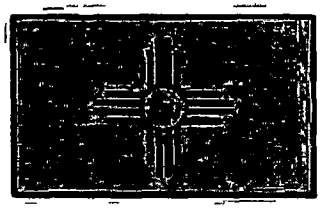
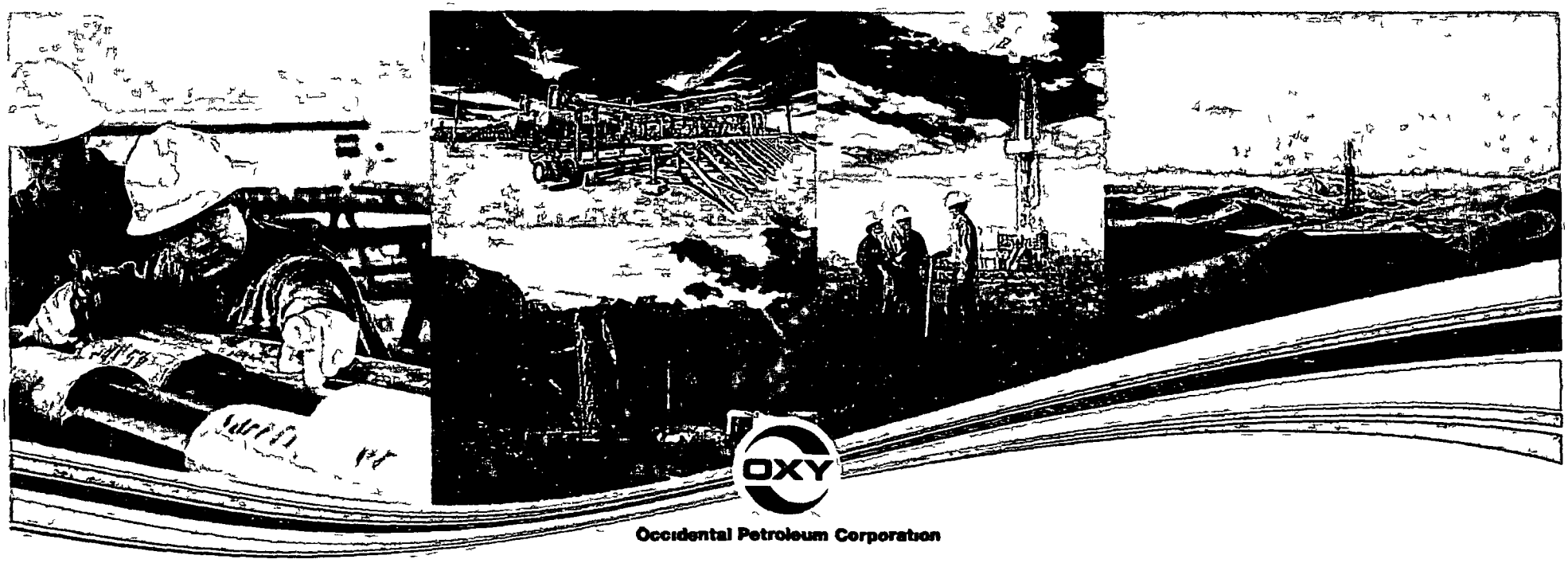
CEDAR CANYON GAS INJECTION PILOT

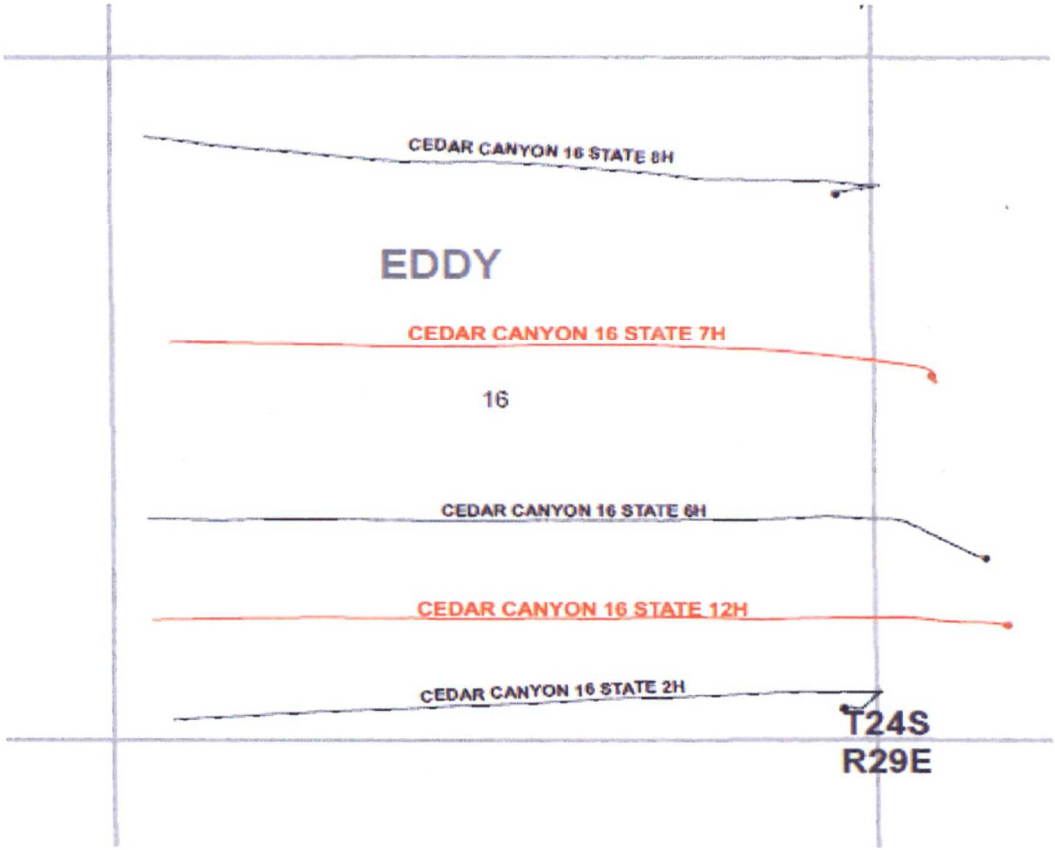


02 02 2017
NMOCD Presentation
Occidental Petroleum

Case Number 15616



C-108 Overview – Cedar Canyon Gas Injection Pilot



BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 1 – Case No. 15616
Submitted by: OXY
Hearing Date: February 2, 2017

RECEIVED
SEP 03 2013
NMOCD ARTESIA

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, New Mexico 87505

Form C-102
Revised August 1 2011
Submit one copy to appropriate District Office

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-015-41251	96473	Pierce Crossing; Bone Spring, East

Property Code	Property Name	Well Number
39668	CEDAR CANYON 16 STATE	7H

OGRID No	Operator Name	Elevation
16696	OXY U S A INC	2926

Surface Location

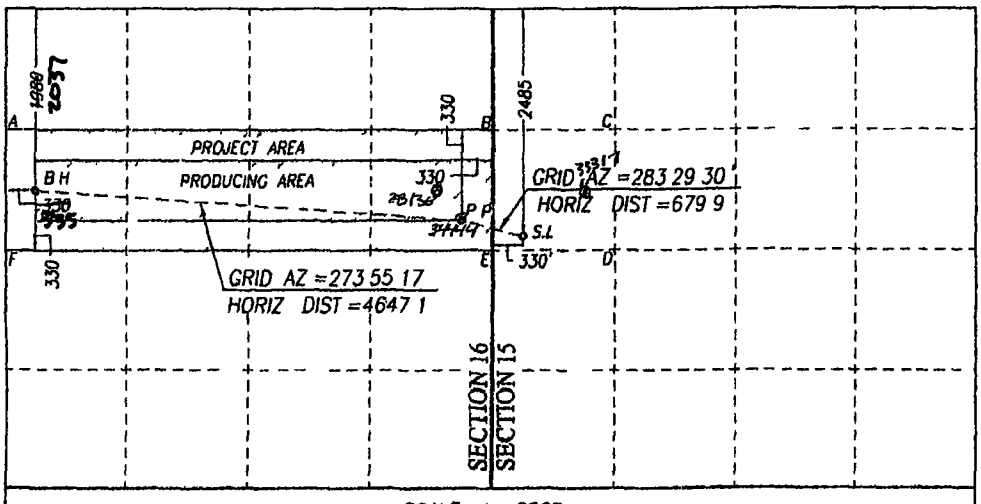
Ul or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	15	24 S	29-E		2485	NORTH	330	WEST	EDDY

Bottom Hole Location If Different From Surface

Ul or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	16	24 S	29-E		~~1980~~ 2037	NORTH	~~330~~ 335	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No
160	N		Top Prod Int 388 FEL 2302 FNL H - Sec 15

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



SCALE 1 =2000

CORNER COORDINATES TABLE

A - Y=444309 4 N X=603845 0 E
B - Y=444340 2 N X=609137 2 E
C - Y=444338 8 N X=610463 2 E
D - Y=443011 9 N X=610470 4 E
E - Y=443013 2 N X=609146 1 E
F - Y=442982 3 N X=603852 8 E

GEODETIC COORDINATES
NAD 27 NME

SURFACE LOCATION
Y=443182 6 N
X=609474 9 E
LAT =32 217930 N
LONG =103 979344 W

PENETRATION POINT
Y=443341 1 N
X=608813 9 E
LAT =32 218372 N
LONG =103 981479 W

BOTTOM HOLE LOCATION
Y=443658 9 N
X=604178 8 E
LAT =32 219286 N
LONG =103 996464 W

OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division

Signature 4/5/13 Date

David Stewart Regulatory
Printed Name

david_stewart@oxy.com
E-mail Address

SURVEYOR CERTIFICATION

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

APRIL 1 2013
Date of Survey
Signature & Seal of Professional Surveyor

GARY G EIDSON
NEW MEXICO
12641
REGISTERED PROFESSIONAL SURVEYOR

4/2/13

Certificate Number Gary G Eidson 12641
Ronald J Eidson 3239

BKI WSC W O 13 11 0735

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 2 – Case No 15616
Submitted by **OXY**

NM OIL CONSERVATION
ARTESIA DISTRICT
MAR 05 2015
RECEIVED

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
As Drilled

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-015-42683	96238	Corral Draw Bone Spring

Property Code	Property Name	Well Number
39668	CEDAR CANYON 16" STATE	12H

OGRID No	Operator Name	Elevation
16696	OXY USA INC	2926.4

Surface Location

UL or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	15	24 SOUTH	29 EAST N M P M		900	SOUTH	860	WEST	EDDY

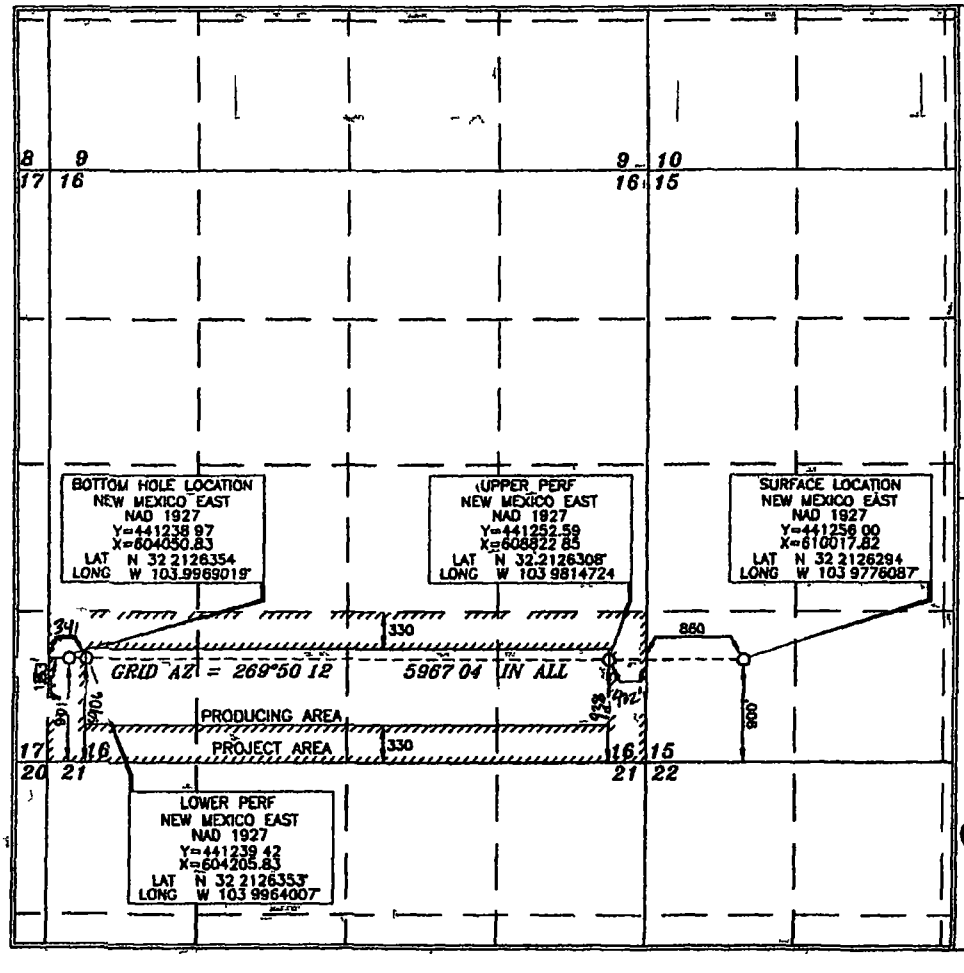
Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	16	24 SOUTH	29 EAST N M P M		~~810'~~ 901'	SOUTH	~~180'~~ 133'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	~~Order No.~~
160	Y		

TD = 901' FSL 133' FWL
BP = 906' FSL 341' FWL
TP = 938' FSL 402' FEL

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.



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 unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature — Date: 3/2/15

Printed Name: Jana Mendiola

E-mail Address: janalyn_mendiola@oxy.com

SURVEYOR CERTIFICATION

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

JERRY L. ASH
NEW MEXICO
15079
REGISTERED PROFESSIONAL LAND SURVEYOR

Date of Survey: JUNE 19, 2014

Signature and Seal of Professional Surveyor

Certificate Number 15079 — 6/30/2014

WO# 140619WL-a (KA)

NM OIL CONSERVATION
ARTESIA DISTRICT
NOV 12 2014
RECEIVED

NM OIL CONSERVATION
ARTESIA DISTRICT
RECEIVED

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 New Mexico 87505

Form C 102
Revised August 1 2011
Submit one copy to appropriate District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-015-41596	96473	PIERCE CROSSING BONE SPRING E

Property Code	Property Name	Well Number
39668	CEDAR CANYON 16 STATE	8H

OGRID No	Operator Name	Elevation
16696	OXY U S A INC	2927

Surface Location

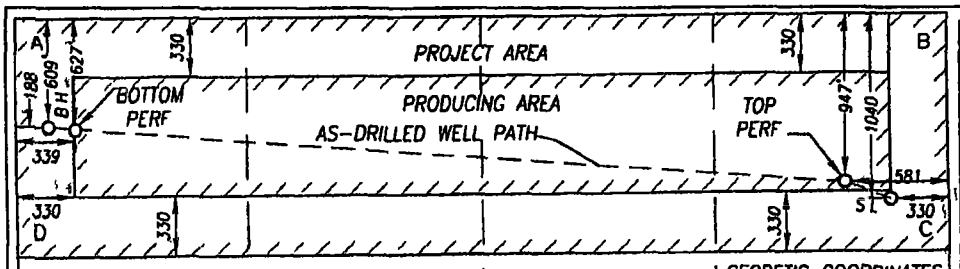
UL or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	16	24-S	29 E		1040	NORTH	330	EAST	EDDY

As-Drilled Bottom Hole Location If Different From Surface

UL or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	16	24 S	29 E		609	NORTH	188	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	~~Order No~~
160	N		TP- 947 FNL 581 FEL (A) BP- 607 FNL 339 FWL (D)

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



AS-DRILLED BOTTOM HOLE LOCATION
NAD 27 NME
Y=445028 7 N
X=604028 4 E
LAT = 32 223053° N
LONG = 103 996936° W

BOTTOM PERFORATION POINT
NAD 27 NME
Y=445012 0 N
X=604180 2 E
LAT = 32 223006° N
LONG = 103 996445 W

TOP PERFORATION POINT
NAD 27 NME
Y=444716 7 N
X=608553 3 E
LAT = 32 222156° N
LONG = 103 982307° W

GEODETIC COORDINATES
NAD 27 NME
SURFACE LOCATION
Y=444625 6 N
X=608805 2 E
LAT = 32 221903° N
LONG = 103 981494 W

CORNER COORDINATES TABLE

A - Y=445636 4 N X=603837 2 E
B - Y=445667 3 N X=609128 3 E
C - Y=444340 2 N X=609137 2 E
D - Y=444309 4 N X=603845 0 E

NOTE AS-DRILLED BOTTOM HOLE DATA PLOTTED FROM OXY PERMIAN SCIENTIFIC DRILLING INT L SURVEY REPORT JULY 14, 2014

OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division

Signature 11/2/14 Date

Printed Name Jaralyn Mendiola

E-mail Address jaralyn_mendiola@oxy.com

SURVEYOR CERTIFICATION

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

APRIL 1 2013

Date of Survey

Signature & Seal of Professional Surveyor

RONALD EIDSON NEW MEXICO 3239 REGISTERED PROFESSIONAL SURVEYOR

11/07/2014

Certificate Number Gary G Eidson 12641
Ronald J Eidson 3239

LSL REL W O 13 11 0999 JWSC W O 14 13 1224

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 3 – Case No 15616
Submitted by **OXY**
Hearing Date February 2 2017

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, New Mexico 87505

NM OIL CONSERVATION
ARTESIA DISTRICT
SEP 26 2014
RECEIVED

Form C 102
Revised August 1 2011
Submit one copy to appropriate District Office

☒ AMENDED REPORT
As Drilled

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-015-41595	96473	Pierce Crossing Bone Spring, East

Property Code	Property Name	Well Number
39668	CEDAR CANYON 16 STATE	6H

OGRID No	Operator Name	Elevation
16696	OXY U S A INC	2927'

Surface Location

UL or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	15	24-S	29 E		1430	SOUTH	710	WEST	EDDY

Bottom Hole Location If Different From Surface

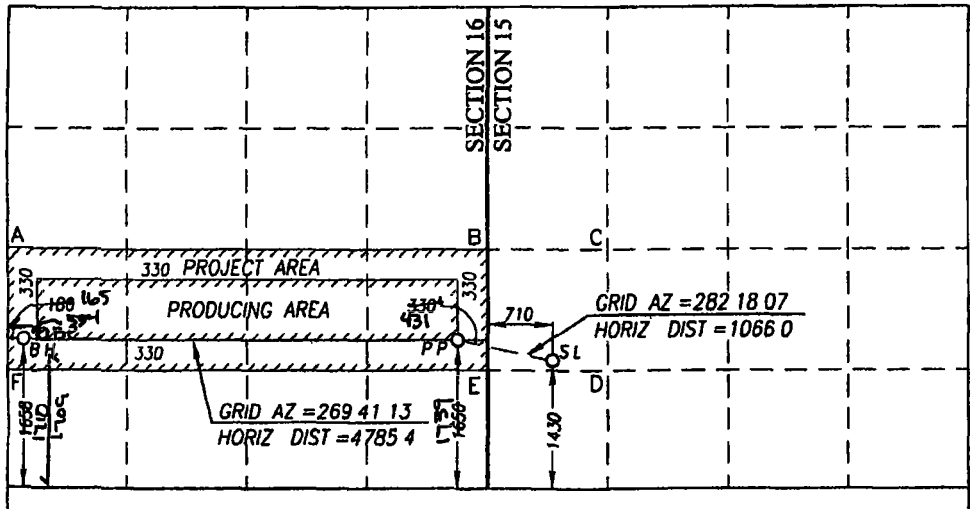
UL or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	16	24 S	29 E		~~1658~~ 1710	SOUTH	~~180~~ 165	WEST	EDDY

(Top Perf) ~~Penetration Point~~ Location Bottom Perf - 1709 FSL 334 FWL (L)

UL or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	16	24 S	29 E		~~1650~~ 1739	SOUTH	~~330~~ 431	EAST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No
160	N		

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



GEODETIC COORDINATES
NAD 27 NME

SURFACE LOCATION
Y=441785 8 N
X=609864 2 E
LAT =32 214087° N
LONG =103 978100° W

BOTTOM HOLE LOCATION
Y=441986 6 N
X=604038 6 E
LAT =32 214691 N
LONG =103 996934 W

PENETRATION POINT
Y=442012 8 N
X=608822 9 E
LAT =32 214721 N
LONG =103 981464 W

CORNER COORDINATES TABLE

A - Y=442982 3 N X=603852 8 E
B - Y=443013 2 N X=609146 1 E
C - Y=443011 8 N X=610470 3 E
D - Y=441683 8 N X=610477 5 E
E - Y=441684 7 N X=609155 0 E
F - Y=441655 2 N X=603860 6 E

OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature 9/23/14 Date

Dan L Stewart Sr Reg Adv
Printed Name

dan_l_stewart@oxy.com
E mail Address

SURVEYOR CERTIFICATION

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

MARCH 28 2013
Date of Survey

Signature & Seal of Professional Surveyor

GARY G EIDSON NEW MEXICO 12641 REGISTERED PROFESSIONAL SURVEYOR

9/6/14

Certificate Number Gary G Eidson 12641
Ronald J Eidson 3239

ACK REL WO JWSC W O 14 13 0208

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 R Brazos Road, Aztec NM 87410
Phone (505) 334-6178 Fax (505) 334-6170
DISTRICT IV
1220 S St Francis D 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 New Mexico 87505

Form C 102
Revised August 1 2011
Submit one copy to appropriate District Office

☑ AMENDED REPORT
As Drilled

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30 015 41024	96238	Corral Draw Bone Spring

Property Code	Property Name	Well Number
39668	CEDAR CANYON 16 STATE	2H

OGRID No	Operator Name	Elevation
16696	OXY U S A INC	2928

Surface Location

UL or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	16	24 S	29 E		230	SOUTH	330	EAST	EDDY

As Drilled Bottom Hole Location If Different From Surface

UL or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	16	24 S	29 E		338	SOUTH	347 7	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	~~Order No~~
160	N		Top Perf 384 FSL 579 FEL Bot Perf 344 FSL 557 FWL

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

GEODETIC COORDINATES
NAD 27 NME
PBTD
342 4 FSL & 525 4 FWL
Y=440673 2 N
X=604391 7 E
LAT = 32 211077 N
LONG = 103 995806 W

CORNER COORDINATES TABLE
A) Y=441655 2 N X=603860 6 E
B) Y=441684 7 N X=609155 0 E
C) Y=440356 3 N X=609164 0 E
D) Y=440328 1 N X=603868 4 E

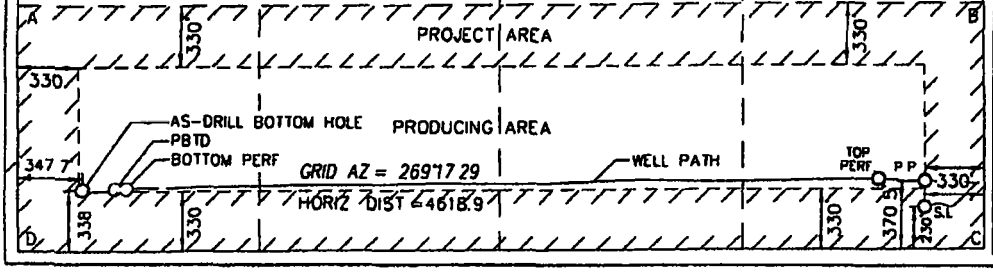
GEODETIC COORDINATES
NAD 27 NME
SURFACE LOCATION
Y=440584 5 N
X=608832 5 E
LAT = 32 210794 N
LONG = 103 981448 W

GEODETIC COORDINATES
NAD 27 NME
AS-DRILLED
BOTTOM HOLE LOCATION
Y=440667 8 N
X=604214 0 E
LAT = 32 211064 N
LONG = 103 996380 W

GEODETIC COORDINATES
NAD 27 NME
BOTTOM PERFORATION
344 0 FSL & 587 4 FWL
Y=440675 1 N
X=604453 6 E
LAT = 32 211082 N
LONG = 103 995605 W

GEODETIC COORDINATES
NAD 27 NME
TOP PERFORATION
384 0 FSL & 579 4 FEL
Y=440737 1 N
X=608582 1 E
LAT = 32 211216 N
LONG = 103 982256 W

GEODETIC COORDINATES
NAD 27 NME
PENETRATION POINT
Y=440724 9 N
X=608831 6 E
LAT = 32 211180 N
LONG = 103 981450 W



OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature 5/28/13 Date

David Stewart Sr Reg Adv
Printed Name

david_stewart@oxy.com
E-mail Address

SURVEYOR CERTIFICATION

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

JANUARY 17 2013

Date of Survey
Signature & Seal of Professional Surveyor

RONALD J EIDSON
NEW MEXICO
3239
REGISTERED PROFESSIONAL SURVEYOR

5/22/2012

Certificate Number Gary G Eidson 12641
Ronald J Eidson 3239

DSR R I WO#13 [illegible] JWSC W O 13 13 0562

STATE OF NEW MEXICO
ENERGY MINERALS AND NATURAL
RESOURCES DEPARTMENT

Oil Conservation Division
1220 South St. Francis Dr
Santa Fe, New Mexico 87505

FORM C 108
Revised June 10 2003

APPLICATION FOR AUTHORIZATION TO INJECT

I PURPOSE _____Secondary Recovery __X____Pressure Maintenance _____Disposal _____Storage
Application qualifies for administrative approval? _____Yes ____X____No

II OPERATOR _OXY USA Inc _____

ADDRESS _P O Box 4294 Houston TX 77210_____

CONTACT PARTY _Kelley Montgomery_____PHONE _713 366 5716___

III WELL DATA Complete the data required on the reverse side of this form for each well proposed for injection
Additional sheets may be attached if necessary

IV Is this an expansion of an existing project? _____Yes ____X____No
If yes, give the Division order number authorizing the project _____

V Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one half mile radius circle drawn around each proposed injection well This circle identifies the well s area of review

VI Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone Such data shall include a description of each well s type construction date drilled location depth record of completion and a schematic of any plugged well illustrating all plugging detail

VII Attach data on the proposed operation including

1 Proposed average and maximum daily rate and volume of fluids to be injected
2 Whether the system is open or closed
3 Proposed average and maximum injection pressure
4 Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water and
5 If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature studies nearby wells etc)

*VIII Attach appropriate geologic data on the injection zone including appropriate lithologic detail geologic name thickness and depth Give the geologic name and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10 000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval

IX Describe the proposed stimulation program if any

*X Attach appropriate logging and test data on the well (If well logs have been filed with the Division they need not be resubmitted)

*XI Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken

XII Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water

XIII Applicants must complete the Proof of Notice section on the reverse side of this form

XIV Certification I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief

NAME _Kelley Montgomery _____TITLE _Manager Regulatory_____

SIGNATURE Kelly Montgomery DATE 12/29/16

E MAIL ADDRESS _kelley_montgomery@oxy 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 _____

DISTRIBUTION Original and one copy to Santa Fe with one copy to the appropriate District Office

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 4 – Case No 15616
Submitted by **OXY**
Hearing Date February 2, 2017

Cedar Canyon Gas Injection Pilot Project
Table of Contents

Side 2

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

OXY USA Inc
Cedar Canyon C-108 Application
Application Attachments

C 108 Application
OXY USA Inc
Cedar Canyon Area
Eddy County NM

I This is a pressure maintenance project

II OXY USA Inc (9339)

P O Box 4294

Houston TX 77210

Contact Party Kelley Montgomery Oxy (713) 366 5716

III Injection well data sheets and wellbore schematic diagrams have been attached for each injection well covered by this application

IV This project is not an expansion of an existing project

V The map with a two mile radius surrounding each injection well and a one half mile radius for area of review has been attached

VI The tabular format of the area of review is attached

VII Please see the attached proposed operation data

VIII Please see attached signed statement on geologic data for the Bone Spring formation

IX N/A

X Logs were filed for the existing wells at the time of drilling

Well Name	Date Submitted
Cedar Canyon 16 State 7H	08/29/2013
Cedar Canyon 16 State 12H	03/05/2015

XI Per our field personnel no fresh water wells or windmills were found within one mile of these wells The two wells identified by the Office of the State Engineer of New Mexico as C00863 and C00463 have been converted to brine water wells

XII Please see attached

XIII Please find the Proof of Notice attached

ITEM III
Well Data

Side 1

INJECTION WELL DATA SHEET

OPERATOR _OXY USA Inc

WELL NAME & NUMBER __Cedar Canyon 16 State 7H____(API 30-015-41251)

WELL LOCATION ___2485 FNL 330 FWL_____E_____15_____24S_____29E__
FOOTAGE LOCATION | UNIT LETTER | SECTION | TOWNSHIP | RANGE

