

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

**APPLICATION OF VISTA DISPOSAL SOLUTIONS LLC,
FOR A SALT WATER DISPOSAL WELL,
IN LEA COUNTY, NEW MEXICO.**

Case No. 20804

AFFIDAVIT

**STATE OF NEW MEXICO }
 }ss
COUNTY OF SANTA FE }**

AFFIANT, ERNEST L. PADILLA, first being duly sworn on oath states:

Ernest L. Padilla, attorney for Vista Disposal Solutions, LLC, the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.


ERNEST L. PADILLA

SWORN TO AND SUBCRIBED to before me this 7th day of October,
2019, by Ernest L. Padilla.


Notary Public

My Commission Expires:

4-9-2021



OCD Case 20804
October 3, 2019
Vista Disposal Solutions
Exhibit 6

Karen Federal SWD #1 - Notice of Application Recipients				
Entity	Address	City	State	Zip Code
Landowner & Mineral Owner				
New Mexico BLM	620 E Greene St	Carlsbad	NM	88220
OCD District				
NMOCD District 1	1625 N. French Drive	Hobbs	NM	88240
Leasehold Operators				
Black Mountain Operating, LLC (BLACK MOUNTAIN)	500 Main Street, Suite 1200	Fort Worth	TX	76102
Chevron USA Inc. (CHEVRON USA INC)	6301 Deauville	Midland	TX	79706
COG Operating, LLC (COG OPERATING LLC)	600 W. Illinois Ave.	Midland	TX	79701
Commision of Public Lands - State Land Office	310 Old Santa Fe Trail	Santa Fe	NM	87501
Conoco Phillips Company (CONOCO PHILLIPS CO.)	3401 E. 30th St.	Farmington	NM	87402
Devon Energy Production Company, LP (DEVON ENERGY PROD CO LP) (DEVON ENERGY)	6488 Seven Rivers Hwy.	Artesia	NM	88210
EOG A Resources, Inc. (EOG A RESOURCES INC)	P.O. Box 900	Artesia	NM	88211
EOG M Resources, Inc. (EOG M RESOURCES INC)	P.O. Box 840	Artesia	NM	88211
EOG Resources, Inc. (EOG RESOURCES INC)	4000 N. Big Spring St, Suite 500	Midland	TX	79705
EOG Y Resources, Inc. (EOG Y RESOURCES INC)	104 S. Fourth Street	Artesia	NM	88210
Featherstone Development Corp (FEATHERSTONE)	P.O. Box 429	Roswell	NM	88202
Jetstream Wind, Inc. (JETSTREAM)	19 Plaza La Prensa	Santa Fe	NM	87507
OXY-1 Company	P.O. Box 27570	Houston	TX	77227
Notes: The table above shows the Entities who were identified as parties of interest requiring notification on either the 1-mile well detail list (Attachment 2) or on the 2-mile Mineral Lease Map (Attachment 2). The names listed above in parenthesis, are the abbreviated entity names used on either the 1-mile well detail list (Attachment 2) or on the 2-mile Mineral Lease Map (Attachment 2).				

7018 1130 0000 6249 8598

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☐ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and	
\$	
Sent To	
Street and Apt. No.,	
City, State, ZIP+4®	
PS Form 3800, Apr.	

Postmark
Here

New Mexico BLM
 620 E. Greene Street
 Carlsbad, NM 88220

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:

New Mexico BLM
 620 E. Greene Street
 Carlsbad, NM 88220



9590 9402 4038 8079 4179 64

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8598

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>CA Williams</i>		☐ Agent ☐ Addressee
B. Received by (Printed Name) <i>CA Williams</i>	C. Date of Delivery <i>9-12-17</i>	
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		

3. Service Type	☐ Priority Mail Express®
☐ Adult Signature	☐ Registered Mail™
☐ Adult Signature Restricted Delivery	☐ Registered Mail Restricted Delivery
☒ Certified Mail®	☒ Return Receipt for Merchandise
☐ Certified Mail Restricted Delivery	☐ Signature Confirmation™
☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery	
☐ Insured Mail	
☐ Insured Mail Restricted Delivery (over \$500)	

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

Domestic Return Receipt

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670

☐ Adult Signature Restricted Delivery \$

100

4

City, State, ZIP+4®

PS Form 3800, A

NMOCD District 1
1625 N. French Drive
Hobbs, NM 88240

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

Domestic Return Receipt ;

7018 1130 0000 6249 8642

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Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and \$

Sent To

Street and Apt. No.

City, State, ZIP+4®

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

Postmark Here

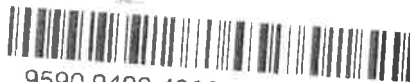
Black Mountain Operating, LLC
 500 Main Street, Suite 1200
 Fort Worth, TX 76102

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.

