

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

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



**ADMINISTRATIVE APPLICATION CHECKLIST**

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

**Applicant:** APACHE CORPORATION **OGRID Number:** 873  
**Well Name:** CAMACHO 25-26 CTB **API:** \_\_\_\_\_  
**Pool:** Winchester Bone Spring West **Pool Code:** 97569

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

- 1) **TYPE OF APPLICATION:** Check those which apply for [A]  
 A. Location – Spacing Unit – Simultaneous Dedication  
 NSL       NSP (PROJECT AREA)       NSP (PRORATION UNIT)       SD
- B. Check one only for [ I ] or [ II ]  
 [ I ] Commingling – Storage – Measurement  
 DHC     CTB     PLC     PC     OLS     OLM  
 [ II ] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery  
 WFX     PMX     SWD     IPI     EOR     PPR

<b>FOR OCD ONLY</b>	
<input type="checkbox"/>	Notice Complete
<input type="checkbox"/>	Application Content Complete

- 2) **NOTIFICATION REQUIRED TO:** Check those which apply.  
 A.  Offset operators or lease holders  
 B.  Royalty, overriding royalty owners, revenue owners  
 C.  Application requires published notice  
 D.  Notification and/or concurrent approval by SLO  
 E.  Notification and/or concurrent approval by BLM  
 F.  Surface owner  
 G.  For all of the above, proof of notification or publication is attached, and/or,  
 H.  No notice required

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

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

ALICIA FULTON

Print or Type Name

*alicia fulton*

Signature

1/22/2025

Date

432-818-1088

Phone Number

ALICIA.FULTON@APACHECORP.COM

e-mail Address

Santa Fe Main Office  
 Phone: (505) 476-3441  
 General Information  
 Phone: (505) 629-6116

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-107-B  
 Revised August 1, 2011

**OIL CONSERVATION DIVISION**  
 1220 S. St Francis Drive  
 Santa Fe, New Mexico 87505

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

Online Phone Directory Visit:  
<https://www.emnrd.nm.gov/ocd/contact-us/>

**APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)**

OPERATOR NAME: APACHE CORPORATION  
 OPERATOR ADDRESS: 303 Veterans Airpark lane  
 APPLICATION TYPE: Midland, Tx 79705

Pool Commingling  Lease Commingling  Pool and Lease Commingling  Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE:  Fee  State  Federal

Is this an Amendment to existing Order?  Yes  No If "Yes", please include the appropriate Order No. \_\_\_\_\_  
 Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling  
 Yes  No

**(A) POOL COMMINGLING**  
 Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables?  Yes  No  
 (3) Has all interest owners been notified by certified mail of the proposed commingling?  Yes  No.  
 (4) Measurement type:  Metering  Other (Specify)  
 (5) Will commingling decrease the value of production?  Yes  No If "yes", describe why commingling should be approved

**(B) LEASE COMMINGLING**  
 Please attach sheets with the following information

(1) Pool Name and Code. Winchester; Bone Spring, West 97569  
 (2) Is all production from same source of supply?  Yes  No  
 (3) Has all interest owners been notified by certified mail of the proposed commingling?  Yes  No  
 (4) Measurement type:  Metering  Other (Specify) bulk testing

**(C) POOL and LEASE COMMINGLING**  
 Please attach sheets with the following information

(1) Complete Sections A and E.

**(D) OFF-LEASE STORAGE and MEASUREMENT**  
 Please attached sheets with the following information

(1) Is all production from same source of supply?  Yes  No  
 (2) Include proof of notice to all interest owners.

