

SURFACE AND MINERAL OWNERS WITHIN ½ MILE

SURFACE OWNERS

Frontier Field Services, LLC
1900 Dalrock Road
Rowlett, TX 75088

Mid-American Pipeline Company, LLC
P.O. Box 4018
Houston, TX 77210

United States of America
Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

MINERAL OWNERS

United States of America
Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

OPERATORS WITHIN ½ MILE

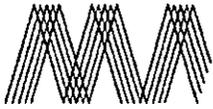
Cimarex Energy Company
600 North Marienfield Street #600
Midland, TX 79701

ConocoPhillips Co.
P.O. Box 2197
Houston TX 77252-2197

COG Operating, LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

Frontier Field Services, LLC
1900 Dalrock Rd.
Rowlett, TX 75088

Mack Energy Corporation
P.O. Box 960
11352 Lovington Hwy
Artesia, NM 88210



MONTGOMERY
& ANDREWS
LAW FIRM

J. SCOTT HALL

Phone: (505) 982-3873

Email: shall@montand.com

Reply To: Santa Fe Office

www.montand.com

August 12, 2015

To: Interest Owner(s) on attached page

**CERTIFIED MAIL/
RETURN RECEIPT REQUESTED**

Re: NMOCC Case No. 15358 (Re-Opened)
Application of Frontier Field Services, LLC
For Authorization to Inject
Lea County, New Mexico

Dear Interest Owner:

Please be advised that Frontier Field Services, LLC has applied to the New Mexico Oil Conservation Commission for an amendment to Order Nos. R-13443-A and R-13443-B to provide for an increase of the maximum rate of injection of treated acid gas and plant wastewater into the Wolfcamp formation through two previously approved AGI wells located near Applicant's Maljamar Processing Plant:

Maljamar AGI Well No. 1

API No. 30-025-40420
130' FSL and 1,830' FEL
Section 21
T-17-S, R-32-E, NMPM

Maljamar AGI Well No. 2

API No. 30-025-42628
400' FSL and 2,100' FEL (Surface)
350' FSL and 650' FWL (Bottom Hole)
Section 21
T-17-S, R-32-E, NMPM

Applicant proposes to increase the rate of injection through the wells to 3.5 MMSCFD. Applicant also requests the Commission to authorize the Oil Conservation Division to review and approve further modifications to Applicant's injection authorization either administratively or by hearing for such matters as are presently provided for injection operations under 19.15.16.1 NMAC, *et seq.* and by the Division's current procedures. The wells and lands are located approximately ½ mile south of Maljamar, New Mexico.

325 Paseo de Peralta
Santa Fe, New Mexico 87501

T: 505.982.3873

F: 505.982.4289

P.O. Box 2307
Santa Fe, New Mexico 87504-2307

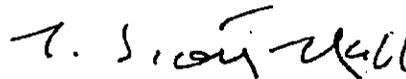
Interest Owners
August 12, 2015
Page 2

A copy of the Application is enclosed. The Application will be set for hearing before the Commission September 10, 2015, at 9:00 a.m. at the offices of the New Mexico Oil Conservation Division, Porter Hall, Wendell Chino Building, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this application at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Commission, counsel for the Applicant and other parties with a pre-hearing statement at least four business days before the scheduled hearing date but in no event later than 5:00 p.m. mountain time on the Thursday preceding the hearing date in accordance with Division Rule 19.15.4.13.

Should you consent to the application and the proposed order authorizing the injection of the disposal fluids at the increased rate, you are requested to indicate your waiver of objection by signing where indicated below and then returning this letter to me at your earliest convenience.

Very truly yours,

MONTGOMERY & ANDREWS, P.A.



J. Scott Hall
Attorneys for Frontier Field Services, LLC

JSH;js
Enclosure
cc: w/o Frontier Field Services, LLC
Geolex, Inc.