WELLBORE SCHEMATIC

Please see attached

WELL CONSTRUCTION DATA

Surface Casing

Hole Size ___14 3/4 _____ Casing Size __11 3/4 _____

Cemented with __680_____ sx *or* _____ ft³

Top of Cement __Surface_____ Method Determined _Circulated__

Intermediate Casing

Hole Size ___10 5/8 _____ Casing Size __8 5/8 _____

Cemented with __1000_____ sx *or* _____ ft³

Top of Cement _Surface_____ Method Determined _Circulated__

Production Casing

Hole Size __7 7/8 _____ Casing Size ___5 1/2 _____

Cemented with __1570_____ sx *or* _____ ft³

Top of Cement _Surface_____ Method Determined _Circulated__

Total Depth __13725 MD_8644 TVD__

Injection Interval

9200 to 13680 (MD) (Perforated) 8644 to 8690 (TVD) (Perforated)

(Perforated or Open Hole indicate which)

Side 2

INJECTION WELL DATA SHEET

Tubing Size _2 3/8 or 2 7/8 L 80 tubing 4 7lbs/ft_____Lining Material _None_____

Type of Packer __5 1/2 FB 1 permanent packer for 5 ½ casing 14 17 lbs/ft _____

Packer Setting Depth _7736 _____

Other Type of Tubing/Casing Seal (if applicable) _ R Nipple 1 87 Seal bore extension_____

Additional Data

1 Is this a new well drilled for injection? _____Yes ___X___No

If no for what purpose was the well originally drilled? _Producer-Oil_____

_____

2 Name of the Injection Formation __2 d Bone Spring_____

3 Name of Field or Pool (if applicable) _Pierce Crossing Bone Spring, East_____

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. __
__Brushy Canyon Formation (Delaware) (overlying) (5000)_____

__Wolfcamp Formation (underlying) (9925)_____

_____

Proposed Wellbore Diagram
CEDAR CANYON 16 STATE #7H

11 3/4 42# H-40 casing shoe at 335 (Circ cement to surface)

8 5/8 32# J 55 casing shoe at 3095 (Circ cement to surface)

CLAMPS

DOWNHOLE GAUGE

KOP at 7756 (MD)
7753 (TVD)

	Description	Length	Top	Bottom
	Tub ng Hanger	1 0	24 0	25 0
	2 3/8 t b g L 80 4 7#/ft EUE B&P 2 7/8 6 5# L 80 EUE B&P	2143 1	25 0	2168 1
15	WTFD SPM #8 with 2 3/8" EUE BxP (with dummy)	4 1	2168 1	2172 2
	2 3/8 t b ng L 80 4 7#/ft EUE B&P o 2 7/8 6 5# L 80 EUE B&P	1318 0	2172 2	3490.2
14	WTFD SPM #7 with 2 3/8 EUE BxP (with dummy)	4 1	3490 2	3494 3
	2 3/8 t b g L 80 4 7#/ft EUE B&P 2 7/8 6 5# L 80 EUE B&P	1048 0	3494 3	4542 3
13	WTFD SPM #6 with 2 3/8 EUE BxP (with dummy)	4 1	4542 3	4546 4
	2 3/8 t b ng L 80 4 7#/ft EUE B&P or 2 7/8 6 5# L 80 EUE B&P	819 0	4546 4	5365 4
12	WTFD SPM #5 with 2 3/8 EUE BxP (with dummy)	4 1	5365 4	5369 5
	2 3/8 t bing L 80 4 7#/ft EUE B&P or 2 7/8" 6 5# L 80 EUE B&P	623 0	5369 5	5992 5
11	WTFD SPM #4 with 2 3/8 EUE BxP (with d mmy)	4 1	5992 5	5996 6
	2 3/8" tubing L 80 4 7#/ft EUE B&P 2 7/8 6 5# L 80 EUE B&P	601 0	5996 6	6597 6
10	WTFD SPM #3 with 2 3/8 EUE BxP (with dummy)	4 1	6597 6	6601 7
	2 3/8 t b g L 80 4 7#/ft EUE B&P 2 7/8" 6 5# L 80 EUE B&P	602 0	6601 7	7203 7
9	WTFD SPM #2 with 2 3/8 EUE BxP (with dummy)	7 0	7203 7	7210 7
	2 3/8 t bl g L 80 4 7#/ft EUE B&P o 2 7/8 6 5# L 80 EUE B&P	451 3	7210 7	7662 0
8	WTFD SPM #1 with 2 3/8 EUE BxP (with d mmy)	6 0	7662 0	7668 0
	1 jt 2 3/8 t b ng L 80 4 7#/ft EUE B&P o 2 7/8 6 5# L 80 EUE B&P	31 0	7668 0	7699 0
7	SLB DOWNHOLE GAUGE CTS	5 0	7699 0	7704 0
	1 jt 2 3/8 tub ng L 80 4 7#/ft EUE B&P o 2 7/8 6 5# L 80 EUE B&P	31 0	7704 0	7735 0
6	G-22 T bing locator with 2 3/8 EUE Bo p	1 0	7735 0	7736 0
5	Seal Units	10 0	7736 0	7746 0
4	FB-1 permanent packer Size 45-30 (for 5-1/2 cas ng 14-17 lb/ft)	3 0	7736 0	7739 0
3	Seal Bore Extension 10 ft long to us with 45-30 p cker	10 0	7739 0	7749 0
	X/Ove 3 Stub acme Bo x 2 3/8 EUE Pin or 2 7/8 EUE P n	1 0	7749 0	7750 0
	Pup J t 2 3/8 t b ng L 80 4 7#/ft EUE B&P 2 7/8 6 5# L 80 EUE B&	10 0	7750 0	7760 0
2	XN profile No Go 1 87 with 2 3/8 EUE BxP or 2 7/8 EUE BxP	1 0	7760 0	7761 0
1	Ceramic disk	1 0	7761 0	7762 0

PERFS at 9200 13680

5 1/2 17# L 80 Buttress casing shoe at 13725 MD/ 8644 TVD
Circulate cement to surface
PBTD at 13641

Side 1

INJECTION WELL DATA SHEET

OPERATOR _OXY USA Inc

WELL NAME & NUMBER __Cedar Canyon 16 State 12H____(API 30-015 42683)

WELL LOCATION ___900 FSL 860 FWL_____M_____15_____24S_____29E__
FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC

Please see attached

WELL CONSTRUCTION DATA

Surface Casing

Hole Size ___14 3/4 _____ Casing Size __11 3/4 _____

Cemented with __680_____ sx *or* _____ ft^3

Top of Cement __Surface_____ Method Determined _Circulated__

Intermediate Casing

Hole Size ___10 5/8 _____ Casing Size __8 5/8 _____

Cemented with _____850_____ sx *or* _____ ft^3

Top of Cement. _Surface_____ Method Determined _Circulated__

Production Casing

Hole Size __7 7/8 _____ Casing Size ___5 1/2 _____

Cemented with __1570_____ sx *or* _____ ft^3

Top of Cement _600 _____ Method Determined _Calc ___

Total Depth _14417 MD_8624 TVD__

Injection Interval

9704 to 14214 (MD) (Perforated) 8635 to 8691 (TVD) (Perforated)

(Perforated or Open Hole indicate which)

Side 2

INJECTION WELL DATA SHEET

Tubing Size _2 3/8 or 2 7/8 L 80 tubing 4 7 lbs/ft_____Lining Material _None_____

Type of Packer __FB 1 permanent packer for 5 ½ casing 14 17 lbs/ft _____

Packer Setting Depth _8610 _____

Other Type of Tubing/Casing Seal (if applicable) _ R nipple 1 87 Seal bore extension_____

Additional Data

1 Is this a new well drilled for injection? _____Yes ___X___No

If no for what purpose was the well originally drilled? _Producer-Oil_____

_____

2 Name of the Injection Formation __2 d Bone Spring_____

3 Name of Field or Pool (if applicable) _Corral Draw Bone Spring

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 __
__Brushy Canyon Formation (Delaware) (overlying) (5030)_____

__Wolfcamp Formation (Underlying) (9925)_____

_____

Proposed Wellbore Diagram
CEDAR CANYON 16 STATE #12H

11-3/4 47# J-55 BTC casing shoe at 445' (Circ cement to surface)

8-5/8" 32# J-55 LTC casing shoe at 2965 (Circ cement to surface)

CLAMPS

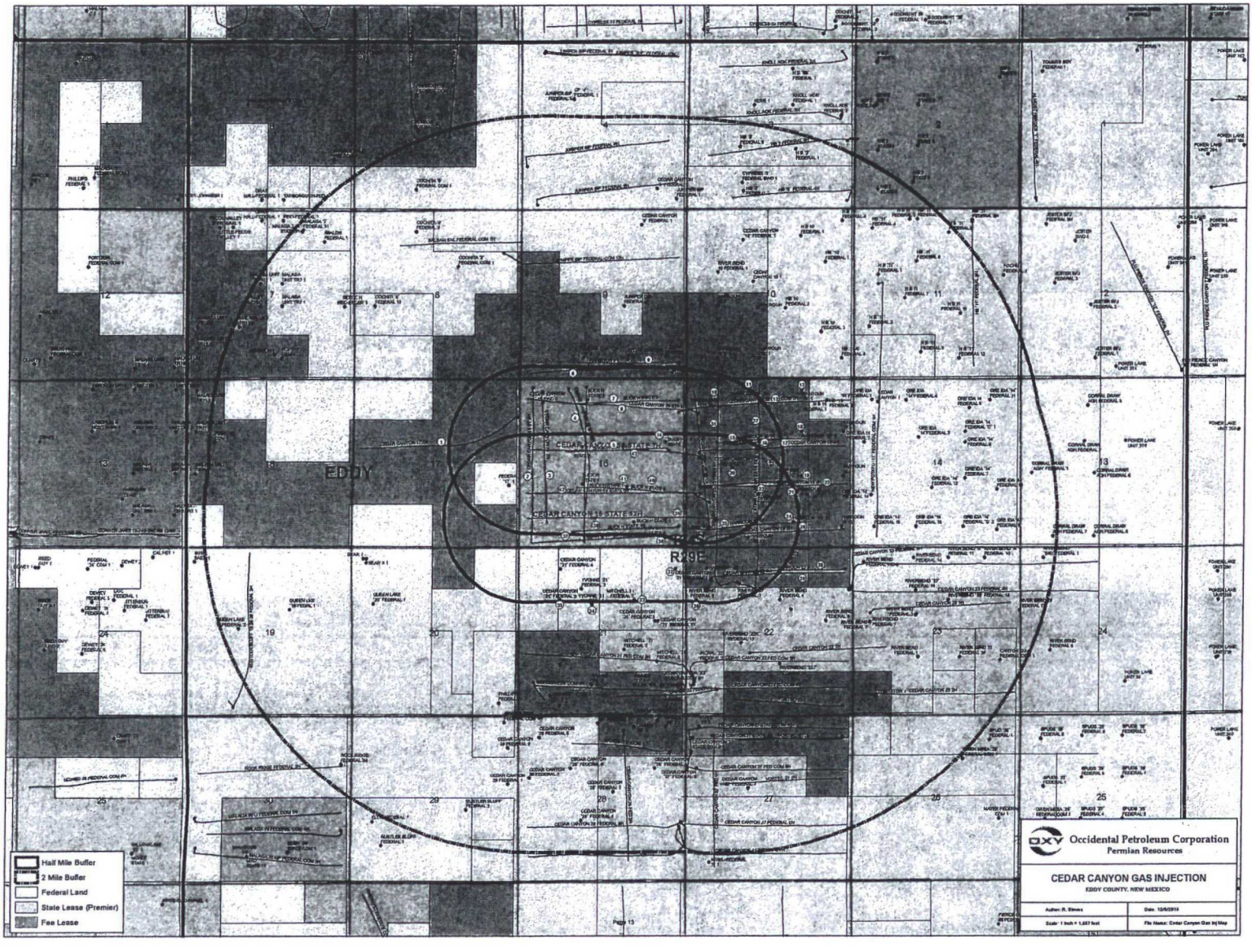
DOWNHOLE GAUGE

	Description	Length	Top	Bottom
	Tubing hanger	1 0	24 0	25.0
	2 3/8 tubing L 80 4.7 /ft EUE B&P 2 7/8 6 5# L-80 EUE B&P	2 43 1	25 0	2168.1
15	WTFD SPM 6 with 2-3/8" EUE BxP (with dummy)	4.1	2168.1	2172.2
	2 3/8 tubing L 80 4 7 /ft EUE B&P or 2 7/8 6.5# L 80 EUE B&P	13 8 0	2172.2	3490.2
14	WTFD SPM #7 with 2-3/8" EUE BxP (with dummy)	4.1	3490.2	3494.3
	2 3/8" tubing L-80 4 7#/ft EUE B&P or 2 7/8 6 5# L-80 EUE B&P	1048 0	3494.3	4542.3
13	WTFD SPM #6 with 2-3/8 EUE BxP (with dummy)	4.1	4542.3	4546 4
	2 3/8" tubing L-80 4.7#/ft EUE B&P or 2 7/8 6.5# L 80 EUE B&P	819.0	4546 4	5365 4
12	WTFD SPM #5 with 2-3/8" EUE BxP (with dummy)	4.1	5365 4	5369.5
	2-3/8 tubing L-80 4.7#/ft EUE B&P or 2 7/8 6.5# L-80 EUE B&P	623 0	5369.5	5992 5
11	WTFD SPM #4 with 2-3/8" EUE BxP (with dummy)	4.1	5992.5	5996.6
	2-3/8 tubing L-80 4.7#/ft EUE B&P or 2 7/8" 6.5# L-80 EUE B&P	601 0	5996.6	6497.6
10	WTFD SPM #3 with 2-3/8" EUE BxP (with dummy)	4.1	6597 6	6601 7
	2-3/8 tubing L 80 4 7#/ft EUE B&P or 2 7/8 6.5# L-80 EUE B&P	602 0	6601 7	7203.7
9	WTFD SPM #2 with 2-3/8 EUE BxP (with dummy)	7 0	7203.7	7210.7
	2 3/8" tubing L 80 7#/ft EUE B&P or 2 7/8" 6.5# L-80 EUE B&P	45 .3	7210 7	7662.0
8	WTFD SPM #1 with 2-3/8" EUE B P (with dummy)	6.0	7662.0	7668.0
	1 ft 2-3/8 tubi g L-80 4 7#/ft EUE B&P o 2 7/8" 6 5# L-80 EUE B&P	3 0	7668 0	7699.0
7	SLB DOWNHOLE GAUGE CTS	5.0	7699 0	7704 0
	1 ft 2 3/8 tubi g L-80 7 /ft EUE B&P 2 7/8 6.5 L-80 EUE B&P	31 0	7704 0	7735 0
6	G-22 Tubing loc tor with 2-3/8 EUE Box up	1.0	7735 0	7736 0
5	Seal Units	10 0	7736.0	7746 0
4	FB-1 permanent packer Size 45-30 (for 5-1/2" casing 14 17 lb/ft)	3 0	7738 0	7739 0
3	Seal Bore Extension 10 ft long to use with 45-30 packer	10 0	7739 0	7749 0
	X/Over 3" Stub acme Box 2-3/8" EUE Pin or 2 7/8" EUE Pin	1 0	7749 0	7750 0
	Pup Joint 2 3/8 tubing L-80 4 7 /ft EUE B&P 2 7/8 6.5 L-80 EUE B&	10 0	7750 0	7760.0
2	XN profile No Go 1.87" with 2-3/8" EUE BxP or 2 7/8" EUE B P	1 0	7760.0	7761.0
1	Ceramic disk	1 0	7761 0	7762.0

2nd BSS Perfs at 9704 14214

5-1/2 17# L-80 TXP casing shoe at 14417 MD/ 8624 TVD (TOC at 600')
PBTD at 14344

ITEM V
Map


EDDY
R28E
CEDAR CANYON 19 STATE 2H
Half Mile Buffer
2 Mile Buffer
Federal Land
State Lease (Premier)
Fee Lease
Occidental Petroleum Corporation
Permian Resources
CEDAR CANYON GAS INJECTION
EDDY COUNTY, NEW MEXICO
Author: R. Simms
Date: 12/6/2019
Scale: 1 Inch = 1,667 feet
File Name: Cedar Canyon Gas Inj Map

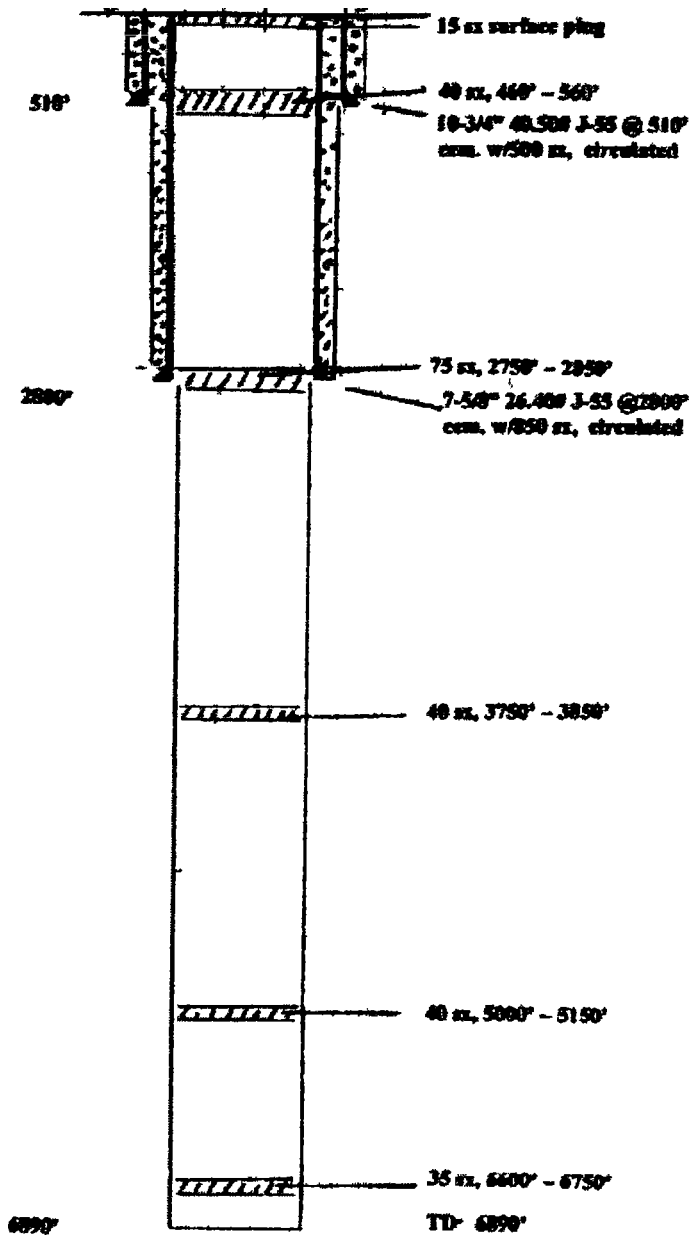
ITEM VI
Area of Review

MAP LEGEND NUMBER	API NUMBER	OPERATOR	LEASE NAME	WELL NO.	WELL TYPE	STATUS	FTG N/S		FTG E/W		UNIT	SEC	TSHIP	RNG	DATE DRILLED	TOTAL TVD	TOTAL MD	HOLE SIZE	CSG SIZE	SET AT	SX CMT	CMT TOP	MTD	DVT	CURRENT COMPLETION	REMARKS
1	30-015-42058	OXY USA INC	CEDAR CANYON 17	1H	P	Active	1981	FNL	174	FWL	A	17	24 S	29 E	2014-05-08	8535	13370'	14 3/4	11 3/4	365	530	Surfac	Circ		9195 13220'	
																		10 5/8	8 5/8	2925	840	Surface	Circ			
																		7 7/8"	5 1/2	13370'	1420	Surface	Circ			
2	30-015-42061	OXY USA INC	CEDAR CANYON 16 State	9H	P	Active	224	FNL	350	FWL	D	16	24 S	29 E	2015-07 11	9828	14485'	11	8 5/8	459	280	Surfac	Ci c		10083' 14262	
																			5 1/2"							
3	30-015-39856	OXY USA INC	CEDAR CANYON 16	1H	P	Activ	380	FNL	660	FWL	D	16	24 S	29 E	2012-06-12	7685'	11502	6 3/4	4 1/2	14401	1780	2650'	CBL			
																		17 1/2	13 3/8"	385'	430	Surfac	Circ		8620' 11201	
																		12 1/4	9 5/8"	2875'	1130	S rface	Circ			
4	30-015-42055	OXY USA INC	CEDAR CANYON 16 State	19H	P	Active	260	FNL	1470	FWL	C	16	24 S	29 E	2014-05-10	9856'	14477'	8 3/4"	5 1/2	11502'	1840	2400'	Calc			
																		14 3/4	11 3/4	405'	745	Surface	Circ		10262 14101	
																		10 5/8"	8 5/8"	3110'	830	Surface	Circ			4 1/2" Liner 0-9120' 4" Line 9121 14168
5	30-015-34444	OXY USA INC	H Buck State	4H	P	Activ	2310	FNL	330	FEL	H	16	24 S	29 E	2005-11 29	10686'	10686'	7 7/8"	5 1/2	14477'	1520	Surface	Circ			210 sx, TOC 5037' calc
																		17 1/2	13 3/8"	254	350	Surface	Circ		7879' 10326'	
																		12 1/4	9 5/8"	2830'	900	Surface	Circ			
																		8 1/2" 7								
6	30-015-41488	OXY USA INC	Har oun 9	3H	P	Active	200	FSL	550	FEL	P	9	24 S	29 E	2013-10-29	8645	13196'	7/8	5 1/2	10686	2050	1920'	CBL			
																		14 3/4"	11 3/4	567'	620	Surface	Circ		9262 13013	
																		10 5/8"	8 5/8"	3000'	910	Surface	Circ			
7	30-015-33820	OXY USA INC	H Buck State	3	P	Active	660	FNL	330	FEL	A	16	24 S	29 E	2005-04-15	10750'	10750'	7 7/8"	5 1/2"	13187'	1430	S rface	Circ			
																		17 1/2	13 3/8	337'	350	Surface	Circ		7971 10667'	
																		12 1/4	9 5/8	2870'	1050	Surface	Ci			
8	30-015-41596	OXY USA INC	CEDAR CANYON 16 St te	8H	P	Activ	1040	FNL	330	FEL	A	16	24 S	29 E	2014-06-29	8618'	13560'	8 1/2	5 1/2"	10750'	2050	Surface	Circ			
																		14 3/4	11 3/4	364	599	Surface	Ci		9017' 13407'	
																		10 5/8	8 5/8"	3118'	890	Surface	Ci			
9	30-015-34997	OXY USA INC	Harroun 9	1	P	Activ	530	FSL	330	FEL	P	9	24 S	29 E	2006-06-05	10680	10680	7 7/8"	5 1/2"	13544	1350	Surface	Ci c			
																		17 1/2	13 3/8	550'	425	Surfac	Ci c		7860' 10580	
																		12 1/4	9 5/8	2875	950	Surface	Ci			
																		8 1/2 7								
10	30-015-32620	OXY USA INC	Harrou 15	14	P	Active	660	FNL	750	FWL	D	15	24 S	29 E	2003-02 14	8000'	8000'	7/8"	5 1/2	10680'	2100	1550	CBL			
																		17 1/2	13 3/8	577'	670	Surface	Circ		7730' 7762'	
																		11	8 5/8	2878'	950	Surface	Circ			
11	30-015-29987	OXY USA INC	Har oun 15	7	P	Active	330	FNL	1980	FWL	C	15	24 S	29 E	1998-02 19	6900'	6900'	7 7/8"	5 1/2"	8000'	1615	1300'	CBL			
																		14 3/4	10 3/4"	513'	500	Surface	Circ		4909'-6348'	
																		9 5/8"	7 5/8"	2850'	950	Surface	Circ			
12	30-015-42421	OXY USA INC	Cedar Canyon 15 Fed Com	5H	P	Active	1095	FNL	290	FWL	D	15	24 S	29 E	2014 10-14	8809'	13508'	6 3/4	4 1/2"	6900'	930	1650'	CBL	5416'		
																		14 3/4"	11 3/4	380'	796	Surface	Circ		9563 13319'	
																		10 5/8"	8 5/8"	2937'	930	Surfac	Circ			
13	30-015-29310	OXY USA INC	Harrou 15	5	P	Activ	330	FNL	1650	FEL	B	15	24 S	29 E	1997-03-05	8050'	8050'	7 7/8	5 1/2	13508'	1120	Surfac	Ci c			
																		14 3/4	10 3/4	565'	550	Surface	Circ		6448 -6524	
																		9 5/8	7 5/8"	2873'	900	Surface	Cir			
14	30-015-28138	OXY USA INC	H Buck State	2	P	Active	1980	FNL	660	FEL	H	16	24 S	29 E	1994 11-09	7950'	7950'	6 3/4	4 1/2"	8050'	1365	1500'	Calc	4308' 6101		
																		17 1/2"	13 3/8"	535'	1400	Surface	Ci		5216 -5246	
																		11	8 5/8"	2805	1200	Surface	Circ.			
15	30-015 33317	OXY USA INC	H rroun 15	15	P	Active	1980	FNL	990	FWL	E	15	24 S	29 E	2004-03 12	10192'	10192	7 7/8"	5 1/2	7950'	1325	2440'	Calc	4665 6372		
																		17 1/2	13 3/8"	545'	800	Surf ce	Ci		8249 10100'	
																		12 1/4	9 5/8"	2865'	800	Surface	Circ.			
																		8 1/2" 7								
16	30-015-30253	OXY USA INC	Harroun 15	8	P	Activ	1980	FNL	2310	FWL	F	15	24 S	29 E	1998-11-07	6885'	6885	7/8	5 1/2"	10192'	890	4000'	Calc			
																		14 3/4	10 3/4"	535'	500	S rface	Circ.		6620'-6688'	
																		9 7/8"	7 5/8"	2880'	950	Surface	Circ.			
17	30-015-41291	OXY USA INC	Cedar Canyon 15	4H	P	Active	2310	FNL	330	FWL	E	15	24 S	29 E	2013-05-13	8786'	13111	6 3/4"	4 1/2"	6885'	1105	3100'	CBL	5485'		
																		14 3/4	11 3/4	357'	950	Surface	Circ.		9000' 12900'	
																		10 5/8"	8 5/8"	3091	960	240'	Calc.			
																		7 7/8"	5 1/2"	13106	1420	2930'	CBL			