Article Addressed to:

Black Mountain Operating, LLC
 500 Main Street, Suite 1200
 Fort Worth, TX 76102



9590 9402 4038 8079 4179 02

2. Article Number (Transfer from service label)
 7018 1130 0000 6249 8642

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Meg Weger* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Meg Weger C. Date of Delivery *9-12-14*

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

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☒ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☒ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery (over \$500)

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	
\$	
Total Postage and	
\$	

Sent To **Chevron USA Inc.**
 Street and Apt. No. **6301 Deauville**
 City, State, ZIP+4® **Midland, TX 79706**

PS Form 3800, A

7018 1130 0000 6249 8611

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:

Chevron USA Inc.
 6301 Deauville
 Midland, TX 79706



9590 9402 4038 8079 4179 57

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8611

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Brown* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Maria Brown

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

3. Service Type

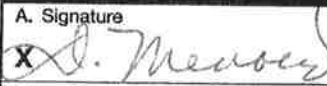
- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☒ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail (over \$500) | |

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

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U.S. Postal Service TM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com .	
Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage \$	
Sent To	Devon Energy Pro. Co., LP
Street and Apt. #	6488 Seven Rivers Highway
City, State, ZIP+4	Artesia, NM 88210
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
- 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.	A. Signature  ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>9-18-19</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No																
1. Article Addressed to: Devon Energy Pro. Co., LP 6488 Seven Rivers Highway Artesia, NM 88210  9590 9402 4038 8079 4179 33	3. Service Type <table border="0"> <tr> <td>☐ Adult Signature</td> <td>☐ Priority Mail Express[®]</td> </tr> <tr> <td>☐ Adult Signature Restricted Delivery</td> <td>☐ Registered MailTM</td> </tr> <tr> <td>☒ Certified Mail[®]</td> <td>☐ Registered Mail Restricted Delivery</td> </tr> <tr> <td>☐ Certified Mail Restricted Delivery</td> <td>☒ Return Receipt for Merchandise</td> </tr> <tr> <td>☐ Collect on Delivery</td> <td>☐ Signature ConfirmationTM</td> </tr> <tr> <td>☐ Collect on Delivery Restricted Delivery</td> <td>☐ Signature Confirmation Restricted Delivery</td> </tr> <tr> <td>☐ Insured Mail</td> <td></td> </tr> <tr> <td>☐ Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	☐ Adult Signature	☐ Priority Mail Express [®]	☐ Adult Signature Restricted Delivery	☐ Registered Mail TM	☒ Certified Mail [®]	☐ Registered Mail Restricted Delivery	☐ Certified Mail Restricted Delivery	☒ Return Receipt for Merchandise	☐ Collect on Delivery	☐ Signature Confirmation TM	☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery	☐ Insured Mail		☐ Insured Mail Restricted Delivery (over \$500)	
☐ Adult Signature	☐ Priority Mail Express [®]																
☐ Adult Signature Restricted Delivery	☐ Registered Mail TM																
☒ Certified Mail [®]	☐ Registered Mail Restricted Delivery																
☐ Certified Mail Restricted Delivery	☒ Return Receipt for Merchandise																
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☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery																
☐ Insured Mail																	
☐ Insured Mail Restricted Delivery (over \$500)																	
2. Article Number (Transfer from service label) 7018 1130 0000 6249 8628																	

PS Form 3811, July 2015 PSN 7530-02-000-9059

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Extra Services & Fees (check box, add fee as appropriate)

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

Postmark
Here

Postage

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Total Postage and

\$

Sent To

Street and Apt. No.

City, State, ZIP+4®

EOG Resources, Inc.
104 S. 4th Street
Artesia, NM 88210

PS Form 3800, 4/09

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:

EOG Resources, Inc.
104 S. 4th Street
Artesia, NM 88210



9590 9402 4038 8079 4179 26

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8635

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

B. Received by (Printed Name)

NANCY H. FRANCO

C. Date of Delivery

SEP 12 2019

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation®
- ☐ Signature Confirmation Restricted Delivery

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Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total Postage and

\$

Sent To

Street and Apt. No.

City, State, ZIP+4

Commission of Public Lands
 NM State Land Office
 310 Old Santa Fe Trail
 Santa Fe, NM 87501

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Commission of Public Lands
 NM State Land Office
 310 Old Santa Fe Trail
 Santa Fe, NM 87501



9590 9402 4038 8079 4178 96

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8666

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

☐ Insured Mail

☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and	
\$	

Postmark
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Sent To
Street and Apt. No.
City, State, ZIP+4®
Featherstone Dev. Corp.
PO Box 429
Roswell, NM 88202

PS Form 3800, April 2015

SENDER: COMPLETE THIS SECTION

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- 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:

Featherstone Dev. Corp.
PO Box 429
Roswell, NM 88202



9590 9402 4038 8079 4178 41

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8710

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Rosemary Smith* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *Rosemary Smith* C. Date of Delivery

