To
NADEL AND GUSSMAN PERMIAN
PO BOX 1933
ROSWELL NM 88202
Malaga SWD4

PS Form 3800, April 2016 PSN 7552-9998-0007 See Reverse for Instructions

7017 1000 0001 0526 1135

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PECOS NM
JAN 12 2018
7552-9998

Total Postage and Fees
\$
Send To
SOUTHWEST ROYALTIES
1001 NOBLE ENERGY WAY
HOUSTON TX 77070
Malaga SWD4

PS Form 3800, April 2016 PSN 7552-9998-0007 See Reverse for Instructions

7017 1000 0001 0526 1098

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Postmark Here

PECOS NM
JAN 12 2018
7552-9998

Total Postage and Fees
\$
Send To
OGX RESOURCES LLC
PO BOX 2064
MIDLAND TX 79702
Malaga SWD4

PS Form 3800, April 2016 PSN 7552-9998-0007 See Reverse for Instructions

7017 1000 0001 0526 2446

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Postmark Here

PECOS NM
JAN 12 2018
7552-9998

Total Postage and Fees
\$
Send To
LUCILLE PAINE TRUST
c/o SHARON THOMAS
306 ORIOLE ST.
OJAI CA 93203
Malaga SWD4

PS Form 3800, April 2016 PSN 7552-9998-0007 See Reverse for Instructions

7017 1000 0001 0526 1111

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Postmark Here

PECOS NM
JAN 12 2018
7552-9998

Total Postage and Fees
\$
Send To
PEREGRINE PRODUCTION LLC
24 SMITH RD., SUITE 605
MIDLAND TX 79705
Malaga SWD4

PS Form 3800, April 2016 PSN 7552-9998-0007 See Reverse for Instructions

EXHIBIT J

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:

CHESAPEAKE EXPLORATION LLC
PO BOX 18496
OKLAHOMA CITY OK 73154

Malaga SWD 4



9590 9402 2266 6225 8494 20

2 Article Number (Transfer from service label)

7017 1000 0001 0526 0923

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

JAN 16 2018

MAILROOM 9

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Restricted Delivery

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

(over \$500)

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:

COGEAL/COGEN/COGENT/COGEST/RSC c/o RANDALL CATE
6824 ISLAND CIR
MIDLAND TX 79707

Malaga SWD 4



9590 9402 2894 7094 3437 64

2 Article Number (Transfer from service label)

7017 1000 0001 0526 2392

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Restricted Delivery

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

COGEAL/COGEN/COGENT/COGEST/RSC c/o JIM BRUCE
369 MONTEZUMA, #213
SANTA FE NM 87501

Malaga SWD 4



9590 9402 2894 7094 3437 57

2. Article Number (Transfer from service label)

7017 1000 0001 0526 2385

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery (100)

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

Track Another Package +

Tracking Number: 70171000000105260930

Remove X

Your item was delivered to an individual at the address at 1:12 pm on January 16, 2018 in MIDLAND, TX 79701.

 **Delivered**

January 16, 2018 at 1:12 pm
Delivered, Left with Individual
MIDLAND, TX 79701

Get Updates ✓

Text & Email Updates

Tracking History

Product Information

See Less ^

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For delivery information, visit our website at www.usps.com ®.	
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">7017 1000 0001 0526 0930</div> <div>  </div> </div>	
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 and Fees	\$
Sent To: COG OPERATING & PRODUCTION 600 W. ILLINOIS AVE. MIDLAND X 79701 Midland, TX 79701	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	


Can't find what you're looking for?


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

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>DOUGLAS OIL & GAS LP c/o REX ENERGY 366 WALKER DR STAE COLLEGE PA 16801 Malaga SWD 4</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>1/19/18</u></p>	
<p>2. Article Number (Transfer from service label) 7017 1000 0001 0526 2415</p>		<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. 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>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</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>A. Signature X <i>M. Hernandez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>FEATHERSTONE DEVELOPMENT CORPORATION P.O. BOX 429 ROSWELL NM 88202</p> <p>Malaga SWD 4</p>		<p>B. Received by (Printed Name) <u>M. Hernandez</u> C. Date of Delivery <u>1/19/18</u></p>	
<p>2. Article Number (Transfer from service label) 7017 1000 0001 0526 2439</p>		<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. 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>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</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>A. Signature X <i>Barbara Heinsch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>ESTATE of ROBT. HEINSCH c/o BARBARA HEINSCH 4415 87TH ST. LUBBOCK TX 79424 Malaga SWD 4</p>		<p>B. Received by (Printed Name) <u>Barbara Heinsch</u> C. Date of Delivery <u>1/17/2018</u></p>	
<p>2. Article Number (Transfer from service label) 7017 1000 0001 0526 2422</p>		<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. 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>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