MAP LEGEND NUMBER	API NUMBER	OPERATOR	LEASE NAME	WELL NO.	WELL TYPE	STATUS	FTG N/S		FTG E/W		UNIT	SEC	TSHIP	RNG	DATE DRILLED	TOTAL TVD	TOTAL MD	HOLE SIZE	CSG SIZE	SET AT	SX CMT	CMT TOP	MTD	DVT	CURRENT COMPLETION	REMARKS
18	30-015-30614	OXY USA INC	Harroun 15	6	P	Activ	1650	FNL	1650	FEL	G	15	24 S	29 E	1999-04-06	6890'	6890'	14 3/4	10 3/4"	539'	486	Surface	Circ.		5252'-6303'	
																		9 7/8	7 5/8"	2883	1050	Surfac	Circ.			
19	30-015-30713	OXY USA INC	Harroun 15	9	P	Active	2260	FSL	1650	FEL	J	15	24 S	29 E	1999-08-28	6890'	6890'	6 3/4	4 1/2	6890'	1195	3242	CBL	5406		
																		14 3/4	10 3/4	548'	540	Surfac	Circ.		5480'-6652'	
																		9 7/8"	7 5/8"	2892	900	Surface	Circ.			
20	30-015-42797	OXY USA INC	Ceda Canyon 15 SWD	1	I	Active	2500	FSL	1400	FWL	K	15	24 S	29 E	2015-01 14	16014	16014	6 3/4	4 1/2	6890'	1070	2000'	CBL	9585		
																		24	18 5/8"	277'	900	Surface	Circ.		14842' 15964' 7 Liner 9755 14842 cmt w/ 630 sx circ-t	
																		17.5"	13 3/8"	3107'	2720	Surface	Circ			
21	30-015-33823	OXY USA INC	Harrou 15	16	P	Active	1980	FSL	330	FWL	L	15	24 S	29 E	2005-02 25	10800'	10800'	12.25	9 5/8"	10155	3450	Surface	Circ.	3177'		
																		17 1/2	13 3/8"	514	900	Surface	Circ.		8053 10750' Cmt 1 stage, CBL TOC @ 4420' perf & squ @	
																		12 1/4	9 5/8"	2870'	1100	Surface	Circ			
22	30-015-30934	OXY USA INC	Har oun 15	10	P	Activ	1700	FSL	2310	FWL	K	15	24 S	29 E	2000-01 26	6880'	6880'	8 1/2 7 7/8	5 1/2	10800'	2340	1091	Calc.			
																		14 3/4	10 3/4	593	540	Surfac	Circ.		5252'-6477'	
																		9 7/8	7 5/8	2875'	900	Surface	Circ			
23	30-015-41594	OXY USA INC	Cedar Canyo 15	3H	P	Activ	1888	FSL	700	FWL	L	15	24 S	29 E	2014-06-14	8810'	13180'	6 3/4	4 1/2	6880	1115	2300'	CBL	5497		
																		14 3/4	11 3/4	390'	550	Surfac	Circ.		9152' 13041	
																		10 5/8	8 5/8	3125	890	S rface	Circ			
24	30-015-30951	OXY USA INC	Harrou 15	11	P	Active	800	FSL	1900	FEL	O	15	24 S	29 E	2000-08-04	6890'	6890'	7 7/8"	5 1/2	13177'	1300	478	CBL			
																		14 3/4	10 3/4	563	545	Surfa	Ci c.		5246' 5264	
																		9 7/8"	7 5/8	2930'	800	Surfac	Ci c.			
25	30-015-33822	OXY USA INC	Harrou 15	17	P	Activ	660	FSL	330	FWL	M	15	24 S	29 E	2006-07-09	10887'	10887'	6 3/4	4 1/2	6890'	1115	3234	CBL	5520'		
																		17 1/2	13 3/8	315'	580	Surfac	Circ.		8405 10740'	
																		12 1/4	9 5/8	2880'	1000	Surface	Ci c.			
26	30-015-41032	OXY USA INC	Cedar Canyon 15	2H	P	Active	170	FSL	360	FWL	M	15	24 S	29 E	2013-02 23	8795'	12960'	8 1/2	5 1/2	10887'	2005	3940'	CBL			
																		14 3/4	11 3/4	334	280	Surface	Ci c.		8900' 12800'	
																		10 5/8"	8 5/8	3101	840	Surface	Circ.			
27	30-015-43808	OXY USA INC	Cedar Canyon 22 15 Fee	32H	P	Active	1108	FNL	1633	FWL	C	22	24 S	29 E	2016-07 16	9926'	16075	7 7/8"	5 1/2	12960'	1450	2960'	CBL			
																		14 3/4	10 3/4	442'	470	Surface	Circ.		9994' 15882	
																		9 5/8"	7 5/8"	9277'	3130	Surface	Circ.			
28	30-015-33821	OXY USA INC	Harroun 22	3	P	Activ	660	FNL	330	FEL	A	22	24 S	29 E	2006-01 19	6750'	10864	6 3/4	5 1/2 4 1/2	16053'	470	5970'	CBL			
																		17 1/2	13 3/8"	506'	450	Surface	Circ.		7863 10720'	
																		12 1/4	9 5/8"	2914	1100	Surface	Circ.			
29	30-015-41327	OXY USA INC	Ceda Canyon 22	2H	P	Active	990	FNL	690	FWL	D	22	24 S	29 E	2013-06-08	8813'	12685	8 1/2 7/8	5 1/2	10819'	2150	4670'	CBL			
																		14 3/4	11 3/4	389	415	Surface	Circ.		8920' 12520'	
																		10 5/8	8 5/8"	3105	960	Surface	Ci			
30	30-015-16696	OXY USA INC	Riverbend Federal	9	P	Acti	1650	FNL	330	FWL	E	22	24 S	29 E	1996-03-25	7900'	7900'	7 7/8"	5 1/2	12678'	1400	2995'	CBL			
																		14 3/4	10 3/4	530'	510	Surface	Ci c.		5225' 5262	
																		9 5/8"	7 5/8	2850'	750	Surface	Ci c.			
31	30-015-43809	OXY USA INC	Ced Canyon 22 15 Fee	31H	P	Activ	1108	FNL	1603	FWL	C	22	24 S	29 E	2016-07 16	9906	16050'	6 3/4	4 1/2	7900'	1095	1800	Calc.	3994 5974		
																		14 3/4	10 3/4	443	470	Surface	Ci c.		10004 15872	
																		9 7/8"	7 5/8	9188'	1915	Surface	Circ.	2992'		
32	30-015-28654	OXY USA INC	Cedar Canyo 21 F deral	1	P	Active	660	FNL	330	FEL	A	21	24 S	29 E	1995-02 21	6766'	6766'	6 3/4	5 1/2	16031	470	8690	CBL			
																		11	8 5/8"	580'	450	Surface	Circ.		5212 5242	
33	30-015-28559	OXY USA INC	Mitchell 21 Federal	1	P	Active	1650	FNL	1650	FEL	G	21	24 S	29 E	1995-08-15	8900'	8900'	7 7/8"	4 1/2	6766'	1790	Surface	Circ.	3491 5446		
																		17 1/2	13 3/8	580'	650	Surface	Circ.		4886 -4908'	
																		11	8 5/8"	2840'	1300	Surface	Circ.			
34	30-015-28850	OXY USA INC	Yv ne 21 Federal	1	P	Activ	1800	FNL	2310	FWL	F	21	24 S	29 E	1996-05 31	7820'	7820'	7 7/8	5 1/2"	8900'	1705	700'	Calc.	4585 6685		
																		14 3/4	10 3/4	500'	520	Surface	Circ.		6480'-6538'	
																		9 5/8"	7 5/8"	2823'	830	Surface	Circ.			
																		6 3/4	4 1/2"	7820'	1050	S rface	Circ.	4006' 5987'		

MAP LEGEND NUMBER	API NUMBER	OPERATOR	LEASE NAME	WELL NO	WELL TYPE	STATUS	FTG N/S		FTG E/W		UNIT	SEC	TSHIP	RNG	DATE DRILLED	TOTAL TVD	TOTAL MD	HOLE SIZE	CSG SIZE	SET AT	SX CMT	CMT TOP	MTD	DVT	CURRENT COMPLETION	REMARKS
35	30-015-29676	POGO PRODUCING CO	Cedar Canyon 21 Federal	3	I	P&A	1650	FNL	1300	FWL	E	21	24 S	29 E	1997-06-18	6890'	6890'	14 3/4	10 3/4	510	500	Surfac	Circ		None	Pl gged 07/02/1997 no prod casing
																		9 7/8"	7 5/8"	2800'	850	Surface	Circ.			
																		6 3/4"								
36	30-015-28636	OXY USA INC	H Buck State	6	P	Activ	330	FSL	660	FEL	P	16	24 S	29 E	1995-12 26	7815'	7815	14 3/4	10 3/4	529'	510	Surface	Circ		6388'-6501	
																		9 5/8"	7 5/8"	2825'	750	Surfac	Circ.			
																		6 3/4	4 1/2"	7815'	1055	1490'	Calc.	4018' 6038'		
37	30-015-41024	OXY USA INC	Cedar Canyo 16 State	2H	P	Active	230	FSL	330	FEL	P	16	24 S	29 E	2013-02 12	8575	13240'	16"	13 3/8"	356	625	Surf ce	Circ.		8860' 13000'	
																		12 1/4	9 5/8"	2977'	1260	Surf	Circ.			
																		8 3/4	5 1/2	13240	2210	5030'	CBL			
38	30-015-34695	OXY USA INC	H Buck State	10	P	Active	660	FSL	330	FEL	P	16	24 S	29 E	2006-03 18	10865'	10865	17 1/2	13 3/8"	288	1030	Surfce	Circ.		8396' 10710'	
																		12 1/4	9 5/8	2910'	1300	Surfac	Ci			
																		8 1/2	5 1/2	10865	2150	4870'	CBL			
39	30-015-42683	OXY USA INC	Cedar Canyo 16 Stat	12H	P	Active	900	FSL	860	FWL	M	15	24 S	29 E	2016-11-07	8624'	14422	14 3/4	11 3/4	445	680	Surfce	Ci c		9704 14214	
																		10 5/8"	8 5/8	2965'	850	Surfac	Circ.			
																		7 7/8"	5 1/2	14417'	1570	600'	Calc.			
40	30-015-35042	OXY USA INC	H Buck Stat	5	P	Active	1680	FSL	430	FWL	L	15	24 S	29 E	2006-09 30	7630	10792	17 1/2	13 3/8"	522	450	Surface	Circ.		8244 10600	
																		12 1/4	9 5/8"	2884	900	Surface	Circ.			
																		8 1/2	7							
																		7/8"	5 1/2	10792'	450	2700'	CBL			
41	30-015-27092	OXY USA INC	H Buck State	1	P	Active	1982	FSL	1961	FEL	J	16	24 S	29 E	1992-09-26	7850	7850'	12 1/4	8 5/8	660'	425	Surface	Circ.		5122' 7690'	SQZ @ 7610 & 7220 I 1994
																		7 7/8"	5 1/2	7850'	2312	2600'	Cal	3972' 6179		
42	30-015-41595	OXY USA INC	Cedar Canyon 16 State	6H	P	Active	1430	FSL	710	FWL	L	15	24 S	29 E	2014-06-10	8620'	13786	14 3/4	11 3/4	364	550	Surfce	Circ.		9115' 13625	
																		10 5/8	8 5/8	3144	890	Surface	Circ.			
																		7 7/8"	5 1/2	13786'	1410	Surface	Circ.			
43	30-015-41251	OXY USA INC	Cedar Canyon 16 State	7H	P	Activ	2485	FNL	330	FWL	E	15	24 S	29 E	2013-04 15	8644	13762	14 3/4	11 3/4	335	680	Surface	Circ.		9200' 13560'	
																		10 5/8"	8 5/8	3095'	1000	Surface	Circ			
																		7 7/8"	5 1/2	13725'	1570	Surface	Circ.			

Cedar Canyon 21 Federal 3 Wellbore Schematic (P&A)



ITEM VII
Proposed Operations

Pilot Description

Injection into the Cedar Canyon 16 State 7H will start once the compressor is built and installed and the injection order is approved Initially Oxy will inject for 1 3 months before flowing the well back up the tubing for approximately one month This will represent one huff and puff trial to understand the potential incremental recovery of that process as well as the full EOR potential of miscible gas injection After the initial production cycle we plan to convert the Cedar Canyon 16 State 7H back to continuous injection to understand the line drive offset response in the Cedar Canyon 16 State 6H and Cedar Canyon 16 State 8H Pending results from the initial pilot into the Cedar Canyon 16 State 7H Oxy will start injection into the Cedar Canyon 16 State 12H

Additionally Oxy requests permission to utilize produced water for injection The water will be used for pressure maintenance in conjunction with the produced gas injection The water will be used to help mitigate early offset breakthrough at low injection pressures

Item VII
Proposed Operations

Gas Injection

1

Well Name	Average Daily Rate of Gas to be Injected	Maximum Daily Rate of Gas to be Injected
Cedar Canyon 16 State 7H	7000 MCFD	15 000 MCFD
Cedar Canyon 16 State 12H	7000 MCFD	15 000 MCFD

2 This will be a closed system

3

Well Name	Average Injection Pressure	Maximum Injection Pressure
Cedar Canyon 16 State 7H	4000 psi	4500 psi
Cedar Canyon 16 State 12H	4000 psi	4500 psi

4 The source of the injected gas will be produced gas from the Cedar Canyon Central Delivery Point integration system which is comprised of nearby Delaware 1st and 2 d Bone Spring wells Please see the attached gas analysis

5 N/A

Water Injection

1

Well Name	Average Daily Rate of Water to be Injected	Maximum Daily Rate of Water to be Injected
Cedar Canyon 16 State 7H	1 5000 BWIPD	2 10 000 BWIPD
Cedar Canyon 16 State 12H	3 5000 BWIPD	4 10 000 BWIPD

2 This will be a closed system

3

Well Name	Average Injection Pressure	Maximum Injection Pressure
Cedar Canyon 16 State 7H	1500 psi	1700 psi
Cedar Canyon 16 State 12H	1500 psi	1700 psi

4 Water used for injection will be treated produced water from wells drilled in the Bone Springs and Delaware Formations Please see the attached analysis from the Cedar Canyon #9014 well

5 N/A

Proposed Operations Description

Cedar Canyon 16 State 7H and Cedar Canyon 16 State 12H Wellhead Injection Pressure with Natural Gas

Oxy will inject produced gas into the Cedar Canyon 16 State 7H and Cedar Canyon 16 State 12H into the Second Bone Spring reservoir as a part of the miscible gas injection pilot The composition of injection gas stream is shown in Table 1

Component	Mol %
Methane	76 3148
Nitrogen	1 8953
Carbon Dioxide	0 2239
Ethane	11 8589
Propane	5 7914
Iso Butane	0 7374
Butane	1 7502
Iso Pentane	0 395
Pentane	0 411
Hexane	0 6221

Table 1 – Gas Injection Stream Molecular Composition

The maximum total volume of gas to be injected is 7MMSCFPD Pressure reduction valves will be incorporated to assure that maximum surface injection pressure permitted by NMOCD will not be exceeded

DFIT

A DFIT (diagnostic fracture injection test) is an injection test designed to understand fracture creation and propagation and pressure transience in low porosity and permeability reservoirs DFITs are similar to a step rate injection test however the DFIT utilizes a smaller volume of injected fluid Conventional reservoirs exhibit higher permeability and porosity compared to an unconventional reservoir like the 2 ^{d} Bone Spring Sand of the Cedar Canyon 16 State 7H and 12H and typically require injecting more fluid through a step rate test to reach fracture pressure In a DFIT a small volume of water is injected through perforations at the toe of a lateral and the pressure buildup and profile is monitored using surface wellhead pressure The low permeability and porosity of the 2 ^{d} Bone Spring sand means that a small volume of water can be injected to create propagate and observe a fractures behavior with a DFIT

Calculation of Surface Injection Pressure

The following paragraphs describe the calculations used to determine the maximum surface injection pressure of 4500 psi This pressure is based on limiting the maximum bottom hole injection pressure below the pressure required to fracture the reservoir The TVD for the two injection wells is 8644 Step Rate analysis using DFIT methodology from the Cedar Canyon 2nd Bone Springs wells yields a frac gradient of 0 66 psi/ft This is based on the injection period of the DFIT process and where the pressure breaks over from a linear trend and indicates that additional rate is fracturing the reservoir The maximum injection BHP is shown at the break over point to be 5700 psi (Figure1) Based on a TVD of 8644 for the Cedar Canyon 2nd Bone Spring this equates to a 0 66 psi/ft fracture gradient

Fracture Gradient = Break over Pressure / TVD = 5700 psi / 8644 TVD = 0 66 psi/ ft

Maximum Injection Bottom Hole Pressure = FG x TVD = 0 66 psi/ft x 8644 ft TVD = 5700 psi

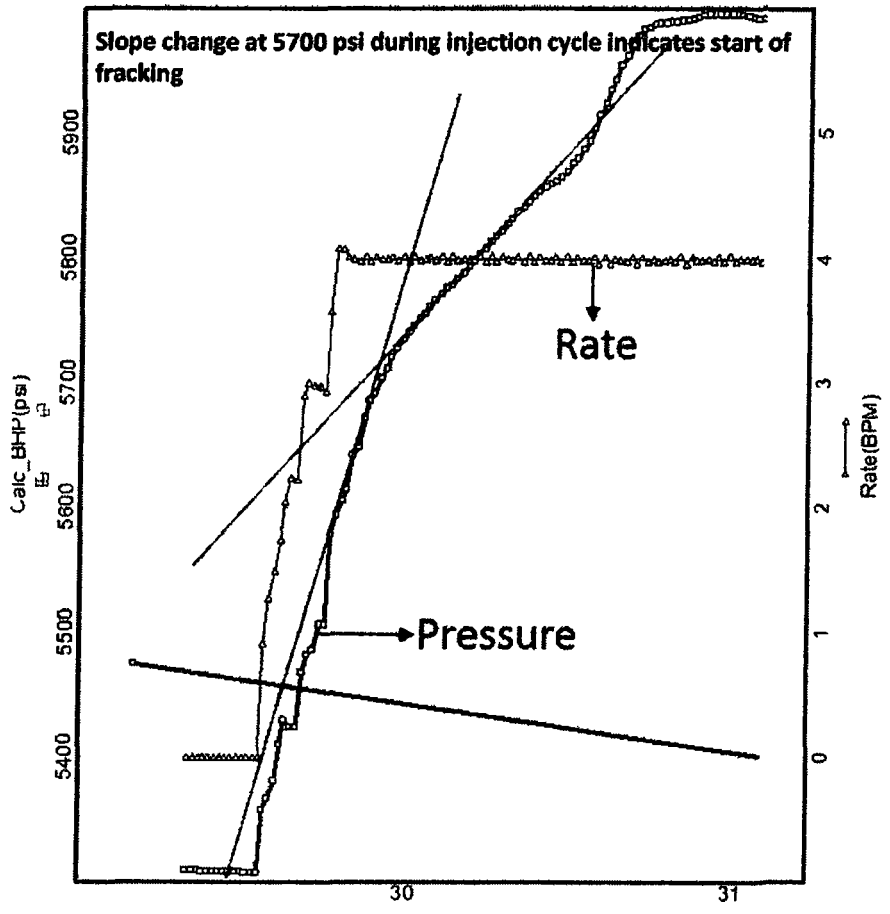


Figure 1 – Cedar Canyon 2 ^{d} Bone Spring DFIT Chart Pressure BHP vs Injection Time (minutes)

The **maximum surface injection pressure** is then calculated as follows

Surface Injection Pressure = Max BHP – D_p (gravity) + D_p (friction) = 5700 psi D_p (gravity) + D_p (friction)

D_p (gravity) = Gas Density x g x TVD Gravity head of gas column in wellbore

D_p (friction) = Friction pressure loss in injection tubing

Estimation of Gravity Head

The density of injection gas is dependent on the pressure and temperature conditions It is most accurately calculated using Peng Robinson Equation of State (PR EoS) model As both pressure and temperature vary along the wellbore density of gas varies along the wellbore To accurately calculate this variation along the wellbore Petroleum Experts PROSPER software package is used This is a standard industry package used for production engineering calculations in the wellbore PROSPER uses the following input parameter to calculate gas density and friction pressure along the wellbore

- Fluid Type Gas
- PVT Methodology Peng Robinson Equation of State
    - Gas composition as described in Table 1
- Viscosity Calculations Newtonian Fluid for Gas
- Wellbore model with injection tubing ID of 2 441 ID with average roughness for steel
- Injection rate 7000 MCFD

Friction pressure loss is determined using maximum gas injection rate of 7000 MSCFPD The injection tubing is 2 875 O D (2 441 ID) with an average roughness factor PROSPER then performs friction pressure drop calculation using the above input parameters

PROSPER uses the Peng Robinson EOS to calculate the gas gravity along the wellbore and then calculates **D_p (gravity)** as a result of the column of gas in the well Additionally PROSPER includes the friction pressure **D_p (friction)** for the 7000 MCFD injection rate Limiting the model to a maximum 5700 psi BHP injection pressure yields the following pressure profile as shown in Figure 3

For the given injection gas injection tubing configuration injection rate and injection depth injecting at a **maximum surface pressure of 4500 psi** will generate a maximum limiting BHP of 5700 psi This is the maximum estimated surface injection pressure

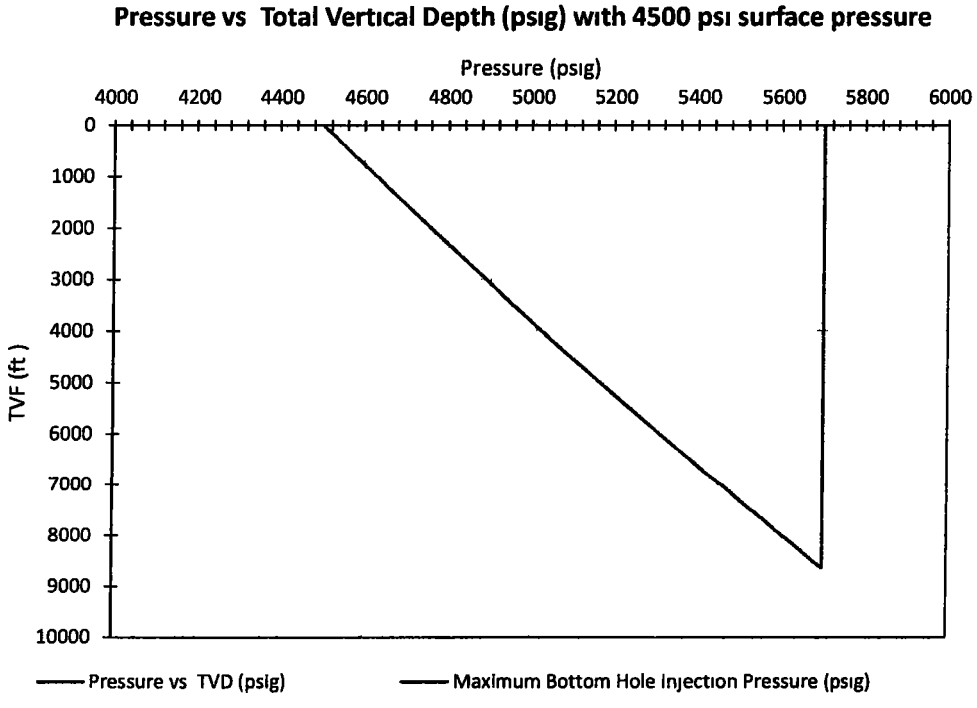


Figure 3 Pressure vs TVD with 4500 psi surface injection pressure

2nd Bone Spring Native Gas Analysis

Atchafalaya/Wildcat Measurement Inc
P O Box 1836
416 East Main Street
Artesia NM 88211 1836

11/29/2016 4 46 PM
Phone 575-746-3481
888-421 9453
Fax 575 748-9852
dnorman@ami email

GAS ANALYSIS REPORT

Analysis For	OXY USA INC
Field Name	CEDAR CANYON
Well Name	CEDAR CANYON 21 #5
Station Number	
Purpose	SPOT
Sample Deg F	60 0
Volume/Day	
Formation	
Line PSIG	188 7
Line PSIA	201 9

Run No	2161129-06
Date Run	11/29/2016
Date Sampled	11/28/2016
Producer	OXY USA INC
County	EDDY
State	NM
Sampled By	JOHN BRITT
Atmos Deg F	55

GAS COMPONENTS

		MOL%	GPM
Oxygen	O_2	0 0000	
Carbon Dioxide	CO_2	0 1879	
Nitrogen	N_2	2 0834	
Hydrogen Sulfide	H_2S	0 0000	
Methane	C1	73 0807	
Ethane	C2	13 7945	3 6682
Propane	C3	6 7409	1 8466
Iso Butane	IC4	0 7892	0 2568
Nor Butane	NC4	1 8466	0 5789
Iso Pentane	IC5	0 3893	0 1416
Nor Pentanes	NC5	0 4175	0 1505
Hexanes Plus	C6+	0 6700	0 2897
Totals		100 0000	6 9323

Pressure Base	14 650
Real BTU Dry	1305 605
Real BTU Wet	1282 686
Calc Ideal Gravity	0 7682
Calc Real Gravity	0 7710
Field Gravity	
Standard Pressure	14 696
Ideal BTU Dry	1304 425
Ideal BTU Wet	1281 728
Z Factor	0 9960
Average Mol Weight	22 2490
Average CuFt/Gal	54 0575
26 lb Product	0 8963
Ethane+ GPM	6 9321
Propane+ GPM	3 2639
Butane+ GPM	1 4174
Pentane+ GPM	0 5817

Remarks
H2S IN GAS STREAM ON LOCATION NONE DETECTED

Analysis By Don Norman

Produced Gas Injectant Gas Analysis

ENTERPRISE PERMIAN
Pr par Code 36 653
Statement Titl M asurement Audit tatemnt Diff renti l)
MEAS Contact ANY CARROLL (713)381 63 1
STMT Contact MARCUS MARE (13)381 816

Accounting/Production Period 08/_016
Mete ID 60841 01
Mete ame CEDAR CANYON COMPRESSOR SUCTION
BTU Basi Dry
Reporting Ba i MCF @ 1 730

CRY USA INC
Re ip ent Code 115102 02
Loc tion Code MA DRN
Report D t /Time 09/13/2016 08 16
St t ment Type Or ginal

CERTIFICATE OF ANALYSIS

Sampl Id 640 1
Sampl Desc CEDAR CANYON COMPRESS SUCTION

D strict 63 S CARLSBAD

Eff ti Date 08/01 2016 0 00
Sampl Date 07/18/2016
A alyzed D te
Sampl Freq MONTHLY

Sampl Type CONTINUOUS
Sampled By
Analyzed By FSLAB
GPA V F ion 145-09

Devic Continuous Sampl
Chrom ID N/A

Sample Temp (F) 88 0
Sampl Press 225 0
Pre Bas 1 73

Compon nt	Mol %	GPM	Others	Mol %	GPM
N thane	76 3140	0 0000	Carbon Dioxide	0 2230	0 0000
Ethane	11 8589	3 1827	H2S	0 0000	0 0000
Propane	5 791	1 4013	Nitroge	1 4953	0 0000
Iso Butane	0 7374	0 2422	Hydrogen	0 0000	0 0000
Butane	1 7502	0 5537	Oxygen	0 0000	0 0000
Iso Pentane	0 3950	0 1 50	Helium	0 0000	0 0000
Pentan	0 4110	0 1495	Argon	0 0000	0 0000
Hexane	0 0000	0 0000	Carbon Monoxide	0 0000	0 0000
H Xan	0 6221	0 3706			
Heptan	0 0000	0 0000	Sub Total Others	2 1192	0 0000
Octan	0 0000	0 0000			
Nonane	0 0000	0 0000			
Decane	0 0000	0 0000			
Sub Tot l GPM	9 8 00	6 1628			
Others	2 11 2	0 0000			
Total	100 0000	6 152			

G vity 0
Dry BTU 1280 3
Wet BTU 125 0

Water Compatibility Study

Scale precipitation due to incompatibility of mixing different waters is simulated using ScaleSoftPitzer™ (SSP) developed by Rice University Brine Chemistry Consortium Compatibility between 2nd Bone Spring formation water and produced water (PW) from Cedar Canyon was performed Water analysis from multiple 2nd Bone Spring wells was used and the average was calculated as a representative 2nd Bone Spring water analysis A produced water analysis from the Cedar Canyon 15 Treatment facility was used as injection water analysis Table 1 shows the water analysis of both waters

Table 1 Water analysis from both 2nd Bone Spring water and PW from Cedar Canyon treatment facility

Cations / Anions (mg/L)	2 d BS wells	CC15 SWD Treatment Facility
Na^+	65 724	50 455
Mg^2	1 264	2 899
Ca^2	8 794	13 025
Sr^2	576	381
Ba^2	1 06	2 0
Fe^2	53 62	2 36
Cl	120 712	109 120
SO_4^2	645	260
HCO3	137 9	24 4
TDS	197 909	175 788
pH	6 3	5 0

The two waters are input into SSP at different ratios to calculate scaling index (SI) and potential precipitation (ppt) in pound per thousand barrels (ptb) Bottom hole temperature of 122 F and bottom hole pressures of 5 000 psia were used in the modeling Results are summarized in Table 2 In general there is a slight inherent scaling tendency with the 2nd Bone Spring water itself The predicted SI is 0 54 Any scaling index above zero indicates a supersaturation condition of the scale By injecting PW (based on water analysis from CC15 SWD) into the 2 d Bone Spring formation it is observed that the scaling index of all three (3) scales becomes smaller In other words by injecting PW we expect a reduction of incompatibility between the two waters and a reduction of scaling tendency of the native formation water

Table 2 Prediction of Scaling Index (SI) and potential precipitation of 3 common oilfield scales by mixing the two waters at different ratios

treated PW from CC15 SWD	avg 2nd BS	Calcite		Barite		Celestite	
% PW	% 2nd BS	SI	ppt (ptb)	SI	ppt (ptb)	SI	ppt (ptb)
100	0	1 49	0 0	0 28	0 0	0 54	0 0
75	25	0 75	0 0	0 18	0 0	0 32	0 0
50	50	0 28	0 0	0 12	0 0	0 15	0 0
25	75	0 12	2 5	0 10	0 0	0 00	1 9
0	100	0 54	11 1	0 1	0 0	0 14	62 9

ITEM VIII
Geologic Statement

Part VIII- Geologic Information

The Bone Spring formation was deposited as a series of alternating carbonate and siliciclastic cycles of Permian (Leonardian) age During periods of high sea level, carbonates were deposited as submarine debris flows along the slope and as hemipelagic carbonate mud towards the basin As sea level fell, siliciclastics were deposited into the basin by widespread turbidite sheets interbedded with clastic rich, hemipelagic mud The proposed gas injection is within the 2nd Bone Spring Sand formation The lithology is composed of argillaceous coarse silt to very fine sand The 2nd Bone Spring Sand is well sorted and texturally mature It was deposited on the slope and toe-of-slope settings as channelized sands and on the basin floor as thin, widespread sheet sands and silts Average porosity of the second Bone Spring Sand in the project area is 7%

In the project area, the top of the Bone Spring Formation is 6600' TVD (-3649 TVDSS) The Base of the Bone Spring formation is 9927 TVD (6976' TVDSS) The top of the Second Bone Spring Sand is 8415' TVD (5464' TVDSS) and the base of the Second Bone Spring Sand formation is 8754' TVD (5803' TVDSS) The 2nd Bone Spring Sand is overlain by the 2nd Bone Spring Lime, a 550' thick low porosity and permeability barrier acting as a seal to the reservoir The 2nd Bone Spring Sand lies on top of the 3rd Bone Spring Lime, a 800 thick low porosity and low permeability layer providing a lower seal to the reservoir

Evaporites of the Salado and Castile formations (Ochoan) overlie the Delaware Mountain Group and these evaporites form a second impermeable barrier to water moving upward from the injection interval Within the area of the proposed gas injection, the base of these evaporites is at about 2920'TVD (31 TVDSS) and the top is at about 600' TVD (2351' TVDSS) All potable groundwater in this area lies above these evaporites in aquifers the Santa Rosa Formation (Triassic Dockum Group), so the depth to bottom of underground drinking water would be about 600 There are no open faults known to be present under the proposed waterflood area, so injected saltwater has no vertical pathway to move upward through the impermeable Delaware Mountain limestones and Ochoan evaporite layers into Triassic aquifers There are no sources of drinking water below the injection zone