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



3. Service Type

- | | |
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| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☒ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

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

Postage
\$
Total Postage ar
\$
Sent To
Street and Apt. N
City, State, ZIP+

Postmark
Here

Jetstream Wind, Inc.
19 Plaza La Prensa
Santa Fe, NM 87507

PS Form 3800, April 29, 2015 PSN 7530-02-000-9053

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:

Jetstream Wind, Inc.
19 Plaza La Prensa
Santa Fe, NM 87507



2. Article Number (transfer from service label)

7018 1130 0000 6249 8727

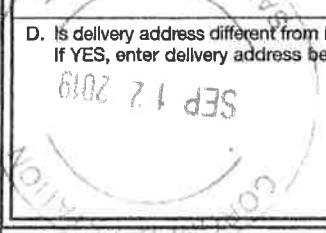
COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express [®] |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail TM |
| ☒ Certified Mail [®] | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☒ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation TM |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Registered Mail | |
| ☐ Registered Mail Restricted Delivery if \$500+ | |

7018 1130 0000 6249 8734

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☐ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and	
\$	
Sent To	
Street and Apt. No.	
City, State, ZIP+4	
PS Form 3800, 7	

Postmark Here

OXY 1 Company
PO Box 27570
Houston, TX 77227

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
■ 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.	A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/13/14 D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: James E Beard JAMES BEARD																
1. Article Addressed to: OXY 1 Company PO Box 27570 Houston, TX 77227 9590 9402 4038 8079 4178 27	3. Service Type <table border="0"><tr><td>☐ Adult Signature</td><td>☐ Priority Mail Express®</td></tr><tr><td>☐ Adult Signature Restricted Delivery</td><td>☐ Registered Mail™</td></tr><tr><td>☒ Certified Mail®</td><td>☐ Registered Mail Restricted Delivery</td></tr><tr><td>☐ Certified Mail Restricted Delivery</td><td>☒ Return Receipt for Merchandise</td></tr><tr><td>☐ Collect on Delivery</td><td>☐ Signature Confirmation™</td></tr><tr><td>☐ Collect on Delivery Restricted Delivery</td><td>☐ Signature Confirmation Restricted Delivery</td></tr><tr><td>☐ Insured Mail</td><td></td></tr><tr><td>☐ Insured Mail Restricted Delivery (over \$500)</td><td></td></tr></table>	☐ Adult Signature	☐ Priority Mail Express®	☐ Adult Signature Restricted Delivery	☐ Registered Mail™	☒ Certified Mail®	☐ Registered Mail Restricted Delivery	☐ Certified Mail Restricted Delivery	☒ Return Receipt for Merchandise	☐ Collect on Delivery	☐ Signature Confirmation™	☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery	☐ Insured Mail		☐ Insured Mail Restricted Delivery (over \$500)	
☐ Adult Signature	☐ Priority Mail Express®																
☐ Adult Signature Restricted Delivery	☐ Registered Mail™																
☒ Certified Mail®	☐ Registered Mail Restricted Delivery																
☐ Certified Mail Restricted Delivery	☒ Return Receipt for Merchandise																
☐ Collect on Delivery	☐ Signature Confirmation™																
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery																
☐ Insured Mail																	
☐ Insured Mail Restricted Delivery (over \$500)																	
2. Article Number (Transfer from service label) 7018 1130 0000 6249 8734 PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

Total Postage at

Sent To

Street and Apt. #

City, State, ZIP+

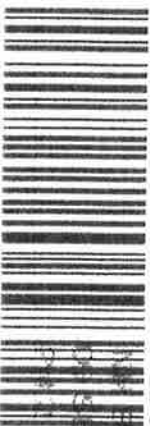
PS Form 3800

Conoco Phillips Company
3401 E. 30th Street
Farmington, NM 87402

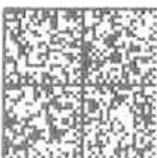
7018 1130 0000 6249 8673

CERTIFIED MAIL®

ADDENDUM



7018 1130 0000 6249 8673



UNITED STATES POSTAGE
\$006.80
0001879276 SEP 09 2018
MAILED FROM ZIP CODE 87402

PADILLA LAW FIRM, P.A.
ERNEST L. PADILLA
P.O. BOX 2523
SANTA FE, NEW MEXICO 87504

Pad

Conoco Phillips Company
3401 E. 30th Street
Farmington, NM 8740

67402-8605
67402-8605

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

\$

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

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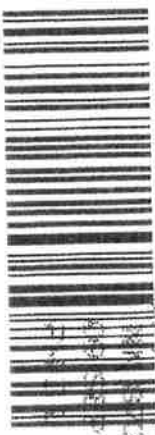
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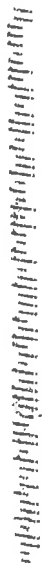
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