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<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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Tiffany Walker</u> C. Date of Delivery <u>11/17/18</u></p> <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>1. Article Addressed to:</p> <p>JAMES H. ISABELL 2820 MOSS AVE MIDLAND TX 79705</p> <p>Malaga SWD 4</p>  <p>9590 9402 2894 7094 3438 18</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>2. Article Number (Transfer from service label)</p> <p>7017 1000 0001 0526 1005</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</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>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>JAMES H. ISABELL 10 DESTA DR., SUITE 104 EAST MIDLAND TX 79705</p> <p>Malaga SWD 4</p>  <p>9590 9402 2894 7094 3438 25</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>2. Article Number (Transfer from service label)</p> <p>7017 1000 0001 0526 1012</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</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>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Brian Williams</u> C. Date of Delivery <u>11/17/18</u></p> <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>1. Article Addressed to:</p> <p>KAISER FRANCIS OIL COMPANY PO BOX 21468 TULSA OK 74121</p> <p>Malaga SWD 4</p>  <p>9590 9402 2894 7094 3438 32</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>2. Article Number (Transfer from service label)</p> <p>7017 1000 0001 0526 1029</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KAISER-FRANCIS OIL COMPANY
6733 S. YALE AVE.
TULSA OK 74136

Malaga SWD 4



9590 9402 2894 7094 3438 49

2. Article Number (Transfer from service label)

7017 1000 0001 0526 1036

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)

[Signature]

C. Date of Delivery

1-16-18

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery

☐ Priority Mail Express®

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

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:

LANI INVESTMENTS LLC
P.O. BOX 10458
MIDLAND TX 79702

Malaga SWD 4



9590 9402 2894 7094 3438 56

2. Article Number (Transfer from service label)

7017 1000 0001 0526 1043

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)

[Signature]

C. Date of Delivery

1/22/18

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery

☐ Priority Mail Express®

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MEWBOURNE OIL COMPANY
PO BOX 7698
TYLER TX 75711

Malaga SWD 4



9590 9402 2894 7094 3438 70

2. Article Number (Transfer from service label)

7017 1000 0001 0526 1067

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)

[Signature]

C. Date of Delivery

1/17/18

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery

☐ Priority Mail Express®

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

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:

NADEL AND GUSSMAN PERMIAN
PO BOX 1933
ROSWELL NM 88202

Malaga SWD 4



9590 9402 2894 7094 3438 87

2. Article Number (Transfer from service label)

7017 1000 0001 0526 1074

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)

SM SAUNDERS

C. Date of Delivery

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



3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

- ☐ 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 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:

NADEL AND GUSSMAN PERMIAN
3300 1st PLACE TOWER, 15TH E. 5TH ST.
TULSA OK 74103

Malaga SWD 4



9590 9402 2894 7094 3438 94

2. Article Number (Transfer from service label)

7017 1000 0001 0526 2453

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)

PLSKIDMORE

C. Date of Delivery

1-16-18

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 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:

OGX RESOURCES LLC
PO BOX 2064
MIDLAND TX 79702

Malaga SWD 4



9590 9402 2894 7094 3439 00

2. Article Number (Transfer from service label)

7017 1000 0001 0526 1098

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Eric Anderson

C. Date of Delivery

1-19-18


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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>SOUTHWEST ROYALTIES 1001 NOBLE ENERGY WAY HOUSTON TX 77070</p> <p>Malaga SWD 4</p> <p></p> <p>9590 9402 2894 7094 3439 55</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>2. Article Number (Transfer from service label)</p> <p>7017 1000 0001 0526 1135</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

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<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>[Signature]</i> 1/19/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>LUCILLE PAINE TRUST c/o SHARON THOMAS 306 ORIOLE ST. OJAI CA 93203</p> <p>Malaga SWD 4</p> <p></p> <p>9590 9402 2894 7094 3438 63</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>2. Article Number (Transfer from service label)</p> <p>7017 1000 0001 0526 2446</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>[Signature]</i> 1/16/18</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>OSCAR & GLORIA VASQUEZ REVOC. TRUST PO BOX 98 MALAGA NM 88263</p> <p>Malaga SWD 4</p> <p></p> <p>9590 9402 2894 7094 3439 17</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>2. Article Number (Transfer from service label)</p> <p>7017 1000 0001 0526 2460</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

CASE 16130:

Application of Black River Water Management Company, LLC for a Salt Water Disposal Well and Authorization to Inject Through Its Proposed Malaga SWD No. 4 Well, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order authorizing injection of produced water for disposal purposes through its proposed **Malaga SWD No. 4 well** (API No. 30-015-44514), with a surface location 1,489 feet from the North line and 490 feet from the West line (Unit E) of Section 11, Township 24 South, Range 28 East, NMPM, Eddy County, New Mexico. The maximum proposed daily injection rate will be approximately 40,000 barrels per day with an average daily injection rate of approximately 30,000 barrels per day. The proposed injection will occur within the Devonian formation at a depth of approximately 14,230 feet to 15,103 feet deep. The maximum injection pressure will be 2,846 psi. Said well is located approximately 1 mile northeast of Malaga, New Mexico.