Locate freshwater wells within one mile

Per our field personnel, no fresh water wells or windmills were found within one mile of these wells The two wells identified by the Office of the State Engineer of New Mexico as C00863 and C00463 have been converted to brine water wells

I hereby certify that the information presented above is true and correct to the best of my knowledge and belief

12/12/16

Spencer Gunderson
Geologist Sr

Date

ITEM XII
Hydrologic Connection Statement

Item XII

I have examined the available geologic and engineering data for the Cedar Canyon 16 State #7 well and the Cedar Canyon 16 State #12 well and find no evidence of open faults or any other hydrologic connection between the disposal zone any underground sources of drinking water

Spencer Gunderson

Geologist, Sr

12/2/16

Date

ITEM XIII
Proof of Notice

C 108 Injection Application -Cedar Canyon
Item XIII Proof of Notice
OXY USA Inc
Cedar Canyon 16 State #7H & #12H

New Mexico Oil Conservation Division
811 S First St.
Artesia NM 88210

New Mexico Oil Conservation Division
1220 South St. Francis Dr
Santa Fe NM 87505

United States Dept of Interior
Bureau of Land Management
620 E Greene Street
Carlsbad NM 88220

New Mexico State Land Office
310 Old Sanata Fe Trail
Sanata Fe NM 87504

Surface owners

Henry McDonald and John D Brantley
Valley Land Ranch
Attn Cas Tabor
112 North Canyon Bujac Building
Carlsbad NM 88220

Leasehold operators

OXY USA Inc
P O Box 50250
Midland TX 79710

Devon Energy Production Company LP
333 W Sheridan
Oklahoma City OK 73102
Attn Land Manager--New Mexico

Mobil Producing Texas & New Mexico Inc
810 Houston St
Fort Worth TX 76102-6298
Attn Land Department – New Mexico

Avalanche Royalty Partners LLC
C/O BWAD Incorporated
475 17th Street, Suite 1390
Denver CO 80202

COG Operating LLC
One Concho Center
600 W Illinois Ave
Midland TX 79701
Attention Land Manager New Mexico

Unit Petroleum Company
P O Box 702500
Tulsa OK 74170
Attention Patrick Shortess

Vision Energy Inc
PO Box 2459
Carlsbad NM 88221
Attention David Maley

GD McKinney Investments LP
300 N Marienfed Ste 1100
Midland TX 79701
Attn Gary D McKinney

B Jack Reed
506 Chansmatic
Midland TX 79705
Attn B Jack Reed

Leopard Petroleum LP
4200 Fairwood
Midland TX 79707
Attn Gerald A Hancock

DRW Energy LLC
4107 Tanforan
Midland TX 79707

Beryl Oil and Gas LP
6707 Pebble Court
Midland TX 79707

M lissa L McKinney Schoening
301 Sir Barton Parkway
Midland TX 79705

Bergfeld Land & Minerals Group LLC
305 South Broadway Ste 304
Tyler TX 75702

Realezza Del Spear LP
P O Box 1684
Midland TX 79702
Attention Shane Spear

Barbara L Backman Inc
Attn J Douglas Heiskell
1516 W Riverside Ave
Spokane WA 99201

Caren G Lucas
P O Box 90621
Austin TX 78709 0621

Caren Gall Lucas Trustee of the Caren Gall Lucas Exempt Trust
Caren Gall Lucas Trustee
P O Box 90621
Austin TX 78709 0621

Catherine G Parker

3721 Pallos Verdas Drive
Dallas TX 75229

Catherine Gall Parker and Craig Parker as Co-Trustees of the Catherine Gall Parker Exempt Trust
Catherine Gall Parker and Craig Parker as Co-Trustees
3721 Pallos Verdas Drive
Dallas TX 75229

Catherine Gall Parker and Craig Parker as Co-Trustees of the Gall Credit Shelter Trust
Catherine Gall Parker and Craig Parker as Co-Trustees
3721 Pallos Verdes Drive
Dallas TX 75229

Earl B Guitar Jr and Margaret A Guitar Co Trustees of the Earl B Guitar Jr and Margaret A Guitar Revocable Trust
Attn Philip E Guitar
P O Box 748
Abilene TX 79604

Guitar Land & Cattle Company LP
Attn Phil Guitar
P O Box 2213
Abilene TX 79604

Guitar-Galusha LP
Attn Marilyn Galusha
P O Box 1438
Abilene TX 79604

Santa Elena Minerals LP
P O Box 2063
Midland TX 79702

Jack G Woods Jr
P O Box 341342
Austin TX 78738

James M Alexander
P O Box 58
Abilene TX 79604

CrownRock Minerals LP
P O Box 51933
Midland TX 79710

Ross Duncan Properties LLC
P O Box 647
Artesia NM 88211

John K Guitar
P O Box 1121
Clyde TX 79510

JPH Holdings LP
4400 Arcady Ave
Dallas TX 75205

Judy Guitar Uhey
117 Calumet Loop
Elizabethtown KY 42701

Kelly W Leach
312 Greatview Circle
Hoover AL 35226

Laura J Hofer Trustee of the Laura J Hofer Trust U/T/A dated February 19 1991
Attn Paul Hofer
11248 S Turner Ave
Ontario CA 91761

Leslie D Guitar

P O Box 2228
Brownwood TX 76804

Mallard Royalty Partners L P

P O Box 52267
Midland TX 79710

Truchas Peaks LLC
110 Louisiana Suite 500
Midland TX 79701

Lesli Guitar Nichols
6305 W County Rd 34
Knott TX 79748

Lost Creek Royalties
PO BOX 11148
Midland TX 79702

Melissa Gray A/K/A Melissa McGee
2801 South 25th
Abilene TX 79605

Murchison Guitar Family LP
Rusty Murchison
P O Box 712
Red Bluff CA 96080

Polk Land & Minerals LP
Elizabeth Polk
1101 Butternut
Abilene TX 79602

Sally Guitar
10 Woodhaven Cir
Abilene TX 79605

Sharon Guitar Ellis
670 Yellowstone Trail Road
Snoqualmie Pass WA 98068

Woods Dickens Ranch L P
Attn Jack Woods
36 Surrey Square
Abilene TX 79606

Charlotte F Albright
1705 Boyd Drive
Carlsbad New Mexico 88220

Gayle N Nicolay Trustee of the
Gayle N Nicolay Revocable Trust
Gayle N Nicolay Trustee
5528 Tahoe Lane
Fairway KS 66205

Guy P Witherspoon III
P O Box 100403
Fort Worth TX 76185 0403

John G Witherspoon Jr
7404 Lemonwood Ln
Fort Worth TX 76133

Mary L Forehand Life Estate
Remainder to Mark L Forehand
403 San Juan Manor
Carlsbad NM 88220

Pardue Limited Company
P O Box 4294
Carlsbad NM 88221

Pressley H Guitar
P O Box 5383
Abilene TX 79608

Virginia N Hoff Trustee of the
Virginia N Hoff Management Trust
Virginia N Hoff Trustee
2601 Lakewood Circle
Tuscaloosa AL 35405

MRC Permian Company

5400 LBJ Freeway Suite 1500
Dallas TX 75240
Attention Land Manager – New Mexico

Conoco Phillips Company
Attn Land Department New Mexico
P O Box 2197
Houston TX 77252 2197

Jeri Alexander Mangum and First Financial Trust and Asset Management Company as Trustees of the Jane Alexander Rhodes Revocable Trust
Jeri Alexander Mangum and First Financial Trust and Asset Management Company as Trustees
P O Box 701
Abilene TX 79604

Roy G Barton III
1919 N Turner Street
Hobbs NM 88240

Brett C Barton
7800 Aria Loop
Austin TX 78736

Heidi C Barton
2008 Vega Ct
Hobbs NM 88240

Thomas Earl Forni
1013 South Country Club Circle
Carlsbad NM 88221

The MLBK Family Trust
C/O Michael J Forni
P O Box 600575
Dallas TX 75360

Side 2

INJECTION WELL DATA SHEET

Tubing Size _2 3/8 or 2 7/8 L-80 tubing_4 7 lb/ft_____Lining Material _None_____

Type of Packer __5-1/2' permanent packer

Packer Setting Depth _8496_____

Other Type of Tubing/Casing Seal (if applicable) _ R Nipple 1 87 Seal bore extension___

Additional Data

1 Is this a new well drilled for injection? _____Yes ___X___No

If no for what purpose was the well originally drilled? _Producer-Oil_____

_____

2 Name of the Injection Formation __2nd Bone Spring_____

3 Name of Field or Pool (if applicable) _Pierce Crossing Bone Spring, East

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 __
__Brushy Canyon Formation (Delaware) (overlying) (5000)_____

__Wolfcamp Formation (underlying) (9925)_____

_____

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 5 - Case No 15616
Submitted by OXY
Hearing Date February 2, 2017

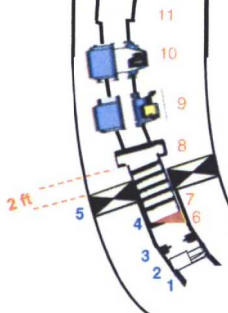
Proposed Wellbore Diagram
CEDAR CANYON 16 STATE #7H

11-3/4"; 42#; H-40; casing shoe at 335' (Circ cement to surface)

8-5/8"; 32#; J-55; casing shoe at 3095' (Circ cement to surface)

	Description	Length	Top	Bottom	Angle
	KB	24.0		24.0	
	Tubing hanger	1.0	24.0	25.0	
	2-7/8" tubing L-80 6.5#/ft EUE B&P	8388.9	25.0	8413.9	
11	X/Over 2-7/8" x 2-3/8" EUE	1.0	8413.9	8414.9	24°
	2-3/8" tubing L-80 4.7#/ft EUE B&P	4.1	8414.9	8419.0	
10	Weatherford SPM with 2-3/8" EUE BxP (Orifice 1/4")	6.0	8419.0	8425.0	26°
	2-3/8" tubing L-80 4.7#/ft EUE B&P	31.0	8425.0	8456.0	
9	SLB DOWNHOLE GAUGE CTS	5.0	8456.0	8461.0	30°
	2-3/8" tubing L-80 4.7#/ft EUE B&P	31.0	8461.0	8492.0	
8	Watson tubing locator sub assy 2-3/8" EUE with 2 seal units 3" OD x 2.375" ID	4.0	8492.0	8496.0	36°
7	Watson Seal units 3" OD x 2.375" ID	8.0	8496.0	8504.0	36°
6	Watson half mule shoe seal unit 3" OD x 2.375" ID	1.0	8504.0	8505.0	
	Note: Tubing locator space out 2' above top of packer				
5	Watson permanent packer 3" ID for 5-1/2" casing	3.0	**8496.0**	8499.0	36°
4	Watson Seal Bore Extension 4.5" OD x 3" ID with 2-3/8" EUE	10.0	8499.0	8509.0	
	2-3/8" pup joint 4.7# L-80 EUE BxP	6.0	8509.0	8515.0	
3	XN profile No-Go 1.87" with 2-3/8" EUE BxP	1.0	8515.0	8516.0	38°
2	2-3/8" ceramic disk	1.0	8516.0	8517.0	
1	2-3/8" Wire line entry guide	1.0	8517.0	8518.0	38°

KOP at 7756' (MD) / 7753' (TVD)



PERFS at 9200' - 13680'

5-1/2" 17# L-80 Buttress casing shoe at 13725' MD/ 8644' TVD
Circulate cement to surface
PBTD at 13641'

Side 2

INJECTION WELL DATA SHEET

Tubing Size _2 3/8 or 2 7/8 L-80 tubing 4 7 lbs/ft_____ Lining Material _None_____

Type of Packer __FB 1 permanent packer for 5 ½' casing 14-17 lbs/ft_____

Packer Setting Depth _8600 _____

Other Type of Tubing/Casing Seal (if applicable) _R Nipple 1 87 with Seal bore extension

Additional Data

1 Is this a new well drilled for injection? _____Yes ___X___No

If no for what purpose was the well originally drilled? _Producer-Oil_____

_____

2 Name of the Injection Formation __2nd Bone Spring_____

3 Name of Field or Pool (if applicable) _Corral Draw Bone Spring

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 __
__Brushy Canyon Formation (Delaware) (overlying) (5030)_____

__Wolfcamp Formation (Underlying) (9925)_____

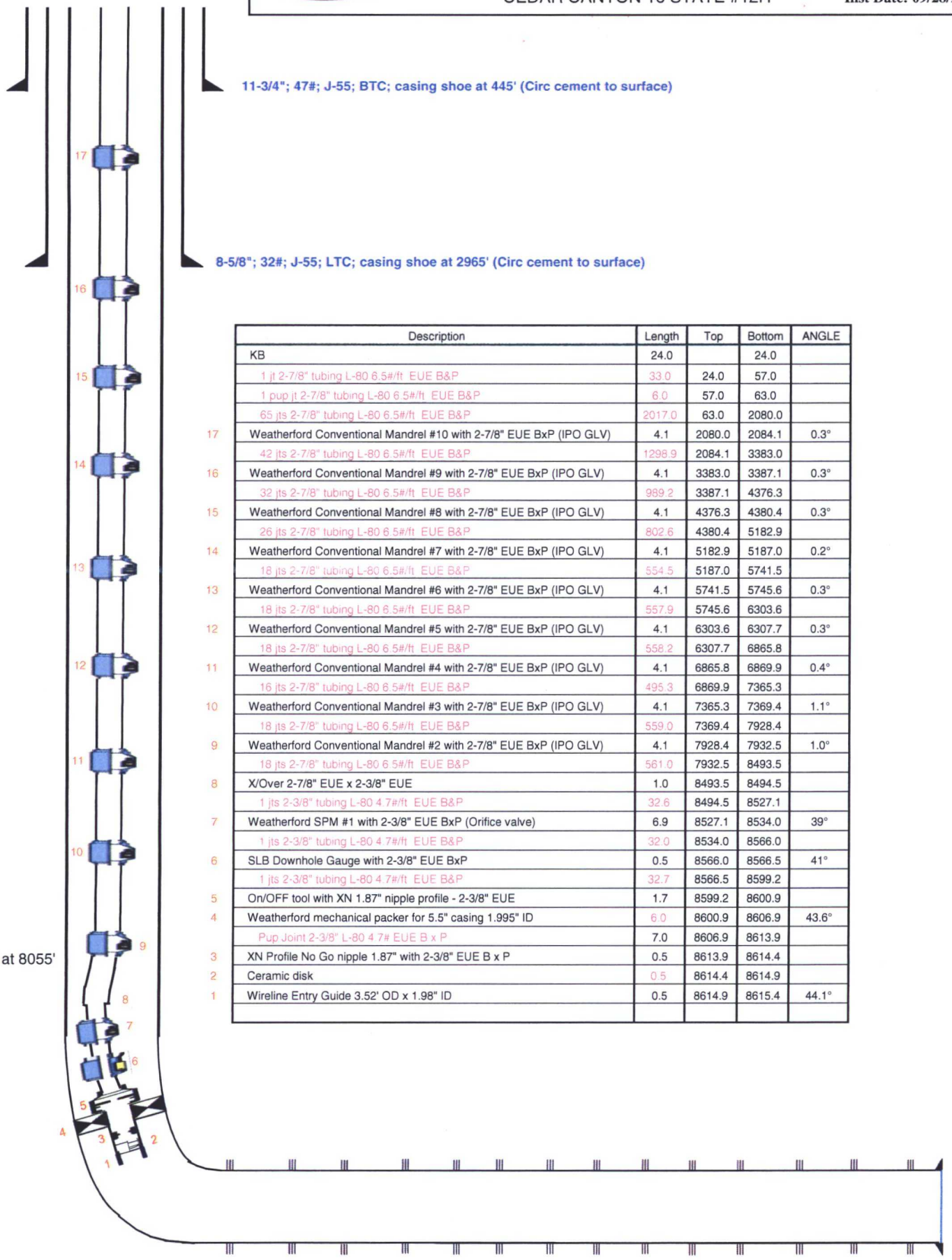
_____

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 6 – Case No 15616
Submitted by OXY
Hearing Date February 2, 2017

Current Wellbore Diagram

CEDAR CANYON 16 STATE #12H

Inst Date: 09/28/2016



	Description	Length	Top	Bottom	ANGLE
	KB	24.0		24.0	
	1 jt 2-7/8" tubing L-80 6.5#/ft EUE B&P	33.0	24.0	57.0	
	1 pup jt 2-7/8" tubing L-80 6.5#/ft EUE B&P	6.0	57.0	63.0	
	65 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	2017.0	63.0	2080.0	
17	Weatherford Conventional Mandrel #10 with 2-7/8" EUE BxP (IPO GLV)	4.1	2080.0	2084.1	0.3°
	42 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	1298.9	2084.1	3383.0	
16	Weatherford Conventional Mandrel #9 with 2-7/8" EUE BxP (IPO GLV)	4.1	3383.0	3387.1	0.3°
	32 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	989.2	3387.1	4376.3	
15	Weatherford Conventional Mandrel #8 with 2-7/8" EUE BxP (IPO GLV)	4.1	4376.3	4380.4	0.3°
	26 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	802.6	4380.4	5182.9	
14	Weatherford Conventional Mandrel #7 with 2-7/8" EUE BxP (IPO GLV)	4.1	5182.9	5187.0	0.2°
	18 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	554.5	5187.0	5741.5	
13	Weatherford Conventional Mandrel #6 with 2-7/8" EUE BxP (IPO GLV)	4.1	5741.5	5745.6	0.3°
	18 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	557.9	5745.6	6303.6	
12	Weatherford Conventional Mandrel #5 with 2-7/8" EUE BxP (IPO GLV)	4.1	6303.6	6307.7	0.3°
	18 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	558.2	6307.7	6865.8	
11	Weatherford Conventional Mandrel #4 with 2-7/8" EUE BxP (IPO GLV)	4.1	6865.8	6869.9	0.4°
	16 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	495.3	6869.9	7365.3	
10	Weatherford Conventional Mandrel #3 with 2-7/8" EUE BxP (IPO GLV)	4.1	7365.3	7369.4	1.1°
	18 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	559.0	7369.4	7928.4	
9	Weatherford Conventional Mandrel #2 with 2-7/8" EUE BxP (IPO GLV)	4.1	7928.4	7932.5	1.0°
	18 jts 2-7/8" tubing L-80 6.5#/ft EUE B&P	561.0	7932.5	8493.5	
8	X/Over 2-7/8" EUE x 2-3/8" EUE	1.0	8493.5	8494.5	
	1 jts 2-3/8" tubing L-80 4.7#/ft EUE B&P	32.6	8494.5	8527.1	
7	Weatherford SPM #1 with 2-3/8" EUE BxP (Orifice valve)	6.9	8527.1	8534.0	39°
	1 jts 2-3/8" tubing L-80 4.7#/ft EUE B&P	32.0	8534.0	8566.0	
6	SLB Downhole Gauge with 2-3/8" EUE BxP	0.5	8566.0	8566.5	41°
	1 jts 2-3/8" tubing L-80 4.7#/ft EUE B&P	32.7	8566.5	8599.2	
5	On/OFF tool with XN 1.87" nipple profile - 2-3/8" EUE	1.7	8599.2	8600.9	
4	Weatherford mechanical packer for 5.5" casing 1.995" ID	6.0	8600.9	8606.9	43.6°
	Pup Joint 2-3/8" L-80 4.7# EUE B x P	7.0	8606.9	8613.9	
3	XN Profile No Go nipple 1.87" with 2-3/8" EUE B x P	0.5	8613.9	8614.4	
2	Ceramic disk	0.5	8614.4	8614.9	
1	Wireline Entry Guide 3.52' OD x 1.98" ID	0.5	8614.9	8615.4	44.1°

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

APPLICATION OF OXY USA INC FOR APPROVAL OF A PRESSURE MAINTENANCE PROJECT, EDDY COUNTY, NEW MEXICO

CASE NO 15616

AFFIDAVIT

STATE OF NEW MEXICO)
) ss
COUNTY OF SANTA FE)

Jordan L Kessler, attorney in fact and authorized representative of OXY USA Inc , the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the addresses shown attached hereto, and that true and correct copies of the notice letter and proof of receipt are attached hereto

Jordan L Kessler

SUBSCRIBED AND SWORN to before this 1st day of February, 2017 by Jordan L Kessler

Notary Public

My Commission Expires

February 26, 2017

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 7 – Case No 15616
Submitted by **OXY**
Hearing Date February 2, 2017

HOLLAND&HART LLP

Jordan L Kessler
Associate
Phone (505) 988 4421
Fax (505) 983 6043
JLKessler@hollandhart com

December 30 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED PARTIES

Re Application of OXY USA Inc for Approval of a Pressure Maintenance Project, Eddy County, New Mexico

Ladies and Gentlemen

This letter is to advise you that OXY USA Inc has filed the enclosed application with the New Mexico Oil Conservation Division This application has been set for hearing before a Division Examiner at 8 15 a m on January 19 2016 The hearing will be held in Porter Hall in the Oil Conservation Division s Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505 You are not required to attend this hearing but as an owner of an interest that may be affected by this application you may appear and present testimony Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date

Parties appearing in cases are required by Division Rule 19 15 4 13 B to file a Pre Hearing Statement with the Oil Conservation Division s Santa Fe office four business days in advance of a scheduled hearing but at least on the Thursday preceding the hearing This statement must be filed at the Division's Santa Fe office at the above specified address and should include the names of the parties and their attorneys a concise statement of the case the names of all witnesses the party will call to testify at the hearing the approximate time the party will need to present its case and identification of any procedural matters that are to be resolved prior to the hearing

If you have any questions regarding this application please contact Sarah Mitchell at (432) 699-4318 or Sarah_Mitchell@oxy com

Sincerely

for Jordan L Kessler
ATTORNEY FOR OXY USA, INC

Enclosures

OXY USA INC
APPROVAL OF A PRESSURE MAINTENANCE PROJECT

New Mexico Oil Conservation
Division
811 S First Street
Artesia NM 88210

New Mexico Oil Conservation
Division
1220 South St Francis Drive
Santa Fe New Mexico 87505

United States Department of Interior
Bureau of Land Management
620 E Greene Street
Carlsbad NM 88220

New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe, NM 87504

Henry McDonald and John D Brantley
Valley Land Ranch
Attn Cas Tabor
112 North Canyon Bujac Building
Carlsbad NM 88220

OXY USA Inc
P O Box 50250
Midland, TX 79710

Devon Energy Production Company LP
333 W Sheridan
Oklahoma City OK 73102
Attn Land Manager NM

Mobil Producing Texas & New
Mexico Inc
810 Houston Street
Fort Worth TX 73102
Attn Land Department – NM

Avalanche Royalty Partners LLC
c/o BWAD Incorporated
475 17th Street Suite 1390
Denver Colorado 80202

COG Operating LLC
One Concho Center
600 West Illinois
Midland TX 79701
Attn Land Manager – NM

Unit Petroleum Company
P O Box 702500
Tulsa, OK 74170
Attn Patrick Shortess

Vision Energy Inc
P O Box 2459
Carlsbad NM 88221
Attn David Maley

GD McKinney Investments LP
300 N Marienfield Suite 1100
Midland TX 79701
Attn Gary D McKinney

B Jack Reed
506 Charismatic
Midland, TX 79705

Leopard Petroleum LP
4200 Fairwood
Midland TX 79707
Attn Gerald A Hancock

DRW Energy, LLC
4107 Tanforan
Midland TX 79707

Beryl Oil and Gas, LP
6707 Pebble Court
Midland, TX 79707

M lissa L McKinney
Schoening
301 Sir Barton Parkway
Midland, TX 79705

Bergfeld Land & Minerals
Group LLC
305 South Broadway Suite 304
Tyler, TX 75702

Realeza Del Spear LP
P O Box 1684
Midland, TX 79702
Attn Shane Spear

Barbara L Backman, Inc
Attn J Douglas Heiskell
1516 W Riverside Ave
Spokane, WA 99201

Caren G Lucas
P O Box 90621
Austin, TX 78709

Caren Gall Lucas Trustee of the Caren
Gall Lucas Exempt Trust Caren Gall
Lucas Trustee
Post Office Box 90621
Austin TX 78709

Catherine G Parker
3721 Pallos Verdas Drive
Dallas, TX 75229

Catherine Gall Parker and Craig Parker as
Co Trustees of the Catherine Gall Parker
Exempt Trust Catherine Gall Parker and
Craig Parker as Co Trustees
3721 Pallos Verdas Drive
Dallas TX 75229

Catherine Gall Parker and Craig Parker as
Co Trustees of the Gall Credit Shelter Trust
Catherine Gall Parker and Craig Parker as
Co Trustees
3721 Pallos Verdes Drive
Dallas Texas 75229

Earl B Guitar Jr and Margaret A Guitar
Co Trustees of the Earl B Guitar Jr and
Margaret A Guitar Revocable Trust
Attn Phillip E Guitar
P O Box 748
Abilene TX 79604

OXY USA INC
APPROVAL OF A PRESSURE MAINTENANCE PROJECT

Guitar Land & Cattle Company LP
Attn Phil Guitar
P O Box 2213
Abilene TX 79604

Guitar-Galusha, LP
Attn Marilyn Galusha
P O Box 1438
Abilene TX 79604

Santa Elena Minerals, LP
P O Box 2063
Midland, TX 79702

Jack G Woods, Jr
P O Box 341342
Austin TX 78738

James M Alexander
P O Box 58
Abilene TX 79604

CrownRock Minerals LP
P O Box 51933
Midland, TX 79710

Ross Duncan Properties LLC
P O Box 647
Artesia, NM 88211

John K Guitar
P O Box 1121
Clyde, TX 79510

JPH Holdings, LP
4400 Arcady Ave
Dallas, TX 75205

Judy Guitar Uhey
117 Calumet Loop
Elizabethtown, KY 42701

Kelly W Leach
312 Greatview Circle
Hoover, AL 35226

Laura J Hofer Trustee of the Laura J Hofer
Trust U/T/A dated February 19 1991
Attn Paul Hofer
11248 S Turner Avenue
Ontario CA 91761

Leslie D Guitar
P O Box 2228
Brownwood, T 76804

Mallard Royalty Partners, L P
P O Box 52267
Midland TX 79710

Lesli Guitar Nichols
6305 W County Road 34
Knott, TX 79748

Lost Creek Royalties
P O Box 11148
Midland TX 79702

Melissa Gray A/K/A Melissa McGee
2801 South 25th
Abilene TX 79605

Murchison-Guitar Family, LP
Rusty Murchison
P O Box 712
Red Bluff, CA 96080

Polk Land & Minerals, LP
Elizabeth Polk
1101 Butternut
Abilene, TX 79602

Sally Guitar
10 Woodhaven Circle
Abilene, TX 79605

Sharon Guitar Ellis
670 Yellowstone Trail Road
Snoqualmie Pass, WA 98068

Woods Dickens Ranch L P
Attn Jack Woods
36 Surrey Square
Abilene, TX 79606

Charlotte F Albright
1705 Boyd Drive
Carlsbad, NM 88220

Gayle N Nicolay Trustee of the
Gayle N Nicolay Revocable Trust
Gayle N Nicolay Trustee
5528 Tahoe Lane
Fairway KS 66205

Guy P Witherspoon, III
P O Box 100403
Fort Worth, TX 76185

John G Witherspoon, Jr
7404 Lemonwood Lane
Fort Worth, TX 76133

Mary L Forehand Life Estate
Remainder to Mark L Forehand
403 San Juan Manor
Carlsbad NM 88220

OXY USA INC
APPROVAL OF A PRESSURE MAINTENANCE PROJECT

Pardue Limited Company
P O Box 4294
Carlsbad, NM 88221

Pressley H Guitar
P O Box 5383
Abilene, TX 79608

Virginia N Hoff Trustee of the Virgini N Hoff Management Trust Virginia N Hoff Trustee
2601 Lakewood Circle
Tuscaloosa AL 35405

MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Conoco Phillips Company
Attn Land Department New Mexico
P O Box 2197
Houston TX 77252

Jeri Alexander Mangum and First Financial Trust and Asset Management Company as Trustees of the Jane Alexander Mangum and First Financial Trust and Asset Management Company as Trustees
P O Box 701
Abilene TX 79604

Roy G Barton III
1919 N Turner Street
Hobbs NM 88240

Brett C Barton
7800 Aria Loop
Austin TX 78736

Heidi C Barton
2008 Vega Court
Hobbs New Mexico 88240

Thomas Earl Forni
1013 South Country Club Circle
Carlsbad NM 88221

The MLBK Family Trust
c/o Michael J Forni
P O Box 600575
Dallas, TX 75360

Truchas Peaks LLC
110 Louisiana Suite 500
Midland TX 79701

7015 1520 0002 0438 5436

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
POST OFFICE

James M Alexander
P O Box 58
Abilene TX 79604

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

James M Alexander
P O Box 58
Abilene, TX 79604

9590 9402 1203 5246 0753 00

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5436

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) Laura Whitehurst C Date of Delivery 1-04-17

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

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

7015 1520 0002 0438 5429

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information,

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
POST OFFICE

Jack G Woods, Jr
P O Box 341342
Austin, TX 78738

City State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Jack G Woods Jr
P O Box 341342
Austin TX 78738