CONSENT:

By: _____

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.67

SANTA FE NM
 Postmark Here
 AUG 12 2015
 USPS 87504

Sent To
 Bureau of Land Management
 Street, Apt. No., or PO Box No. 620 E. Greene St
 City, State, ZIP+4 Midland NM 88220
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.67

SANTA FE NM
 Postmark Here
 AUG 12 2015
 USPS 87504

Sent To
 Comarex Energy Co.
 Street, Apt. No., or PO Box No. 600 North Meridian St #600
 City, State, ZIP+4 Midland TX 79701
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.67

SANTA FE NM
 Postmark Here
 AUG 12 2015
 USPS 87504

Sent To
 Mack Energy Corporation
 Street, Apt. No., or PO Box No. PO Box 9609
 City, State, ZIP+4 ALTOZIA NM 88210
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.67

SANTA FE NM
 Postmark Here
 AUG 12 2015
 USPS 87504

Sent To
 COG Operating LLC
 Street, Apt. No., or PO Box No. One Corcho Ct 600 Williams Ave
 City, State, ZIP+4 Midland TX 79701
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.67

SANTA FE NM
 Postmark Here
 AUG 12 2015
 USPS 87504

Sent To
 MGA - American Pipeline
 Street, Apt. No., or PO Box No. PO Box 4018
 City, State, ZIP+4 Houston TX 77210
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.67

SANTA FE NM
 Postmark Here
 AUG 12 2015
 USPS 87504

Sent To
 Frontier Field Services
 Street, Apt. No., or PO Box No. 1900 Dalrock Rd
 City, State, ZIP+4 Rowlett TX 75088
 PS Form 3800, August 2006 See Reverse for Instructions

7642 2575 0000 5152 6791
 7014 0150 0000 5152 6791

2946 3052 0000 6872 9462
 7012 3050 0000 6872 9462

7014 0150 0000 5152 6784
 7014 0150 0000 5152 6784

7012 3050 0000 6872 9467
 7014 0150 0000 5152 6807

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

7012 3050 0000 6872 9479
2101

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.67



Sent To
Ondeo Phillips Co.
Street, Apt. No.,
or PO Box No. P.O. Box 2197
City, State, ZIP+4
Houston TX 77052-2197

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mack Energy Corporation
P.O. Box 960
11352 Lovington Hwy
Artesia, NM 88210

2. Article Number
(Transfer from service label) ||||| 7012 3050 0000 6872 9493 |||||

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kathy Beauregard* Agent Address

B. Received by (Printed Name) **KATHY BEAUREGARD** C. Date of Delivery **8-17-11**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COG Operating, LLC
One Concho Center
600 W. Illinois Ave.
Midland, TX 79701

2. Article Number
(Transfer from service label) ||||| 7012 3050 0000 6872 9486 |||||

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Sam Johnson* Agent Address

B. Received by (Printed Name) **SAM JOHNSON** C. Date of Delivery **8-17-11**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ConocoPhillips Co.
P.O. Box 2197
Houston TX 77252-2197

2. Article Number
(Transfer from service label) ||||| 7012 3050 0000 6872 9479 |||||

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Address

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **AUG 17 2011**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>Donnie Fusco</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) DONNIE FUSCO	C. Date of Delivery 8/7/15
1. Article Addressed to: <p style="text-align: center;">Cimarex Energy Company 600 North Marienfield Street #600 Midland, TX 79701</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7012 3050 0000 6872 9462		
PS Form 3811, July 2013 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>Donnie Fusco</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) DONNIE FUSCO	C. Date of Delivery 8/17/15
1. Article Addressed to: <p style="text-align: center;">United States of America Bureau of Land Management 620 E. Greene St. Carlsbad, NM 88220</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7014 0150 0000 5152 6791		
PS Form 3811, July 2013 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>Ron Lewis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) RON LEWIS	C. Date of Delivery 8/18/15
1. Article Addressed to: <p style="text-align: center;">Mid-American Pipeline Company, LLC P.O. Box 4018 Houston, TX 77210</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7014 0150 0000 5152 6784		
PS Form 3811, July 2013 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Frontier Field Services, LLC
1900 Dalrock Rd.
Rowlett, TX 75088

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Address

B. Received by (Printed Name) C. Date of Delivery
8/17

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

K.F. Andrews & Company
1900 Dalrock Road
Rowlett, TX 75088

3. Service Type

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Article Number
(Transfer from service label) : : : : : **7014 0150 0000 5152 6807**