9590 9402 1203 5246 0752 94

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5429

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) Jack Woods C Date of Delivery 1-3-17

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

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

7015 1520 0002 0438 5412

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visi

OFFICIAL

MHF/OXY
PRESSURE MAINTENANCE

SAN ANTONIO TX 782

DEC 0 2016

Postmark Here

POST OFFICE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Santa Elena Minerals LP
P O Box 2063
Midland TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Santa Elena Minerals, LP
P O Box 2063
Midland, TX 79702

9590 9402 1203 5246 0752 87

2 Article Number (Transfer from service label)

7015 1520 0002 0438 5412

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alicia Sites ☑ Agent ☐ Addressee

B Received by (Printed Name) Alicia Sites
C Date of Delivery 1/17/17

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

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

7015 1520 0002 0438 5405

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visi

OFFIC

MHF/OXY
PRESSURE MAINTENANCE

SAN ANTONIO TX 782

DEC 20 2016

Postmark Here

POST OFFICE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Guitar-Galusha LP
Attn Marilyn Galusha
P O Box 1438
Abilene, TX 79604

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Guitar Galusha LP
Attn Marilyn Galusha
P O Box 1438
Abilene TX 79604

9590 9402 1203 5246 0752 70

2 Article Number (Transfer from service label)

7015 1520 0002 0438 5405

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B Received by (Printed Name) Lafrenda Munoz
C Date of Delivery 1-5-17

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

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

7015 1520 0002 0438 5399

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage

DEC 0 2016
Postmark Here

Guitar Land & Cattle Company LP
Attn Phil Guitar
P O Box 2213
Abilene TX 79604

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Guitar Land & Cattle Company LP
Attn Phil Guitar
P O Box 2213
Abilene TX 79604

9590 9402 1203 5246 0752 63

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5399

COMPLETE THIS SECTION ON DELIVERY

A Signature
X Glenda Wilson ☐ Agent ☑ Addressee

B Received by (Printed Name) Glenda Wilson
C Date of Delivery 1-4-17

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

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

7015 1520 0002 0438 5375

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage

DEC 30 2016
Postmark Here

Catherine Gall Parker and Craig Parker as
Co Trustees of the Gall Credit Shelter Trust
Catherine Gall Parker and Craig Parker as
Co Trustees
3721 Pallos Verdes Drive
Dallas Texas 75229

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Catherine Gall Parker and Craig Parker as
Co Trustees of the Gall Credit Shelter Trust
Catherine Gall Parker and Craig Parker as
Co Trustees
3721 Pallos Verdes Drive
Dallas Texas 75229

9590 9402 1203 5246 0752 49

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5375

COMPLETE THIS SECTION ON DELIVERY

A Signature
X ☐ Agent ☐ Addressee

B Received by (Printed Name) C Date of Delivery 1-3-17

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

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

7015 1520 0002 0438 5382

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM
DEC 30 2016
Postmark Here
DEPARTMENT OF THE POST OFFICE

Earl B Guitar Jr and Margaret A Guitar
Co Trustees of the Earl B Guitar Jr and
Margaret A Guitar Revocable Trust
Attn Phillip E Guitar
P O Box 748
Abilene TX 79604

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Earl B Guitar Jr and Margaret A Guitar
Co Trustees of the Earl B Guitar Jr and
Margaret A Guitar Revocable Trust
Attn Phillip E Guitar
P O Box 748
Abilene TX 79604

9590 9402 1203 5246 0752 56

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5382

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Glenda Wilson ☐ Agent ☐ Addressee

B Received by (Printed Name) Glenda Wilson
C Date of Delivery 1-4-17

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

Domestic Return Receipt

7015 1520 0002 0438 5351

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM
DEC 30 2016
Postmark Here
DEPARTMENT OF THE POST OFFICE

Catherine Gall Parker and Craig Parker as
Co Trustees of the Catherine Gall Parker
Exempt Trust Catherine Gall Parker and
Craig Parker as Co Trustees
3721 Pallos Verdas Drive
Dallas TX 75229

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

CERTIFIED MAIL®

SENDER: 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

1 Article Addressed to

Catherine Gall Parker and Craig Parker as
Co Trustees of the Catherine Gall Parker
Exempt Trust Catherine Gall Parker and
Craig Parker as Co Trustees
3721 Pallos Verdas Drive
Dallas TX 75229

9590 9402 1203 5246 0758 43

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5351

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

A. Signature
X Catherine Parker ☐ Agent ☐ Addressee

B Received by (Printed Name) C Date of Delivery 1-3-17

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

Domestic Return Receipt

7015 1520 0002 0438 5368

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
MHF/OXY
PRESSURE MAINTENANCE
OFFIC

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 $

USPS SANTA FE NM 87594
DEC 20 2016
Postmark Here
DENVER CO POST OFFICE

Catherine G Parker
3721 Pallos Verdas Drive
Dallas, TX 75229

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Catherine G Parker
3721 Pallos Verdas Drive
Dallas TX 75229

9590 9402 1203 5246 0758 36

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5368

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) C Date of Delivery
1/4/17

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

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

7015 1520 0002 0438 5344

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information
MHF/OXY
PRESSURE MAINTENANCE
OFFI

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594
DEC 20 2016
Postmark Here
DENVER CO POST OFFICE

Caren Gall Lucas Trustee of the Caren Gall Lucas Exempt Trust Caren Gall Lucas Trustee
Post Office Box 90621
Austin TX 78709

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Caren Gall Lucas Trustee of the Caren Gall Lucas Exempt Trust Caren Gall Lucas Trustee
Post Office Box 90621
Austin TX 78709

9590 9402 1203 5246 0758 29

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5344

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) Rhea Griffith C Date of Delivery
JAN 3 2017

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

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

7015 1520 0002 0438 5337

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

DEC 30 2016
Postmark Here
POST OFFICE

Caren G Lucas
P O Box 90621
Austin TX 78709

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Caren G. Lucas
P.O Box 90621
Austin, TX 78709

9590 9402 1203 5246 0758 12

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5337

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Reba Griffith ☐ Agent ☐ Addressee

B Received by (Printed Name) Reba Griffith C Date of Delivery JAN 03 2017

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

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

7015 1520 0002 0438 5320

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery

DEC 30 2016
Postmark Here
POST OFFICE

Barbara L Backman Inc
Attn J Douglas Heiskell
1516 W Riverside Ave
Spokane, WA 99201

City, State, ZIP+4®

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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

Barbara L Backman Inc
Attn J Douglas Heiskell
1516 W Riverside Ave
Spokane WA 99201

9590 9402 1203 5246 0758 05

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5320

COMPLETE THIS SECTION ON DELIVERY

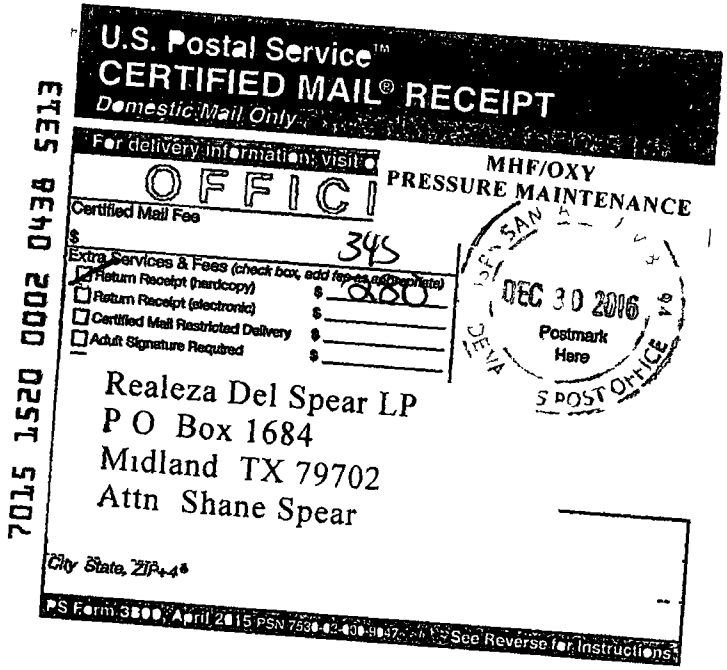
A. Signature
X Tamara Brown ☐ Agent ☐ Addressee

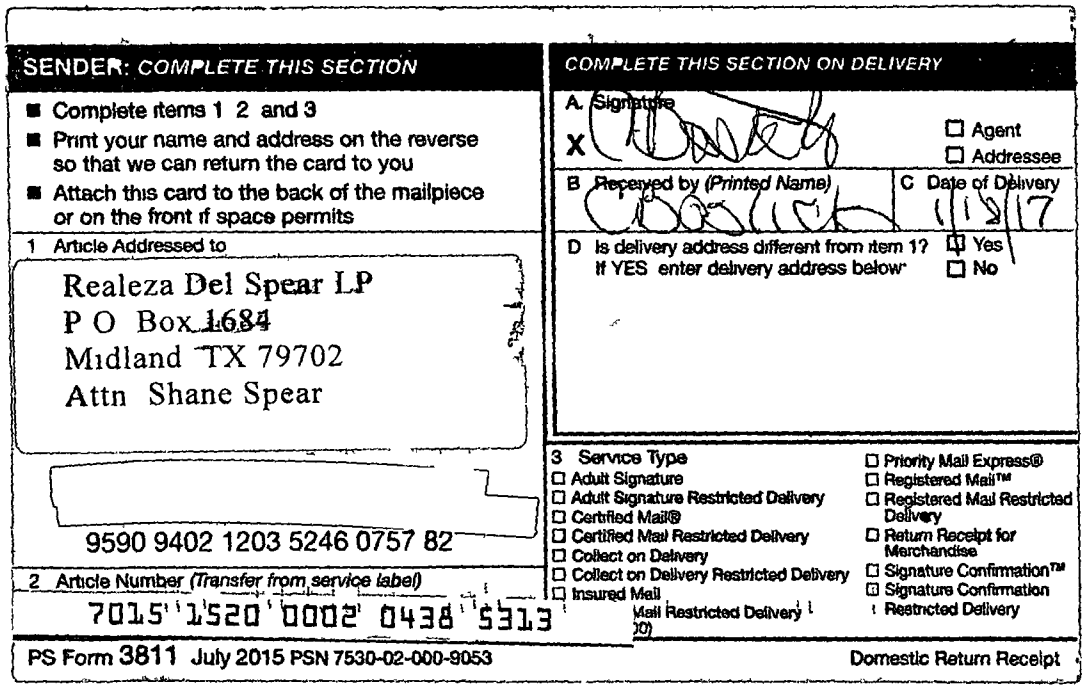
B Received by (Printed Name) Tamara Brown C Date of Delivery 1/3/17

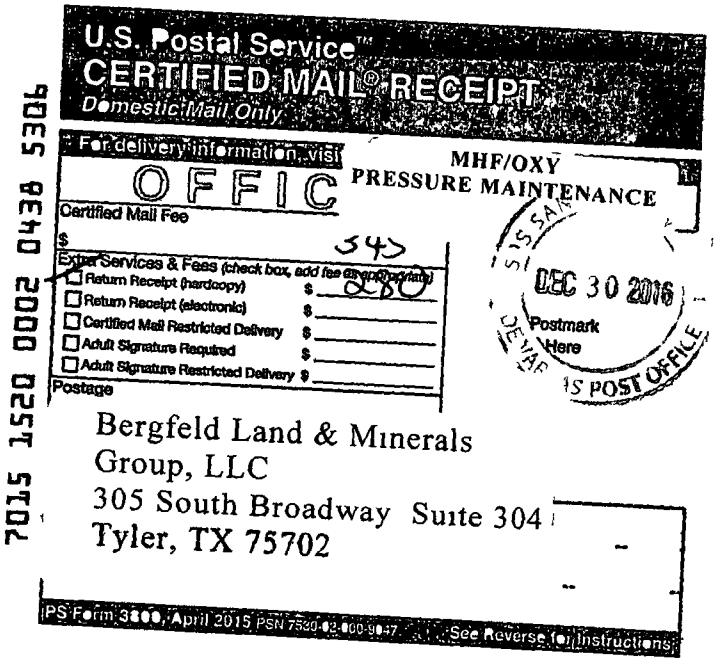
D Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below ☐ No

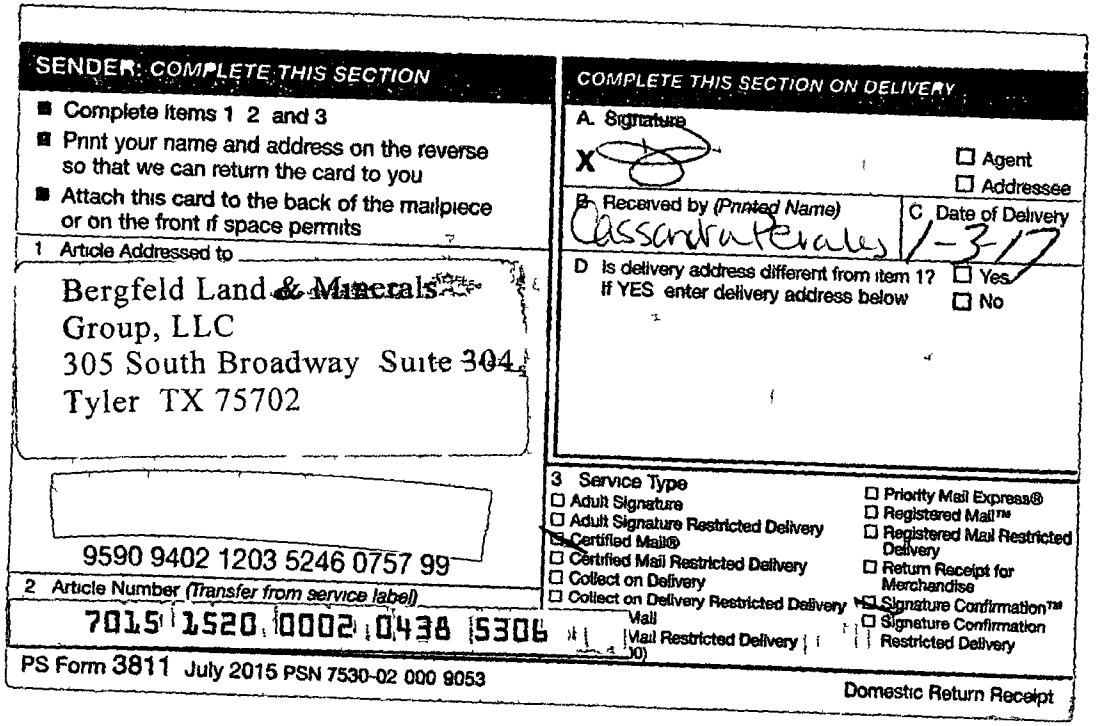
3 Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

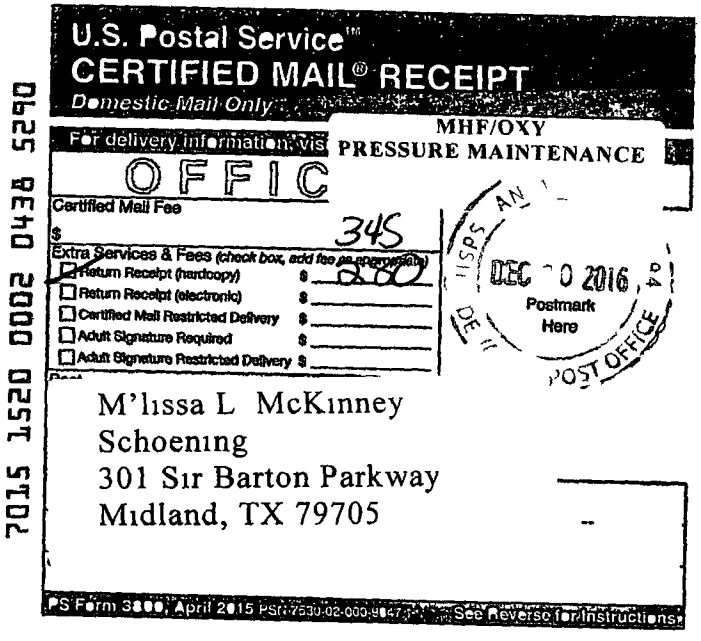
PS Form 3811 July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

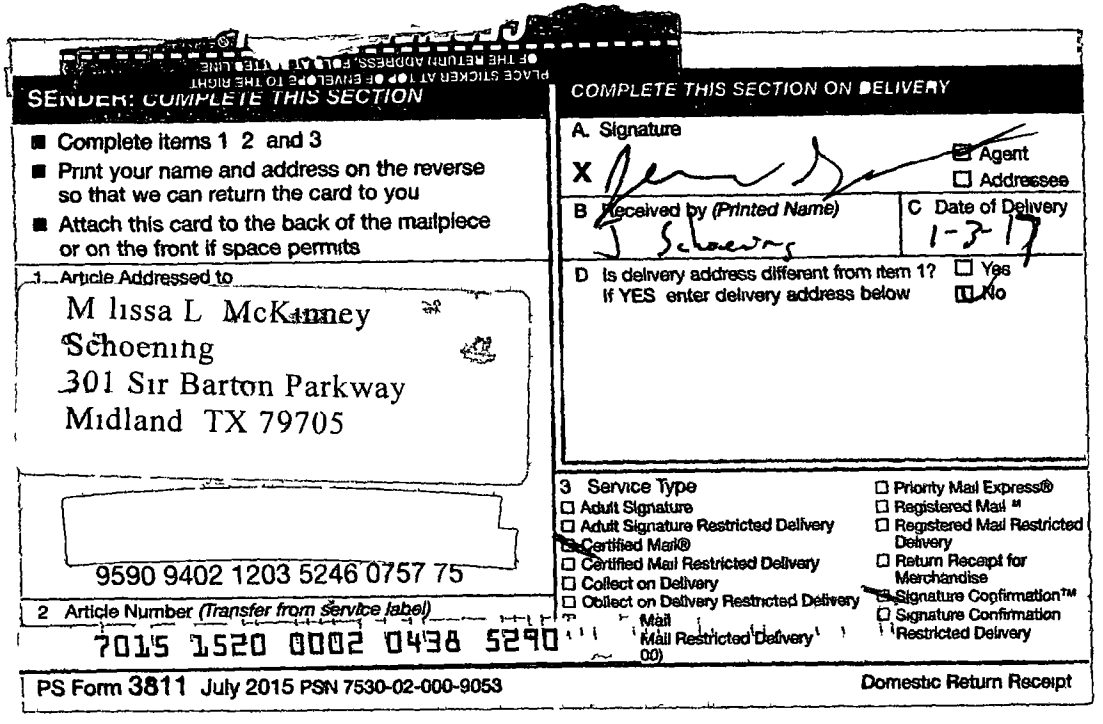

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit
OFFICI
MHF/OXY
PRESSURE MAINTENANCE
Certified Mail Fee
$ 345
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
DEC 30 2016
Postmark Here
POST OFFICE
Realeza Del Spear LP
P O Box 1684
Midland TX 79702
Attn Shane Spear
City State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1520 0002 0438 5313

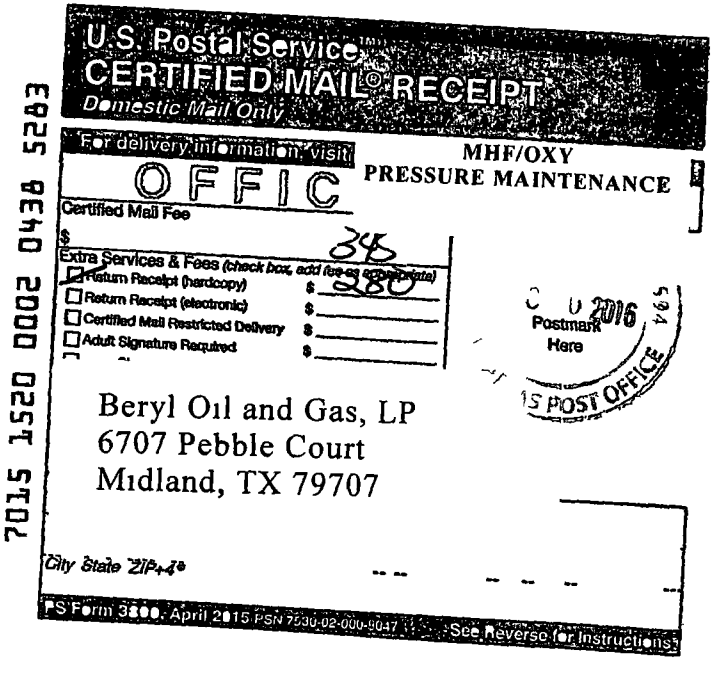

SENDER: COMPLETE THIS SECTION
Complete items 1 2 and 3
Print your name and address on the reverse so that we can return the card to you
Attach this card to the back of the mailpiece or on the front if space permits
1 Article Addressed to
Realeza Del Spear LP
P O Box 1684
Midland TX 79702
Attn Shane Spear
9590 9402 1203 5246 0757 82
2 Article Number (Transfer from service label)
7015 1520 0002 0438 5313
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B Received by (Printed Name)
C Date of Delivery
1/3/17
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
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
PS Form 3811 July 2015 PSN 7530-02-000-9053
Domestic Return Receipt

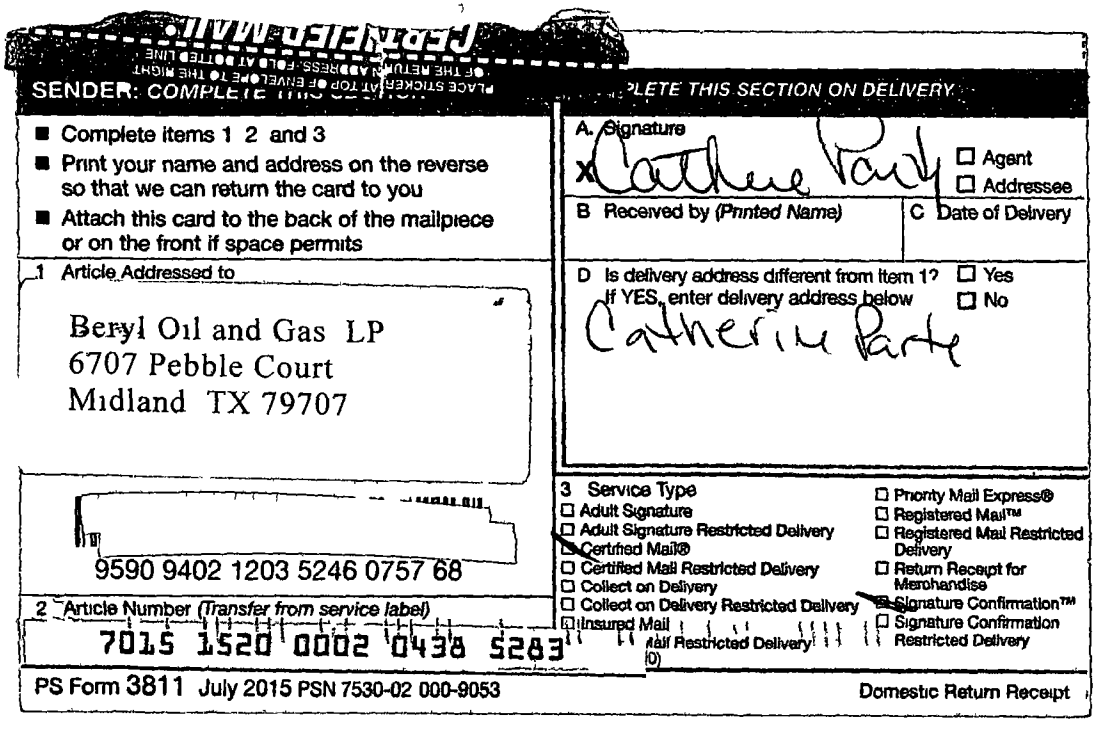

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit
OFFIC
MHF/OXY
PRESSURE MAINTENANCE
Certified Mail Fee
$ 345
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
DEC 30 2016
Postmark Here
POST OFFICE
Bergfeld Land & Minerals
Group, LLC
305 South Broadway Suite 304
Tyler, TX 75702
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1520 0002 0438 5306


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
Bergfeld Land & Minerals Group, LLC
305 South Broadway Suite 304
Tyler TX 75702
9590 9402 1203 5246 0757 99
2 Article Number (Transfer from service label)
7015 1520 0002 0438 5306
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B Received by (Printed Name)
C Date of Delivery
1-3-17
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
PS Form 3811 July 2015 PSN 7530-02 000 9053
Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit
MHF/OXY
PRESSURE MAINTENANCE
OFFIC
Certified Mail Fee
$ 345
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 280
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postmark Here
DEC 0 2016
POST OFFICE
M'lissa L McKinney
Schoening
301 Sir Barton Parkway
Midland, TX 79705
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1520 0002 0438 5290


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
M lissa L McKinney
Schoening
301 Sir Barton Parkway
Midland TX 79705
9590 9402 1203 5246 0757 75
2 Article Number (Transfer from service label)
7015 1520 0002 0438 5290
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B Received by (Printed Name)
C Date of Delivery
1-3-17
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
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
PS Form 3811 July 2015 PSN 7530-02-000-9053
Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit
MHF/OXY
PRESSURE MAINTENANCE
OFFIC
Certified Mail Fee
$ 345
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 280
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Postmark Here
Beryl Oil and Gas, LP
6707 Pebble Court
Midland, TX 79707
City State ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1520 0002 0438 5283


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
Beryl Oil and Gas LP
6707 Pebble Court
Midland TX 79707
9590 9402 1203 5246 0757 68
2 Article Number (Transfer from service label)
7015 1520 0002 0438 5283
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
Catherine Party
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
Mail Restricted Delivery
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
PS Form 3811 July 2015 PSN 7530-02-000-9053
Domestic Return Receipt

7015 1520 0002 0438 5269

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

DEC 20 2016
Postmark Here
POST OFFICE

Leopard Petroleum LP
4200 Fairwood
Midland TX 79707
Attn Gerald A Hancock

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Leopard Petroleum LP
4200 Fairwood
Midland TX 79707
Attn Gerald A Hancock

9590 9402 1203 5246 0757 44

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5269

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Melinda Hancock ☐ Agent ☐ Addressee

B. Received by (Printed Name) Melinda Hancock
C. Date of Delivery 1-5-17

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

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

7015 1520 0002 0438 5276

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our

MHF/OXY
PRESSURE MAINTENANCE

OFFICI

Certified Mail Fee $ 345

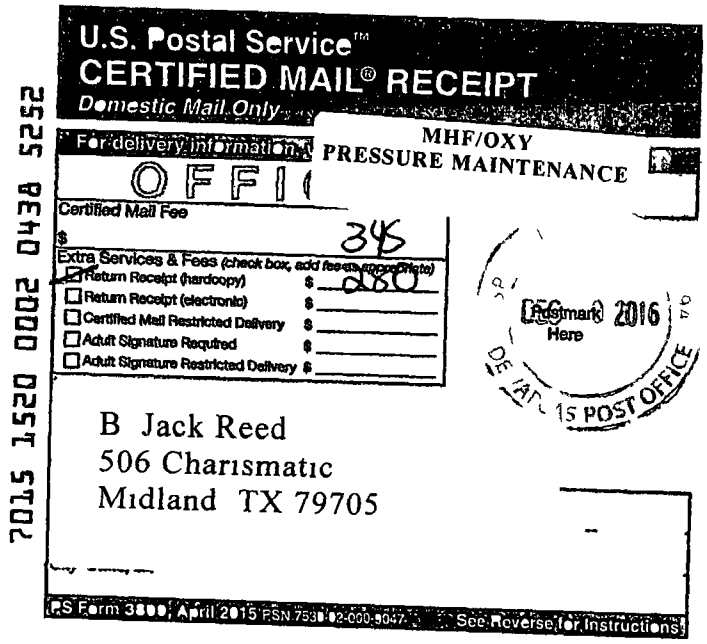
Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

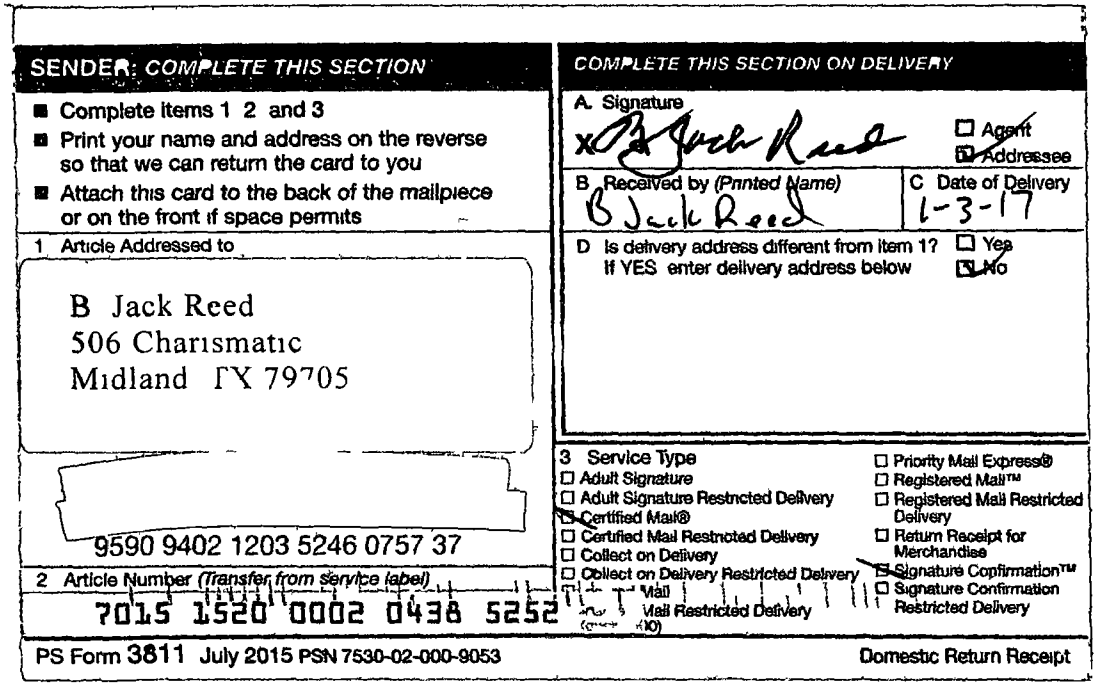
DEC 20 2016
Postmark Here
POST OFFICE

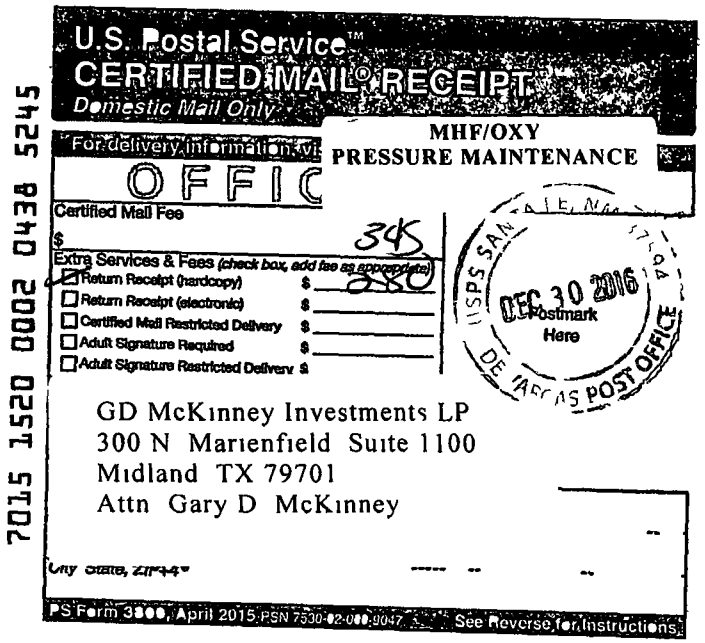
DRW Energy LLC
4107 Tanforan
Midland TX 79707

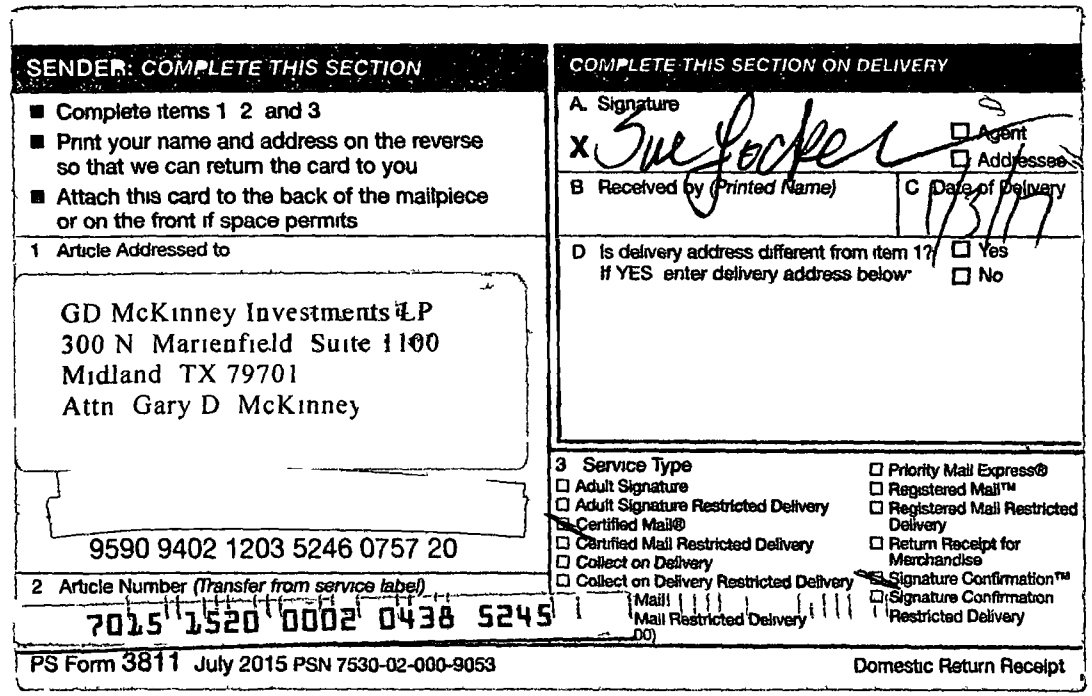
City State ZIP+4®

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


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
MHF/OXY
PRESSURE MAINTENANCE
OFFICIAL USE
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postmark Here
DEC 30 2016
DE IARKS POST OFFICE
B Jack Reed
506 Charismatic
Midland TX 79705
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1520 0002 0438 5252


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
B Jack Reed
506 Charismatic
Midland TX 79705
9590 9402 1203 5246 0757 37
2 Article Number (Transfer from service label)
7015 1520 0002 0438 5252
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X B Jack Reed
Agent
Addressee
B Received by (Printed Name)
B Jack Reed
C Date of Delivery
1-3-17
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
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
PS Form 3811 July 2015 PSN 7530-02-000-9053
Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
MHF/OXY
PRESSURE MAINTENANCE
OFFICIAL USE
Certified Mail Fee
$ 3.45
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postmark Here
DEC 30 2016
DE IARKS POST OFFICE
GD McKinney Investments LP
300 N Marienfield Suite 1100
Midland TX 79701
Attn Gary D McKinney
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1520 0002 0438 5245


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
GD McKinney Investments LP
300 N Marienfield Suite 1100
Midland TX 79701
Attn Gary D McKinney
9590 9402 1203 5246 0757 20
2 Article Number (Transfer from service label)
7015 1520 0002 0438 5245
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Sue Locker
Agent
Addressee
B Received by (Printed Name)
C Date of Delivery
1/3/17
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
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
PS Form 3811 July 2015 PSN 7530-02-000-9053
Domestic Return Receipt

7015 1520 0002 0438 5238

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information visit

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 345

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 $

$ 2.80

USPS SANTA FE NM 87504
DEC 30 2016
Postmark Here
DE IA 15 POST OFFICE

Vision Energy, Inc
P O Box 2459
Carlsbad NM 88221
Attn David Maley

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Vision Energy Inc
P O Box 2459
Carlsbad NM 88221
Attn David Maley

9590 9402 1203 5246 0757 13

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5238

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

U S POSTAL SERVICE
CARLSBAD NM 8220
JAN 5 2017

3 Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7015 1520 0002 0438 5221

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information visit

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 345

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 $

$ 2.80

USPS SANTA FE NM 87504
DEC 30 2016
Postmark Here
DEVARE 15 POST OFFICE

Unit Petroleum Company
P O Box 702500
Tulsa, OK 74170
Attn Patrick Shortess

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Unit Petroleum Company
P O Box 702500
Tulsa OK 74170
Attn Patrick Shortess

9590 9402 1203 5246 0757 06

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5221

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B Craghead
☐ Agent
☐ Addressee

B. Received by (Printed Name) C Date of Delivery
B Craghead 1-4-17

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

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

7016 1370 0000 0804 1244

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

COG Operating LLC
One Concho Center
600 West Illinois
Midland TX 79701
Attn Land Manager – NM

PS Form 3800, April 2015 PSN 7530-02-000-9047 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
COG Operating LLC
One Concho Center
600 West Illinois
Midland TX 79701
Attn Land Manager - NM

9590 9402 1203 5246 0756 90

2 Article Number (Transfer from service label)
7016 1370 0000 0804 1244

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) [illegible] C Date of Delivery 1/ /17

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

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

7016 1370 0000 0804 1251

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vi
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE NM
DEC 2015
Postmark Here
DE VA
POST OFFIC

Avalanche Royalty Partners LLC
c/o BWAD Incorporated
475 17th Street Suite 1390
Denver Colorado 80202

PS Form 3800, April 2015 PSN 7530-02-000-9047 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
Avalanche Royalty Partners LLC
c/o BWAD Incorporated
475 17th Street Suite 1390
Denver Colorado 80202

9590 9402 1203 5246 0756 83

2 Article Number (Transfer from service label)
7016 1370 0000 0804 1251

COMPLETE THIS SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) K Cernahous C Date of Delivery 1-3

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

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

7016 1370 0000 0804 1268

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFI

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

USPS SAN ... DEVIA... POST OFFICE
DEC 30 2016
Postmark Here

Mobil Producing Texas & New
Mexico Inc
810 Houston Street
Fort Worth TX 73102
Attn Land Department – NM

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Mobil Producing Texas & New
Mexico Inc
810 Houston Street
Fort Worth TX 73102
Attn Land Department NM

9590 9402 1203 5246 0756 76

2 Article Number (Transfer from service label)

7016 1370 0000 0804 1268

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
- [ ] Agent
- [ ] Addressee

B Received by (Printed Name) | C Date of Delivery
JAN 03 2017

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
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Mail
- [ ] Mail Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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

7016 1370 0000 0804 1275

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, v

OFFI

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $ 2.80
- [ ] Return Receipt (electronic) $
- [ ] Certified Mail Restricted Delivery $
- [ ] Adult Signature Required $
- [ ] Adult Signature Restricted Delivery $

Postage

USPS SAN ... DEVIA... POST OFFICE
Postmark Here
DEC 30 2016

Devon Energy Production Company LP
333 W Sheridan
Oklahoma City OK 73102
Attn Land Manager NM

PS Form 3800, April 2015 PSN 7530-02-000-9047 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.

Devon Energy Production Company LP
333 W Sheridan
Oklahoma City OK 73102
Attn Land Manager NM

9590 9402 1203 5246 0756 69

2 Article Number (Transfer from service label)

7016 1370 0000 0804 1275

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: [x] No

3 Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Mail
- [ ] Mail Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricted Delivery
- [ ] Return Receipt for Merchandise
- [x] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE
DEC 30 2016
Postmark Here
DEVIAR POST OFFICE

OXY USA Inc
P O Box 50250
Midland, TX 79710

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

7016 1370 0000 0804 1282

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

OXY USA Inc
P O Box 50250
Midland TX 79710

9590 9402 1203 5246 0756 52

2 Article Number (Transfer from service label)
7016 1370 0000 0804 1282

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B Received by (Printed Name) Ashland Mason
C Date of Delivery 1/4/16

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

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

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE
DEC 30 2016
Postmark Here
DEVIAR POST OFFICE

Henry McDonald and John D Brantley
Valley Land Ranch
Attn Cas Tabor
112 North Canyon Bujac Building
Carlsbad NM 88220

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

7016 1370 0000 0804 1299

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

Henry McDonald and John D Brantley
Valley Land Ranch
Attn Cas Tabor
112 North Canyon Bujac Building
Carlsbad NM 88220

9590 9402 1203 5246 0756 45

2 Article Number (Transfer from service label)
7016 1370 0000 0804 1299

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B Received by (Printed Name) Mansol Moreno
C. Date of Delivery

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

112 N Canyon

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

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

7016 1370 0000 0804 1305

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

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 $

USPS SAN DE IAT
DEC 30 2016
Postmark Here
POST OFFICE

New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe, NM 87504

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe NM 87504

9590 9402 1203 5246 0756 38

2 Article Number (Transfer from service label)
7016 1370 0000 0804 1305

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 2017

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

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

7016 1370 0000 0804 1312

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

PS SANTA FE NM 87501
DEC 30 2016
Postmark Here
POST OFFICE

United States Department of Interior
Bureau of Land Management
620 E Greene Street
Carlsbad NM 88220

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

United States Department of Interior
Bureau of Land Management
620 E Greene Street
Carlsbad NM 88220

9590 9402 1203 5246 0756 21

2 Article Number (Transfer from service label)
7016 1370 0000 0804 1312

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B Received by (Printed Name) C Date of Delivery
1/2/17

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

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

7016 1370 0000 0804 1329

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

SANTA FE NM 87594
DEC 30 2016
Postmark Here
POST OFFICE

New Mexico Oil Conservation
Division
1220 South St Francis Drive
Santa Fe New Mexico 87505

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

New Mexico Oil Conservation
Division
1220 South St Francis Drive
Santa Fe New Mexico 87505

9590 9402 1203 5246 0756 14

2 Article Number (Transfer from service label)
7016 1370 0000 0804 1329

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) N. Wells
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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery 00)

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

7016 1370 0000 0804 1336

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

SANTA FE NM 87594
DEC 30 2016
Postmark Here
POST OFFICE

New Mexico Oil Conservation
Division
811 S First Street
Artesia NM 88210

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

New Mexico Oil Conservation
Division
811 S First Street
Artesia NM 88210

9590 9402 1203 5246 0756 07

2 Article Number (Transfer from service label)
7016 1370 0000 0804 1336

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B Received by (Printed Name) Podany
C. Date of Delivery 1-3-17

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

Mail Restricted Delivery 00)

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

7015 1520 0002 0438 5443

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFICIAL

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

USPS SANTA FE, NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

CrownRock Minerals LP
P O Box 51933
Midland, TX 79710

City State ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

CrownRock Minerals LP
P O Box 51933
Midland TX 79710

9590 9402 1203 5246 0753 17

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5443

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) Sarah Jackson C Date of Delivery 1-4-17

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

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

7015 1520 0002 0438 5450

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFICIAL

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

USPS SANTA FE, NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

Ross Duncan Properties LLC
P O Box 647
Artesia, NM 88211

City State ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Ross Duncan Properties LLC
P O Box 647
Artesia, NM 88211

9590 9402 1203 5246 0753 24

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5450

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) M. WATTS C Date of Delivery

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

ARTESIA NM DEC USPS 88210

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

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

7015 1520 0002 0438 5467

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit MHF/OXY PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

John K Guitar
P O Box 1121
Clyde, TX 79510

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

John K Guitar
P O Box 1121
Clyde TX 79510

9590 9402 1203 5246 0753 31

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5467

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John Guitar ☐ 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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery 00)

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

7015 1520 0002 0438 5474

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit MHF/OXY PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $

USPS SANTA FE NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

JPH Holdings, LP
4400 Arcady Ave
Dallas TX 75205

City State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

JPH Holdings LP
4400 Arcady Ave
Dallas, TX 75205

9590 9402 1203 5246 0753 48

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5474

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jan Harbour ☑ Agent ☐ Addressee

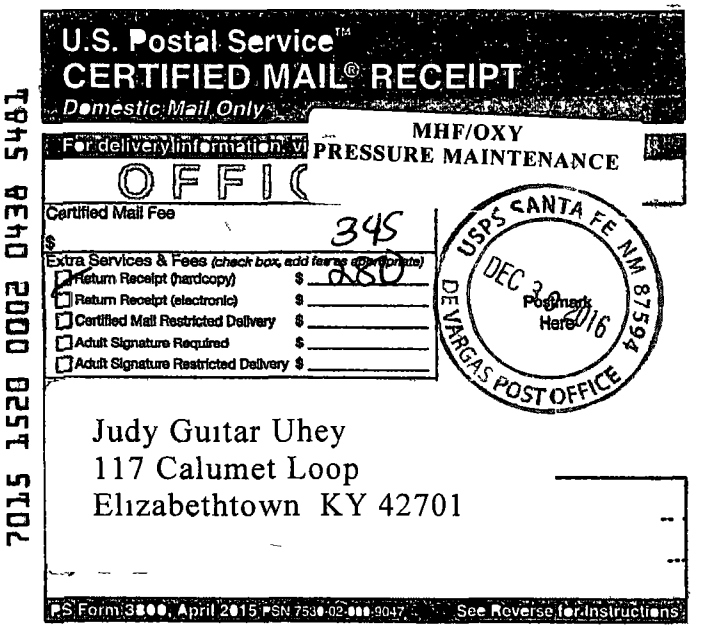
B Received by (Printed Name) JAN HARBOUR C Date of Delivery 11/6/17

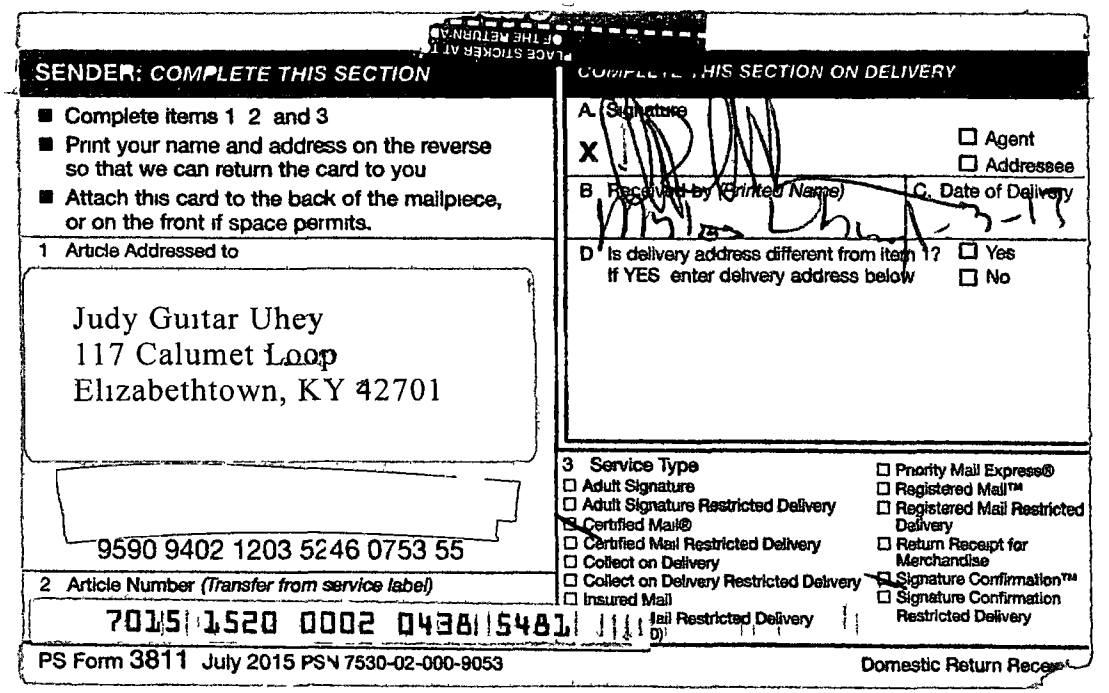
D Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below ☐ No

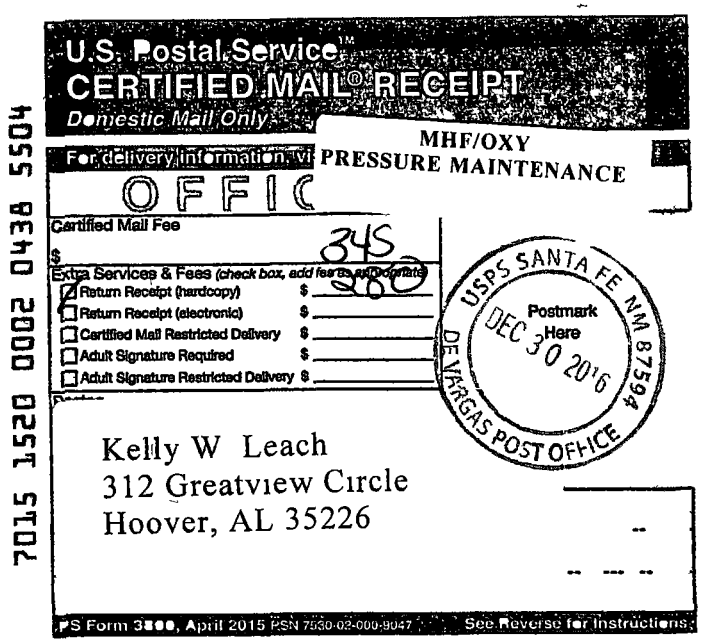
3 Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

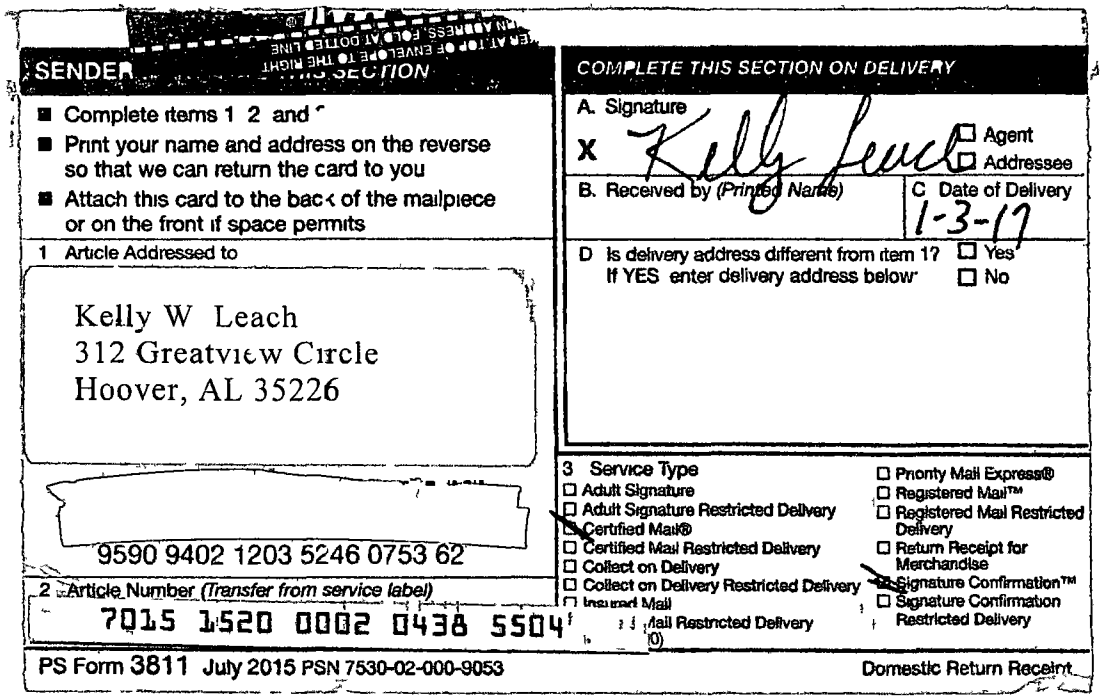
Mail Restricted Delivery 00)

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


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, vi
MHF/OXY
PRESSURE MAINTENANCE
OFFIC
Certified Mail Fee
$ 345
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 280
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE
Judy Guitar Uhey
117 Calumet Loop
Elizabethtown KY 42701
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1520 0002 0438 5481


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
Judy Guitar Uhey
117 Calumet Loop
Elizabethtown, KY 42701
9590 9402 1203 5246 0753 55
2 Article Number (Transfer from service label)
7015 1520 0002 0438 5481
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
1-3-17
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
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
PS Form 3811 July 2015 PSN 7530-02-000-9053
Domestic Return Receipt


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, vi
MHF/OXY
PRESSURE MAINTENANCE
OFFIC
Certified Mail Fee
$ 345
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 280
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE
Kelly W Leach
312 Greatview Circle
Hoover, AL 35226
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1520 0002 0438 5504


SENDER
Complete items 1 2 and
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
Kelly W Leach
312 Greatview Circle
Hoover, AL 35226
9590 9402 1203 5246 0753 62
2 Article Number (Transfer from service label)
7015 1520 0002 0438 5504
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C Date of Delivery
1-3-17
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
PS Form 3811 July 2015 PSN 7530-02-000-9053
Domestic Return Receipt

7015 1520 0002 0438 5498

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: OFFICIAL USE

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee $ 3.15

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

Laura J Hofer Trustee of the Laura J Hofer
Trust U/T/A dated February 19 1991
Attn Paul Hofer
11248 S Turner Avenue
Ontario CA 91761

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Laura J Hofer Trustee of the Laura J Hofer
Trust U/T/A dated February 19 1991
Attn Paul Hofer
11248 S Turner Avenue
Ontario CA 91761

9590 9402 1203 5246 0753 79

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5498

(S SECTION ON DELIVERY

A Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Heather Perry C Date of Delivery 1/6/17

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

Mail Restricted Delivery
00)

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

7015 1520 0002 0438 5511

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: OFFICIAL USE

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee $ 3.15

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

Leslie D Guitar
P O Box 2228
Brownwood T 76804

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Leslie D Guitar
P O Box 2228
Brownwood T 76804

9590 9402 1203 5246 0753 86

2. Article Number (Transfer from service label)
7015 1520 0002 0438 5511

ON ON DELIVERY

A Signature
X [signature] ☐ Agent ☑ Addressee

B Received by (Printed Name) [illegible] C Date of Delivery 1-4-17

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

P.O Box 2228

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

Mail Restricted Delivery
00)

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

7015 1520 0002 0438 5528

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE, NM 87594
Postmark Here
DEC 30 2016
DEVARGAS POST OFFICE

Mallard Royalty Partners, L P
P O Box 52267
Midland, TX 79710

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

CERTIFIED MAIL®
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

Mallard Royalty Partners, L P
P O Box 52267
Midland TX 79710

9590 9402 1203 5246 0753 93

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5528

CTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B Received by (Printed Name) Sarah Yarbrough
C Date of Delivery 1-4-17

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

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

7015 1520 0002 0438 5535

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE, NM 87594
Postmark Here
DEC 30 2016
DEVARGAS POST OFFICE

Lesli Guitar Nichols
6305 W County Road 34
Knott TX 79748

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

SENDER: COMPLETE THIS SECTION
- ■ Attach this card to the back of the mailpiece or on the front if space permits

1 Article Addressed to

Lesli Guitar Nichols
6305 W County Road 34
Knott TX 79748

9590 9402 1203 5246 0754 09

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5535

COMPLETE THIS SECTION ON DELIVERY

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

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

7015 1520 0002 0438 5542

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
MHF/OXY
PRESSURE MAINTENANCE
OFFIC

Certified Mail Fee $ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

Lost Creek Royalties
P O Box 11148
Midland TX 79702

PS Form 3800, April 2015 PSN 7530-02-000-9047 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
Lost Creek Royalties
P O Box 11148
Midland TX 79702

9590 9402 1203 5246 0754 16

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5542

COMPLETE THIS SECT
A. Signature
X
B Received by (Printed
Eric Mc
D Is delivery address d
If YES enter deliv

3 Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricte
- ☐ Certified Mail®
- ☐ Certified Mail Restricted D
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricte
- ☐ Mail
- Mail Restricted Delive 00)

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

7015 1520 0002 0438 5559

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
MHF/OXY
PRESSURE MAINTENANCE
OFFIC

Certified Mail Fee $ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

Melissa Gray A/K/A Melissa McGee
2801 South 25th
Abilene TX 79605

PS Form 3800, April 2015 PSN 7530-02-000-9047 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
Melissa Gray A/K/A Melissa McGee
2801 South 25th
Abilene TX 79605

9590 9402 1203 5246 0754 23

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5559

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B Received by (Printed Name)
MELISSA MCGEE
C Date of Delivery
JAN 5
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 (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE, NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

Murchison Guitar Family LP
Rusty Murchison
P O Box 712
Red Bluff, CA 96080

7015 1520 0002 0438 5566

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Murchison-Guitar Family LP
Rusty Murchison
P O Box 712
Red Bluff CA 96080

9590 9402 1203 5246 0754 30

2 Article Number (Transfer from service label)

7015 1520 0002 0438 5566

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) [illegible] C Date of Delivery 01/03/17

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

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE, NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

Polk Land & Minerals LP
Elizabeth Polk
1101 Butternut
Abilene, TX 79602

7015 1520 0002 0438 5573

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Polk Land & Minerals LP
Elizabeth Polk
1101 Butternut
Abilene TX 79602

9590 9402 1203 5246 0754 47

2 Article Number (Transfer from service label)

7015 1520 0002 0438 5573

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) C Date of Delivery 01/03/17

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

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

7015 1520 0002 0438 5580

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: visit www.usps.com

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee	345
$	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ 280
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$

USPS SANTA FE NM 87594
Postmark Here
DEC 30 2015
DE VARGAS POST OFFICE

Sally Guitar
10 Woodhaven Circle
Abilene TX 79605

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Sally Guitar
10 Woodhaven Circle
Abilene TX 79605

9590 9402 1203 5246 0754 54

2 Article Number (Transfer from service label)

7015 1520 0002 0438 5580

A. Signature
X Sally Guitar ☐ Agent ☐ Addressee

B Received by (Printed Name) SALLY GUITAR 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

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

7015 1520 0002 0438 5597

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: visit www.usps.com

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee	345
$	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ 280
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$

USPS SANTA FE NM 87594
Postmark Here
DEC 30 2015
DE VARGAS POST OFFICE

Sharon Guitar Ellis
670 Yellowstone Trail Road
Snoqualmie Pass, WA 98068

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Sharon Guitar Ellis
670 Yellowstone Trail Road
Snoqualmie Pass, WA 98068

9590 9402 1203 5246 0754 61

2 Article Number (Transfer from service label)

7015 1520 0002 0438 5597

COMPLETE THIS SECTION ON DELI

A. Signature
X Sharon Ellis ☐ Agent ☐ Addressee

B Received by (Printed Name) Sharon Ellis 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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

7015 1520 0002 0438 5603

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis MHF/OXY PRESSURE MAINTENANCE
OFFIC

Certified Mail Fee $ 345
Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

Woods Dickens Ranch L P
Attn Jack Woods
36 Surrey Square
Abilene, TX 79606

City, State ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:
Woods Dickens Ranch L P
Attn Jack Woods
36 Surrey Square
Abilene TX 79606

9590 9402 1203 5246 0754 78

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5603

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Rita Burnett ☐ 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
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7015 1520 0002 0438 5610

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information MHF/OXY PRESSURE MAINTENANCE
OFFI

Certified Mail Fee $ 345
Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $ 2.80
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery

USPS SANTA FE NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

Charlotte F Albright
1705 Boyd Drive
Carlsbad NM 88220

City State ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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
Charlotte F Albright
1705 Boyd Drive
Carlsbad NM 88220

9590 9402 1203 5246 0754 85

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5610

CARLSBAD NM 88220 POSTAL SERVICE JAN - 9 2017

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Charlotte Albright ☐ 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
- ☐ Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7015 1520 0002 0438 5627

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

MHF/OXY
PRESSURE MAINTENANCE

OFFICI

Certified Mail Fee $ 345

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 $

USPS SANTA FE NM 87594 DEC 20 2016 Postmark Here DE VARGAS POST OFFICE

Gayle N Nicolay Trustee of the
Gayle N Nicolay Revocable Trust
Gayle N Nicolay Trustee
5528 Tahoe Lane
Fairway KS 66205

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Gayle N Nicolay, Trustee of the
Gayle N Nicolay Revocable Trust
Gayle N Nicolay Trustee
5528 Tahoe Lane
Fairway KS 66205

9590 9402 1203 5246 0754 92

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5627

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gayle N Nicolay ☐ Agent ☐ Addressee

B Received by (Printed Name) Gayle Nicolay 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

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

7015 1520 0002 0438 5634

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information

MHF/OXY
PRESSURE MAINTENANCE

OFFI

Certified Mail Fee $ 345

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 $

USPS SANTA FE NM 87594 DEC 20 2016 Postmark Here DE VARGAS POST OFFICE

Guy P Witherspoon III
P O Box 100403
Fort Worth, TX 76185

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Guy P Witherspoon, III
P O Box 100403
Fort Worth, TX 76185

9590 9402 1203 5246 0755 08

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5634

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

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

7015 1520 0002 0438 5641

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE NM 87594
DEC 0 2016
Postmark Here
DE VARGAS POST OFFICE

John G Witherspoon, Jr
7404 Lemonwood Lane
Fort Worth, TX 76133

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:

John G Witherspoon Jr
7404 Lemonwood Lane
Fort Worth TX 76133

9590 9402 1203 5246 0755 15

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5641

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B Received by (Printed Name) C. Date of Delivery
JUDY WITHERSPOON 12/8/16

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
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

7015 1520 0002 0438 5658

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594
DEC 0 2016
Postmark Here
DE VARGAS POST OFFICE

Mary L Forehand Life Estate
Remainder to Mark L Forehand
403 San Juan Manor
Carlsbad NM 88220

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Mary L Forehand Life Estate
Remainder to Mark L Forehand
403 San Juan Manor
Carlsbad NM 88220

9590 9402 1203 5246 0755 22

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5658

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
(over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE, NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

Pardue Limited Company
P O Box 4294
Carlsbad, NM 88221

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

7015 1520 0002 0438 5184

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visi
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee
$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

Pressley H Guitar
P O Box 5383
Abilene, TX 79608

City State, ZIP+4®

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

7015 1520 0002 0438 5191

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

Pressley H Guitar
P O Box 5383
Abilene TX 79608

9590 9402 1203 5246 0750 10

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5191

COMPL HIS SECTION ON DELIVERY

A Si re
X Pressley H. Guitar ☐ Agent ☑ Addressee

B Received by (Printed Name) Pressley H Guitar
C Date of Delivery 1-3 17

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

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

7015 1520 0002 0438 5207

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, vis

MHF/OXY
PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

Virginia N Hoff Trustee of the Virgini
N Hoff Management Trust Virginia N
Hoff Trustee
2601 Lakewood Circle
Tuscaloosa AL 35405

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

7015 1520 0002 0438 5214

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information

MHF/OXY
PRESSURE MAINTENANCE

OFFI(

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594
DEC 30 2016
Postmark Here
DE VARGAS POST OFFICE

MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas TX 75240

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

MRC Permian Company
5400 LBJ Freeway Suite 1500
Dallas TX 75240

9590 9402 1203 5246 0750 34

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5214

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marti Doan ☐ Agent ☐ Addressee

B Received by (Printed Name) Marti Doan
C Date of Deliv 1/3/17

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
- ☐ Priority Mail Expres
- ☐ Registered Mail™
- ☐ Registered Mail Re Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirm
- ☐ Signature Confirm Restricted Delivery

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit
OFFIC

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

Postage

Conoco Phillips Company
Attn Land Department New Mexico
P O Box 2197
Houston TX 77252

7015 1520 0002 0438 5177

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

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

Conoco Phillips Company
Attn Land Department New Mexico
P O Box 2197
Houston TX 77252

9590 9402 1203 5246 0750 41

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5177

COMPLETE THIS SECTION ON DELIVERY

A Signature
X ☑ Agent ☐ Addressee

B Received by (Printed Name) C Date of Delivery 01/05/17

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

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information
OFFI

MHF/OXY
PRESSURE MAINTENANCE

Certified Mail Fee $ 3.45

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 2.80
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

Postage

Jeri Alexander Mangum and First Financial Trust and Asset Management Company as Trustees of the Jane Alexander Mangum and First Financial Trust and Asset Management Company as Trustees
P O Box 701
Abilene TX 79604

7015 1520 0002 0438 5160

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Jeri Alexander Mangum and First Financial Trust and Asset Management Company as Trustees of the Jane Alexander Mangum and First Financial Trust and Asset Management Company as Trustees
P O Box 701
Abilene TX 79604

9590 9402 1203 5246 0750 58

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5160

COMPLETE THIS SECTION ON DELIVERY

A Signature
X ☑ Agent ☐ Addressee

B Received by (Printed Name) C Date of Delivery 1/31/17

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

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

7015 1520 0002 0438 5153

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit: MHF/OXY PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87504 DEC 2 2016 Postmark Here DE VARGAS POST OFFICE

Roy G Barton III
1919 N Turner Street
Hobbs NM 88240

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

7015 1520 0002 0438 5146

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit: MHF/OXY PRESSURE MAINTENANCE

OFFIC

Certified Mail Fee $ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☑ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE NM 87594 DEC 2 2016 Postmark Here DE VARGAS POST OFFICE

Brett C Barton
7800 Aria Loop
Austin, TX 78736

City State, ZIP+4®

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

PLACE STICKER AT TOP OF THE RETURN ADDRESS

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

Roy G Barton III
1919 N Turner Street
Hobbs NM 88240

9590 9402 1203 5246 0750 65

2 Article Number (Transfer from service label)

ESTS 9EhO 2000 025T 5TOZ

COMPLETE THIS SECTION ON DELIVERY

A Signature
X Brenda Stewart ☐ Agent ☐ Addressee

B Received by (Printed Name) Brenda Stewart 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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7015 1520 0002 0438 5139

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit: MHF/OXY PRESSURE MAINTENANCE
OFFIC

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here
SANTA FE NM 87594 DEC 30 2016 USPS POST OFFICE DE VARGAS

Heidi C Barton
2008 Vega Court
Hobbs, New Mexico 88240

City State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

Article Addressed to:
Heidi C Barton
2008 Vega Court
Hobbs New Mexico 88240

9590 9402 1203 5246 0750 89

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5139

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

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

7015 1520 0002 0438 5085

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit: MHF/OXY PRESSURE MAINTENANCE
OFFIC

Certified Mail Fee
$ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here
SANTA FE NM 87594 DEC 30 2016 USPS DE VA

Thomas Earl Forni
1013 South Country Club Circle
Carlsbad NM 88221

City State ZIP+4

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

CERTIFIED MAIL®
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINES

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:
Thomas Earl Forni
1013 South Country Club Circle
Carlsbad NM 88221

9590 9402 1203 5246 0750 96

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5085

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pam Forni ☒ Agent ☐ Addressee

B. Received by (Printed Name) Pam Forni C Date of Delivery 1/3/17

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

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

7015 1520 0002 0438 5078

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: MHF/OXY PRESSURE MAINTENANCE

OFFI

Certified Mail Fee $ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

USPS SANTA FE, NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

The MLBK Family Trust
c/o Michael J Forni
P O Box 600575
Dallas, TX 75360

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 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

The MLBK Family Trust
c/o ~~Michael J Forni~~
P O Box 600575
Dallas TX 75360

9590 9402 1203 5246 0751 02

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5078

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B Received by (Printed Name) Mike F
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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery 00)

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

7015 1520 0002 0438 5061

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: MHF/OXY PRESSURE MAINTENANCE

OFFI(

Certified Mail Fee $ 345

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ 280
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage

USPS SANTA FE, NM 87594 DEC 30 2016 Postmark Here DE VARGAS POST OFFICE

Truchas Peaks LLC
110 Louisiana, Suite 500
Midland, TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047 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.

Truchas Peaks LLC
110 Louisiana Suite 500
Midland TX 79701

9590 9402 1203 5246 0751 19

2 Article Number (Transfer from service label)
7015 1520 0002 0438 5061

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x S Pinkerton
☐ Agent
☐ Addressee

B Received by (Printed Name) S Pinkerton
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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery 00)

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

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

January 4 2017

That the cost of publication is **$348 24** and that payment thereof has been made and will be assessed as court costs

Subscribed and sworn to before me this 4 day of January 2017

Cynthia Arredondo

My commission Expires on 2/13/17

Notary Public

OFFICIAL SEAL
Cynthia Arredondo
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires 2/13/17

January 4 2017

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8 15 A M on January 19 2017 in the Oil Conservation Division Hearing Room at 1220 South St Francis Santa Fe New Mexico before an examiner duly appoint for the hearing If you are an individual with a disability who is in need of a reader amplifier qualified sign language interpreter or any other form of auxiliary aid or service to attend or participate in the hearing please contact Florene Davidson at 505 476 3458 or through the New Mexico Relay Network 1 800 659 1779 by January 9 2017 Public documents including the agenda and minutes can be provided in various accessible forms Please contact Florene Davidson if a summary or other type of accessible form is needed

STATE OF NEW MEXICO TO.

All named parties and persons having any right, title interest or claim in the following cases and notice to the public

(NOTE All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated)

To Denise Louise McCoy her heirs and devisees, Henry McDonald his heirs and devisees John D Brantley his heirs and devisees Valley Land Ranch Devon Energy Production Company LP Mobil Producing Texas & New Mexico Inc Avalanche Royalty Partners LLC COG Operating LLC Unit Petroleum Company Vision Energy Inc GD McKinney Investments LP B Jack Reed his heirs and devisees Leopard Petroleum LP DRW Energy LLC Beryl Oil and Gas, LP M lissa L McKinney Schoening, her heirs and devisees Bergfeld Land & Minerals Group LLC, Realezza Del Spear LP Barbara L Backman Inc Carren G Lucas her heirs and devisees Caren Gail Lucas Trustee of the Caren Gail Lucas Exempt Trust Catherine G Parker her heirs and devisees Catherine Gail Parker and Craig Parker Co Trustees of the Catherine Gail Parker Exempt Trust Catherine Gail Parker and Craig Parker Co Trustees of the Gail Credit Shelter Trust Earl B Guitar Jr and Margaret A Guitar Co Trustees of the Earl B Guitar Jr and Margaret A Guitar Revocable Trust Guitar Land & Cattle Company LP Guitar Galusha LP Santa Elena Minerals LP Jack G Woods Jr , his heirs and devisees James M Alexander, his heirs and devisees CrownRock Minerals LP Ross Duncan Properties LLC John K Guitar his heirs and devisees JPH Holdings LP Judy Guitar Uhey her heirs and devisees Kelly W Leach their heirs and devisees Laura J Hofer Trustee of the Laura J Hofer Trust U/T/A dated February 19 1991, Leslie D Guitar their heirs and devisees Mallard Royalty Partners LP Truchas Peaks LLC Lesli Guitar Nichols their heirs and devisees Lost Creek Royalties Melissa Gray her heirs and devisees Melissa McGee her heirs and devisees, Murchison Guitar Family LP Polk Land & Minerals, LP, Sally Guitar her heirs and devisees Sharon Guitar Ellis her heirs and devisees Woods Dickens Ranch, L P Charlotte F Albright, her heirs and devisees Gayle N Nicolay Trustee of the Gayle N Nicolay Revocable Trust Guy P Witherspoon III his heirs and devisees John G Witherspoon, Jr his heirs and devisees Mary L. Forehand her heirs and devisees Mark L Forehand his heirs and devisees Pardue Limited Company Pressley H Guitar his heirs and devisees Virginia N Hoff Trustee of the Virginia N Hoff Management Trust MRC Permian Company ConocoPhillips Company Jeri Alexander Mangum and First Financial Trust and Asset Management Company as Trustees of the Jane Alexander Rhodes Revocable Trust, Roy G. Barton III his heirs and devisees Brett C Barton his heirs and devisees Heidi C Barton her heirs and devisees Thomas Earl Forni his heirs and devisees and The MLBK Family Trust

CASE 15616 Application of OXY USA Inc for Approval of a Pressure Maintenance Project Eddy County New Mexico Applicant in the above styled cause seeks an order approving a pressure maintenance pilot project for injection of produced gas and produced water through two horizontal wells into the Second Bone Spring in a project area comprised of Section 16 Township 24 South Range 29 East NMPM Eddy County New Mexico Produced water and produced gas will be injected into the Second Bone Spring formation (Pierce Crossing Bone Spring East Pool (96473) and Corral Draw Bone Spring Pool (96238)) through the Cedar Canyon 16 State No 7H and the Cedar Canyon 16 State No 12H in a proposed project area comprised of Section 16 Township 24 South Range 29 East NMPM Eddy County New Mexico The surface hole location for the Cedar Canyon 16 State No 7H (API No 30 015 41251) is 2 485 feet from the North line 330 feet from the West (Unit E) of Section 15 and the bottomhole location is 1 980 feet from the North line 330 feet from the West line (Unit E) of Section 16 The Cedar Canyon 16 State No 7H is currently producing from the Pierce Crossing Bone Spring East Pool (96473) True vertical depth at the first perforation point is 8 690 feet and corresponding measured depth is 9 200 feet True vertical depth at the last perforation point is 8 644 feet and the corresponding measured depth is 13 860 feet. The proposed injection interval is along the horizontal portion of the wellbore at a measured depth of 9 200 feet to 13 680 feet The surface hole location for the Cedar Canyon 16 State No 12H (API No 30 015 42683) is 900 feet from the South line 860 feet from the West (Unit M) of Section 15 and the bottomhole location is 910 feet from the South line 180 feet from the West line (Unit M) of Section 16 The Cedar Canyon 16 State No 12H produces from the Corral Draw Bone Spring Pool (96238) True vertical depth at the first perforation point is 8 691 feet and the corresponding measured depth is 9 704 feet True vertical depth at last perforation is 8 635 feet and the corresponding measured depth is 14 214 feet The proposed injection interval is along the horizontal portion of the wellbore at a measured depth of 9 704 feet to 14 214 feet Produced water used for injection into the Subject Wells will be from the Bone Spring and Delaware formations Injected gas is sourced from the Cedar Canyon Central Delivery Point integration system which will include gas produced from the Delaware First Bone Spring and Second Bone Spring formations The proposed project is located approximately 5 miles east of Malaga New Mexico

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 8 – Case No 15616
Submitted by OXY
Hearing Date February 2, 2017

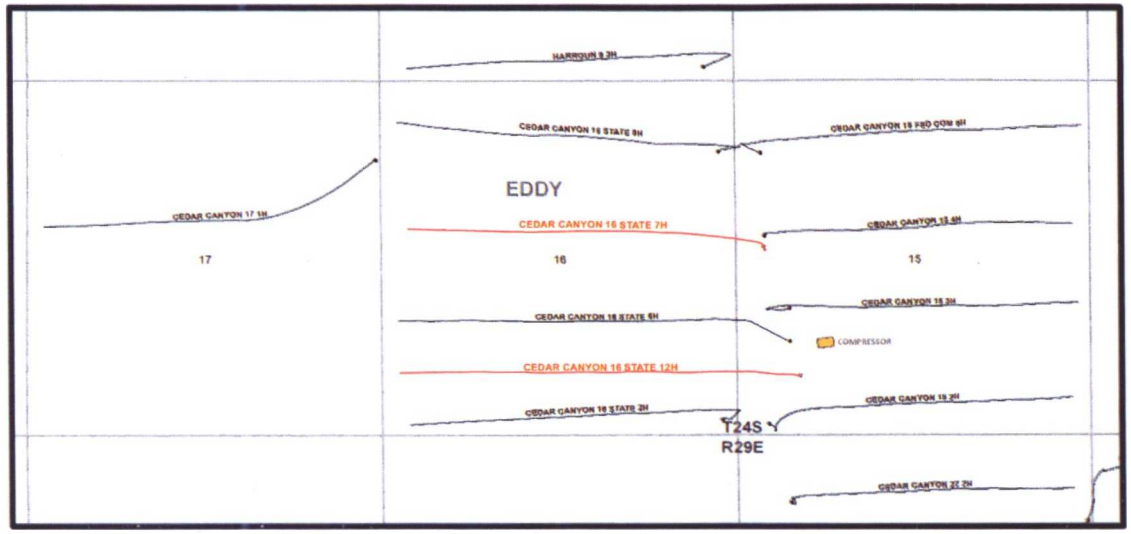
Item VI ddendum
Area of Review

MAP LEGEND NUMBER	API NUMBER	OPERATOR	LEASE NAME	WELL NO	WELL TYPE	STATUS	FTG N/S		FTG E/W		UNIT	SEC	TSHIP		RNG		DATE DRILLED	TOTAL TVD	TOTAL MD	HOLE SIZE	CSG SIZE	SET AT	SX CMT	CMT TOP	MTD	DVT	CURRENT COMPLETION	REMARKS
44	30-015-43844	OXY USA I	Cedar Canyo	16 Stat	33H	P	Active	402	N	1123	E	A	16	24	S	29	E	10/01/2016	10034	14695	14 3/4	10 3/4	447'	252	Surfac	Circ		10100-14335	
																				9 7/8	7 5/8	9962	2514	45 T	mp Survey			4 1/2 liner 9841 14678 542 sxs TOC 9841
45	30-015-43843	OXY USA I	Cedar Canyo	16 State	34H	P	Active	402	N	1083	E	A	16	24	S	29	E	10/02/2016	10038	14545	14 3/4	10 3/4	447'	364	S rfa	Circ		10125-14360	
																				9 7/8	7 5/8	9995	2325	S rface	Circ			4 1/2 ll er 9862 14526 510 sxs TOC 9862

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe New Mexico
Exhibit No 9 – Case No 15616
Submitted by **OXY**
Hearing Date February 2, 2017

C-108 Overview – Cedar Canyon Gas Injection Pilot

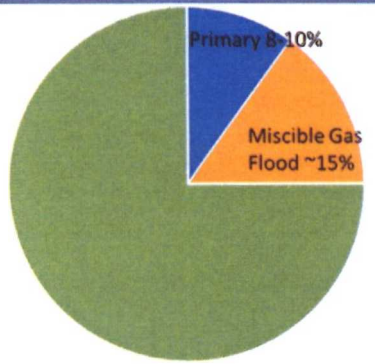
- Oxy is proposing a pilot project to inject produced field gas and water into existing 2nd BS laterals – the Cedar 16 State 7H and the Cedar Canyon 16 State 12H
- The field gas will reach miscible pressure at bottom hole conditions and mobilize incremental oil
- Central compressor will be installed in section 15
- Initially, Oxy will inject into the Cedar Canyon 16 State 7H for 1-3 months before trialing a "Huff and Puff cycle" where the well is produced back
- After the huff and puff cycle, Oxy plans to continuously inject into the Cedar Canyon 16 State 7H to evaluate the line drive offset response to the gas injection
- Oxy will evaluate the results and continue the pilot project in the Cedar Canyon 16 State 12H



BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 10 – Case No. 15616
Submitted by: **OXY**
Hearing Date: February 2, 2017

Gas Injection in 2nd Bone Springs Cedar Canyon

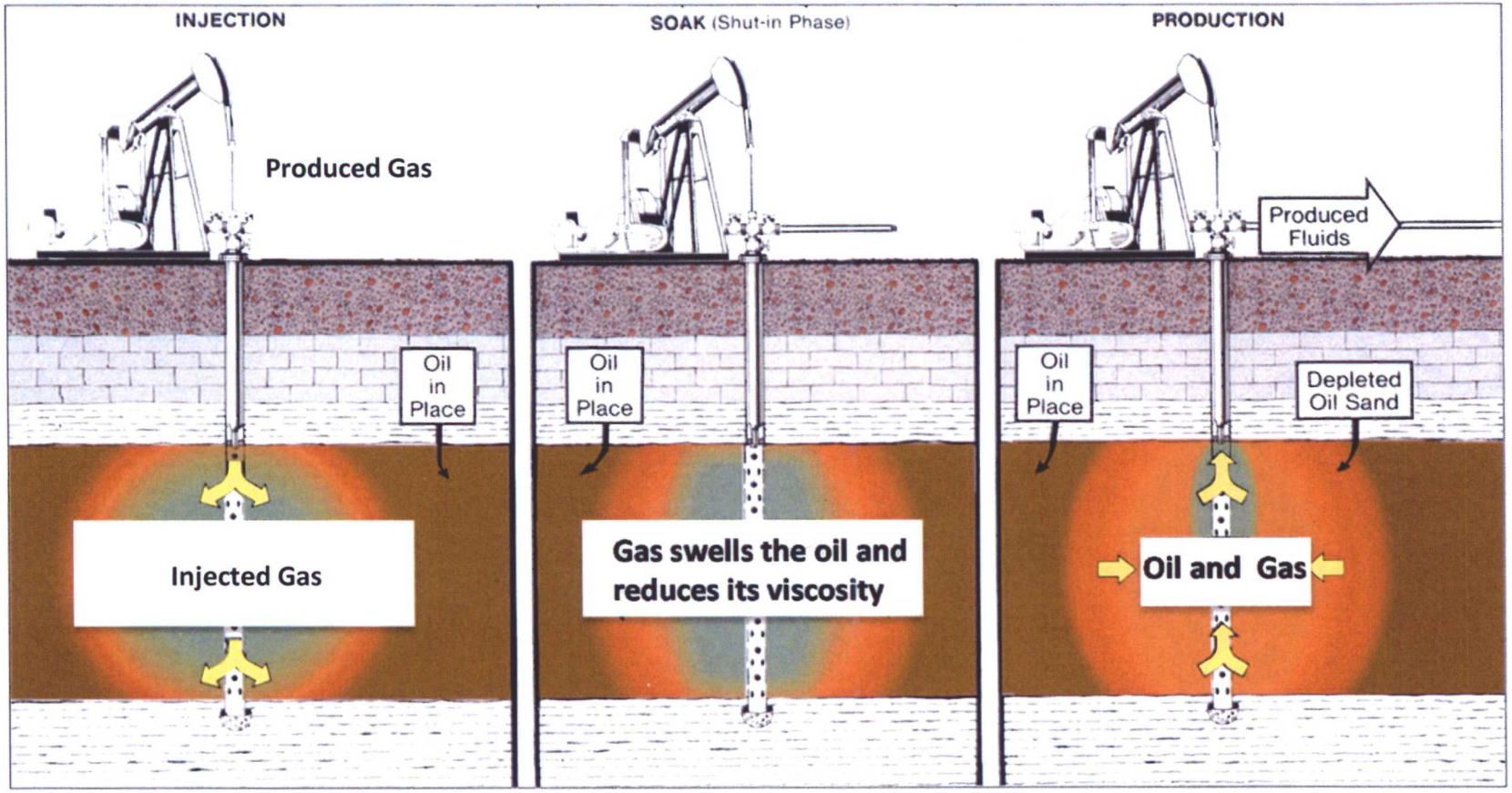
- Primary production will recover 8-10% of OOIP
- Recovery factor can be improved by an additional 15% gas injection process
- Miscible gas huff and puff has been demonstrated to increase production in unconventional wells in Midland Basin Texas
- Miscible Gas injection has potential in the 2nd Bone Spring
- Oxy plans to have a pilot of miscible gas injection to test both Huff & Puff and line drive flood (inter-well) in the Cedar Canyon 2nd Bone Springs



Recovery of Original Oil in Place

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 11 – Case No. 15616
Submitted by: **OXY**
Hearing Date: February 2, 2017

Huff & Puff Process for Vertical Wells



Step 1: Injection Period

Gas injected down production well

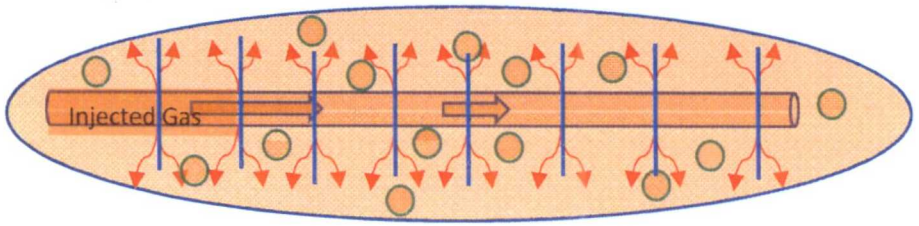
Step 2: Soak Period

Well shut-in

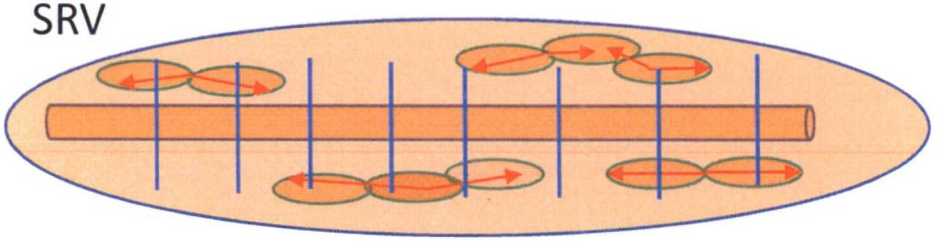
Step 3: Production Period

Well returned to production (mobilized oil flows towards wellbore)

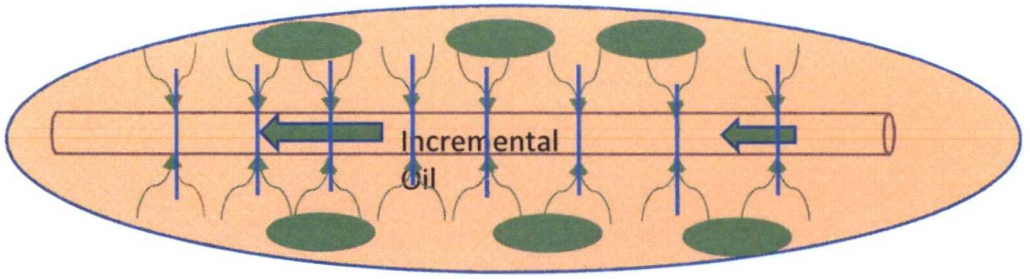
Huff & Puff Mechanism for Horizontal Wells



Step 1 : Injected gas enters fractures and pressurizes SRV



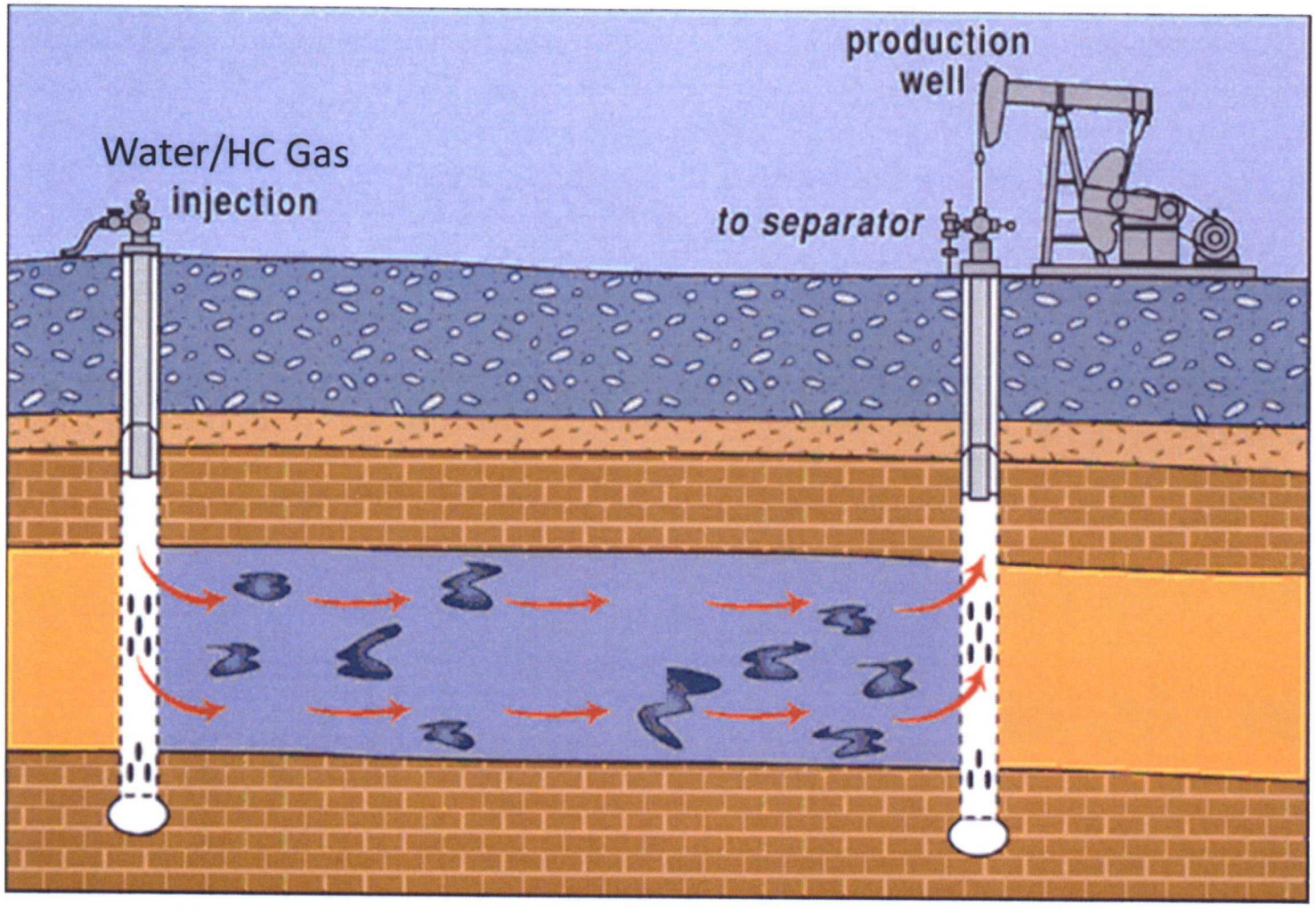
Step 2 : High Pressure creates miscibility and swells oil



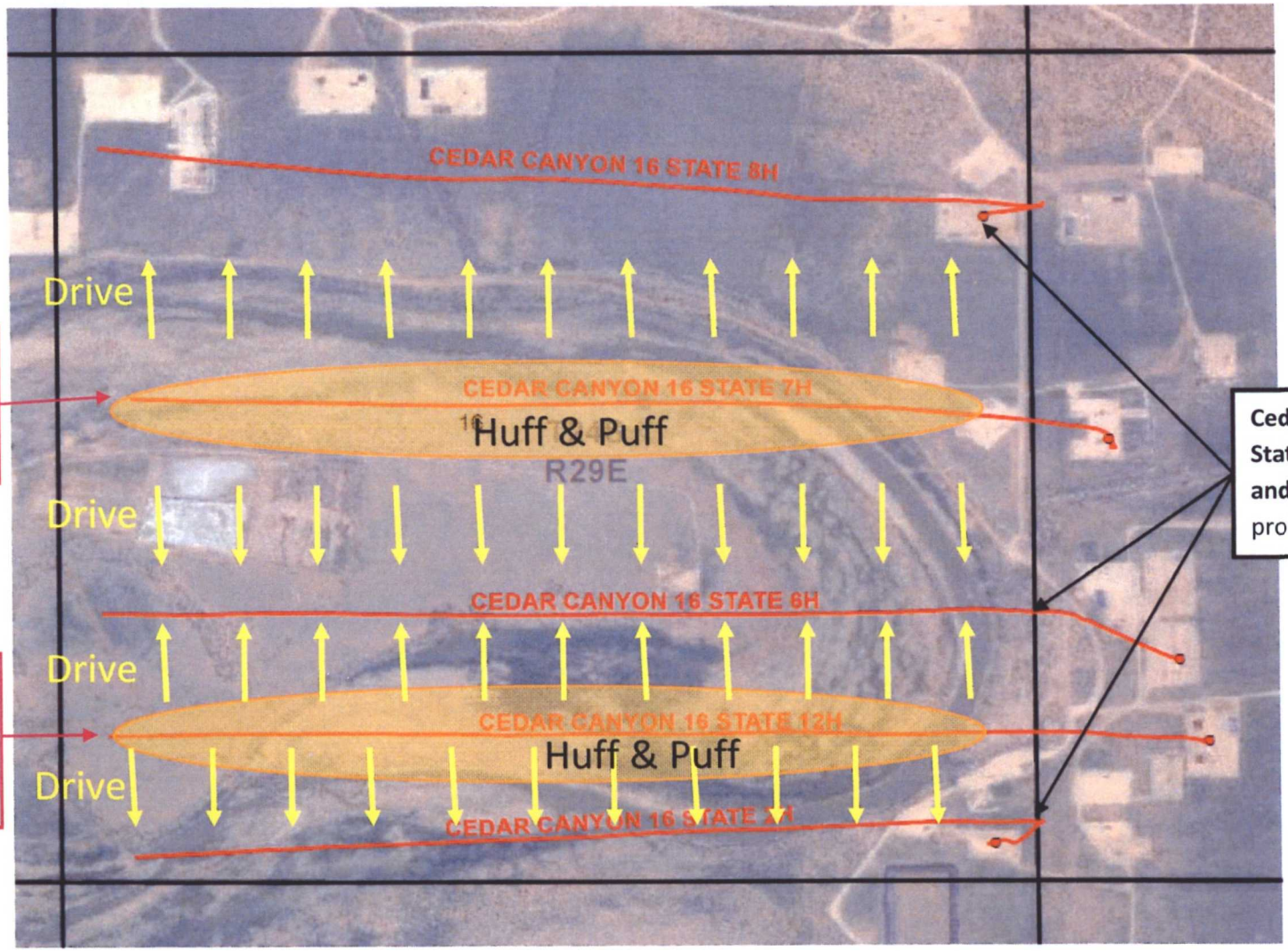
Step 3 : Mobilized Oil is produced in production cycle

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 13 – Case No. 15616
Submitted by: **OXY**
Hearing Date: February 2, 2017

Line Drive (inter-well) Flood for Vertical Wells



Cedar Canyon Gas Injection Pilot Schematics



Cedar Canyon 16 State 7H – planned as field gas and water injector

Cedar Canyon 16 State 12H – planned as field gas and water injector

Cedar Canyon 16 State 8H, 6H, and 2H – offset producing wells

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 15 – Case No. 15616
Submitted by: **OXY**
Hearing Date: February 2, 2017

Calculation for Surface Injection Pressure Limit

For Water Injection: **1700 psi for water**

The calculation for surface pressure limit: 0.2 (psi/ft) * 8644 (ft) = 1728 psi

Based on "The permitted injection pressure is limited to 0.2 psi/ft. to the uppermost perforation" (NMOCD UIC Manual Section III.A.2)

For Produced Gas Injection: **4250 psi for gas**

The calculation procedure is shown below:

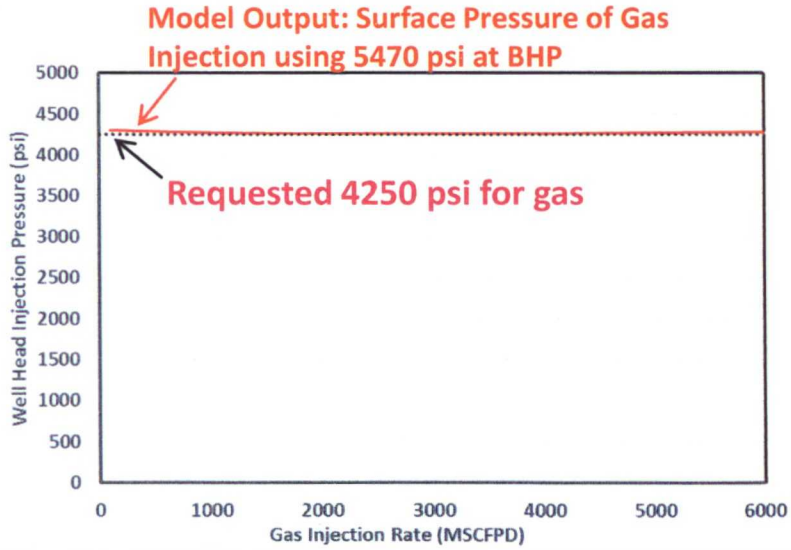
1. Based on the surface pressure limit for water and assuming fresh water gradient (0.433 psi/ft). The Bottom Hole Pressure Limit is 1728 + 0.433 * 8644 = 5470 psi (or 0.63 psi/ft)

2. The composition of the proposed injection gas is shown in the following table.

Component	Mol (%)
C1	76.3
C2	11.9
C3	5.8
IC4	0.7
NC4	1.8
IC5	0.4
NC5	0.4
C6	0.6
CO2	0.2
N2	1.9

3. A Petroleum Expert Prosper ® Model was used to calculate the surface pressure with 2.875" tubing (2.441" ID), reservoir depth, injection gas composition and the BHP limit calculated in the step 1.

* Prosper Model is industrial standard nodal analysis software for pressure calculation includes phase behavior change, friction loss.

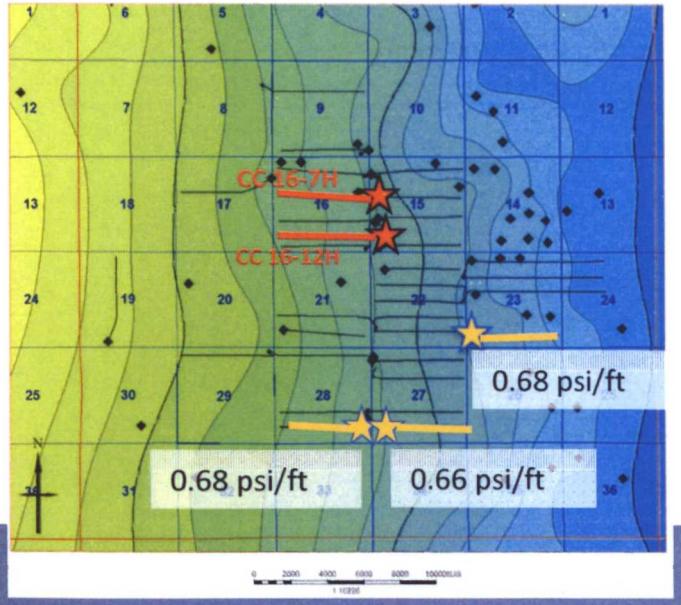


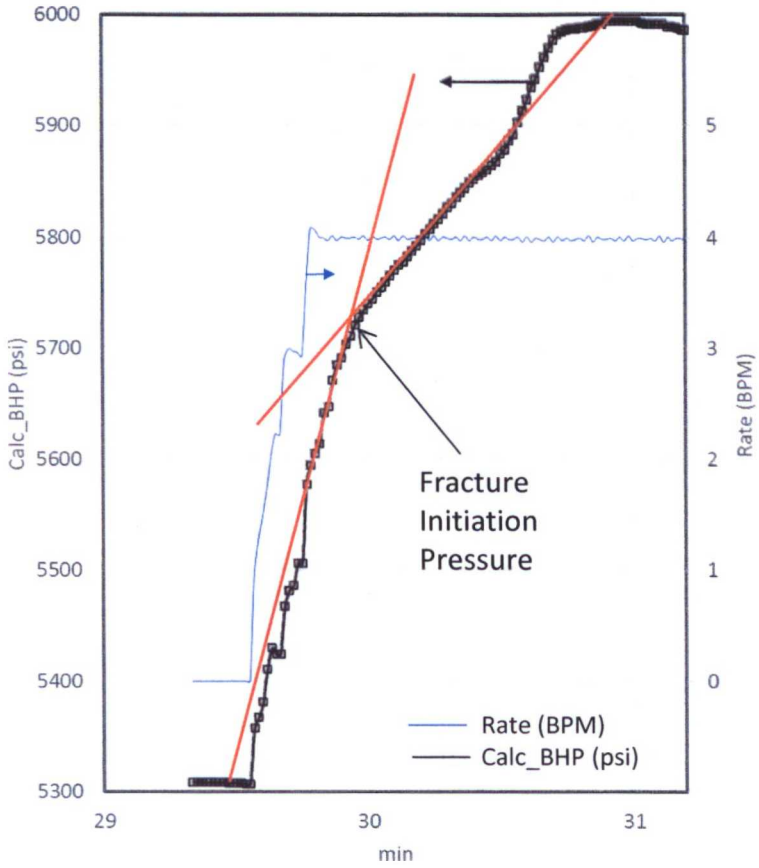
BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 16 – Case No. 15616
Submitted by: **OXY**
Hearing Date: February 2, 2017

Cedar Canyon 2nd Bone Springs DFIT (Mini-Frac) Test

DFIT (Diagnostic Fracture Injection Test)

- Small Injection Rate/Pressure vs Time
- Widely used in unconventional resources (low/ultra-low permeability reservoir) for completion/fracking design.
- Usually performed in the toe stage.
- All three Cedar Canyon DFIT tests show the fracture initiation pressure gradients are higher than the requested maximum injection gradient (0.63 psi/ft).

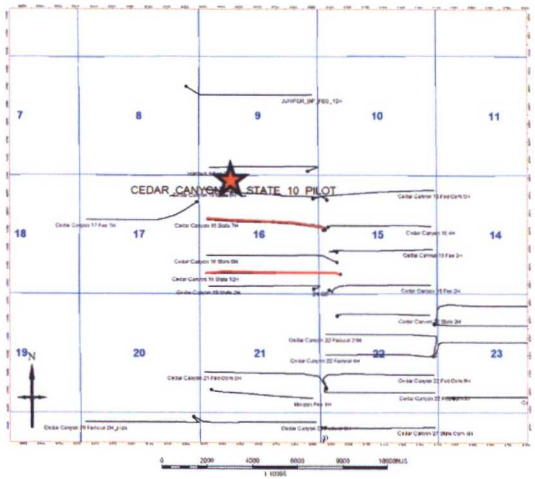




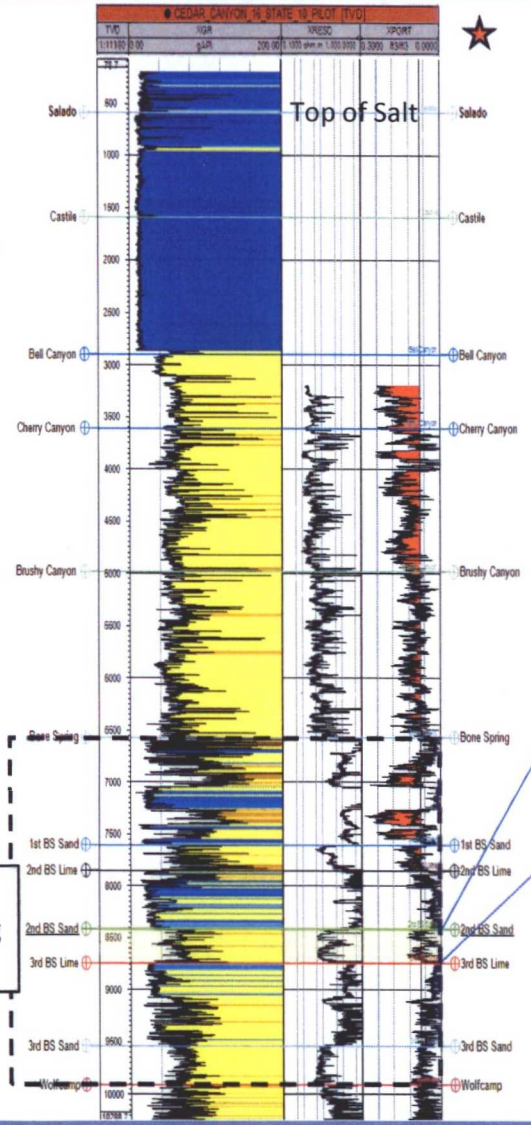
BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 17 – Case No. 15616
Submitted by: **OXY**
Hearing Date: February 2, 2017

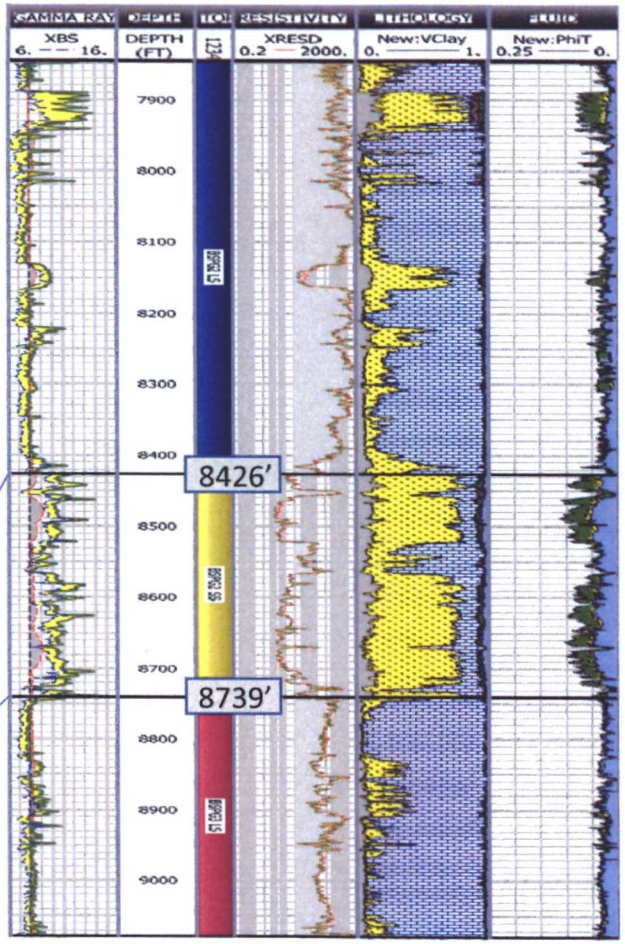
Type Log: Cedar Canyon16 State 10

- Detailed interpretation of reservoir lithology and fluids
- Note low porosity limestone above and below the 2nd Bone Spring Sand acting as a seal

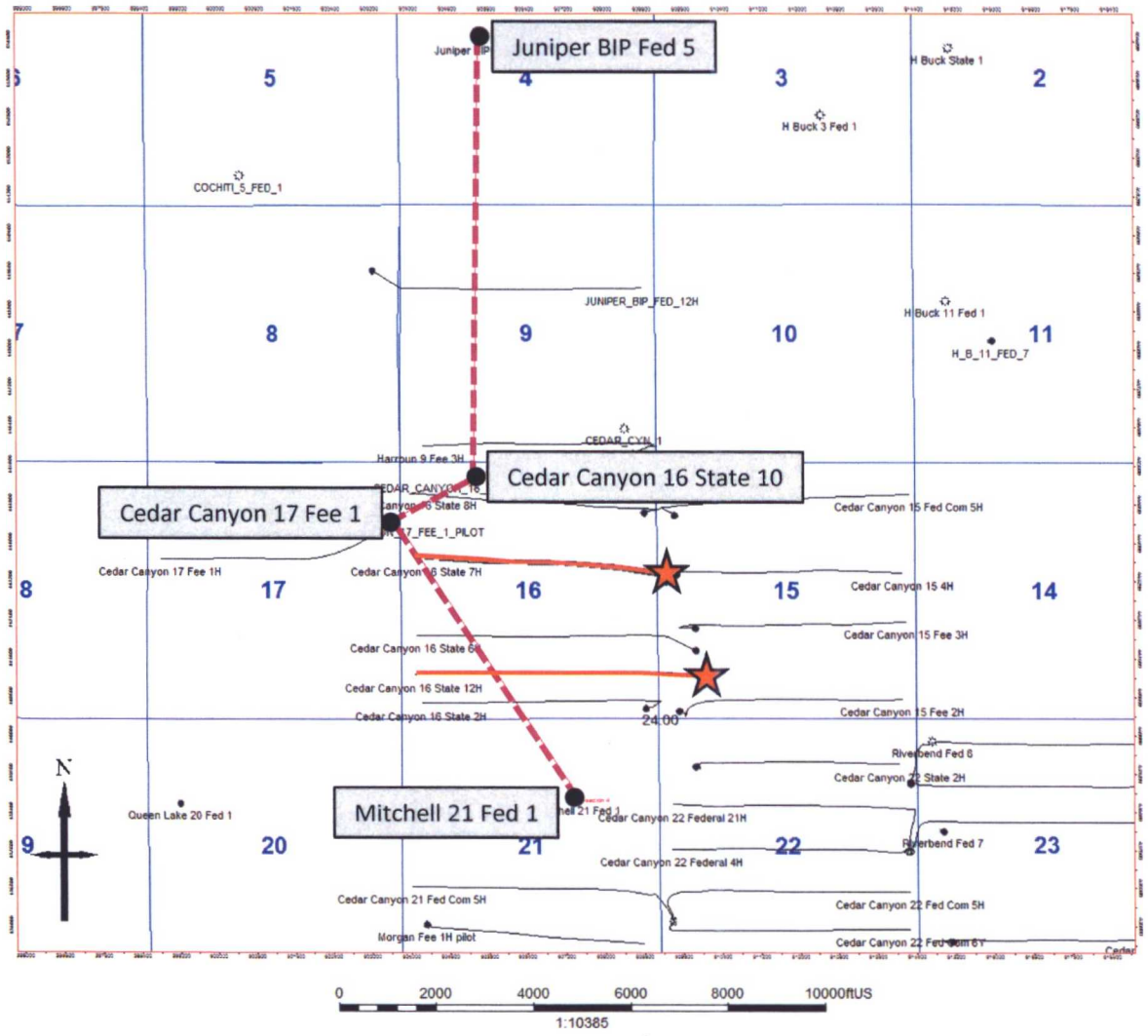


Order Pool:
Pierce Crossing; Bone Spring
Corral Draw ; Bone Spring



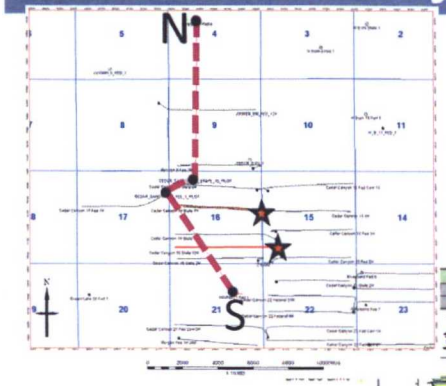


Wells Used for 2nd Bone Spring Cross Section

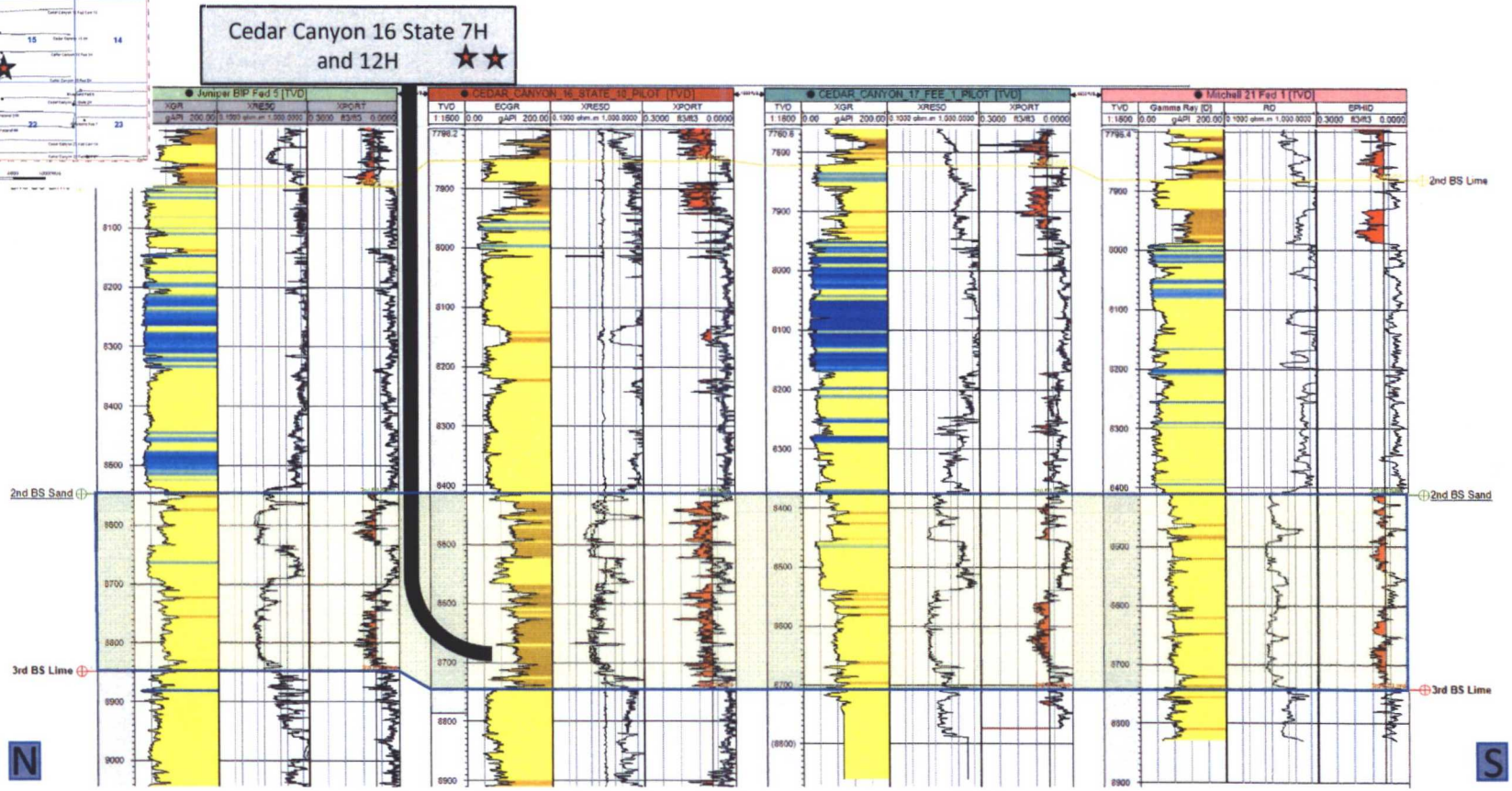


BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 19 – Case No. 15616
Submitted by: OXY
Hearing Date: February 2, 2017

Cedar Canyon 2nd Bone Spring Cross Section

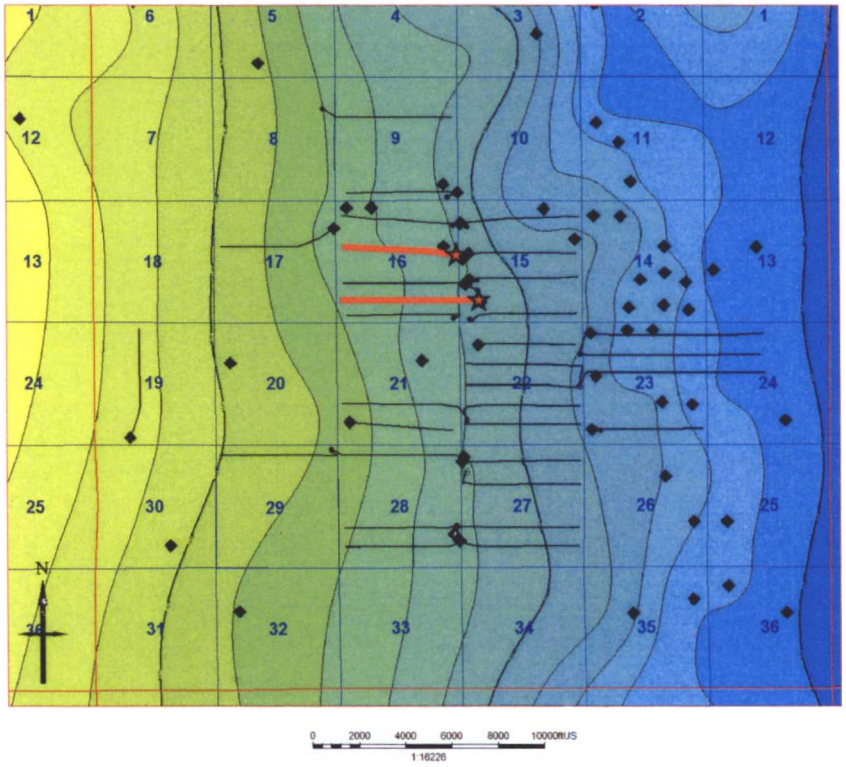


- Highlighted 2nd Bone Spring Sand Reservoir Target Interval
- Very consistent thickness over pilot area (335')



BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Exhibit No. 20 – Case No. 15616
Submitted by: OXY
Hearing Date: February 2, 2017

Structure Map: Top of 2nd Bone Spring (TVDSS)



- Good well control in pilot area (◆)
- All 2nd Bone Spring completions are shown; all 2nd Bone Spring producing wells surrounding project area are operated by Oxy
- The Second Bone Spring has a consistent one degree dip in the pilot area with no evidence of faulting