**(E) ADDITIONAL INFORMATION (for all application types)**  
 Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location. attached  
 (2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved. attached  
 (3) Lease Names, Lease and Well Numbers, and API Numbers. attached

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

SIGNATURE: *alicia fulton* TITLE: Sr. Reg Analyst DATE: 1/6/2025  
 TYPE OR PRINT NAME Alicia Fulton TELEPHONE NO.: \_\_\_\_\_  
 E-MAIL ADDRESS: alicia.fulton@apachecorp.com



1/6/2025

Dean McClure  
Petroleum Engineer, Oil Conservation Division  
New Mexico Energy, Minerals and Natural Resources Department  
(505) 469-8211

Re: Lease Commingle Application for Camacho 25-26 CTB  
Camacho 25-26  
Sec 25 Township 19S, Range 27E  
Eddy County New Mexico

Dear Mr. McClure:

Please find attached the commingle application for the Camacho 25-26 CTB Battery. This application is necessary due to multiple state leases. Application for the Camacho 25-26 wells 201H, 202H, 203H and 204H has been submitted but not approved action ID 366726. We are asking to add Camacho 25-26 well 301H, 302H, 303H and 304H and change the metering to bulk and test.

Commingleing will not reduce the individual wells production or otherwise affect the interest owners. It is the most effective means of producing the reserves. The Surface commingle permit has been submitted separately for approval to the New Mexico State Land Office

Apache request the option to include additional pools or leases within the defined parameters set forth in the Order for future additions pursuant to 19.15.12.10 (C) (4) (G) NMAC with notice provided to only the interest owners of production to be added.

Future wells within the project areas approved by this Order may be added to this commingle authority by submittal of a sundry notice to the Engineering Bureau in Santa Fe

Should you have any questions or need further assistance, please do not hesitate to contact me at 432-818-1088

Best regards,

A handwritten signature in black ink that reads "alicia fulton". The signature is written in a cursive, lowercase style.

Alicia Fulton  
EHS Advisor -Regulatory  
[Alicia.fulton@apachecorp.com](mailto:Alicia.fulton@apachecorp.com)  
432-818-1088



12/18/2024

New Mexico Oil Conservation Division  
1220 South St. Frances Drive  
Santa Fe, NM 87505

RE: Request for Administrative Surface Commingling Authority  
Camacho 25-26 State Battery  
Eddy County, New Mexico

Apache respectfully requests administrative approval to surface commingle at the Camacho 25-26 State Battery.

**Proposal:** Apache proposes to allocate production between the following wells based on three-phase well testing measurement:

- |                                |                   |
|--------------------------------|-------------------|
| • Camacho 25-26 State Com 201H | API: 30-015-55003 |
| • Camacho 25-26 State Com 202H | API: 30-015-55002 |
| • Camacho 25-26 State Com 203H | API: 30-015-55001 |
| • Camacho 25-26 State Com 204H | API: 30-015-55000 |
| • Camacho 25-26 State Com 301H | API: 30-015-55657 |
| • Camacho 25-26 State Com 302H | API: 30-015-55684 |
| • Camacho 25-26 State Com 303H | API: 30-015-55765 |
| • Camacho 25-26 State Com 304H | API: 30-015-55683 |

This commingling request is the most effective and economic means of producing the reserves and will not result in reduced royalty or improper measurement of production. The proposed commingling will minimize operating expenses and surface facility footprint by using a new centralized facility.

**Measurement:**

The Camacho 25-26 State Com central tank battery will be located in Sec 25, T19S, R27E. Three-phase metering bulk-separators (to test cumulative production) and three-phase metering test-separators (to test wells individually) will be utilized to test each well's production separately to fairly allocate oil and gas production on a pro-rata share. Each well will be periodically rotated through a test separator vessel to measure the respective well. The frequency of individual well testing will be at least twice per month, for 3-days consecutively each time. Production measurement devices on the test separator vessels will include a Coriolis meter for oil, magnetic flow meter for water, and an orifice plate meter for gas measurement. VRU gas volumes will be measured with an orifice plate meter. Please find the proposed Facility layout attached.

Please advise if this request is acceptable. If additional information is required, please contact Alicia Fulton, Regulatory Analyst, at (432) 818-1088 or [alicia.fulton@apachecorp.com](mailto:alicia.fulton@apachecorp.com) or Phillip Clemmons at (409) 221-9271 or [Phillip.Clemmons@apachecorp.com](mailto:Phillip.Clemmons@apachecorp.com).

Sincerely,

Phillip Clemmons

*Phillip Clemmons*

Sr. Production Engineer  
Delaware Basin Asset



December 18, 2024

New Mexico Oil Conservation Division  
1220 South St. Frances Drive  
Santa Fe, NM 87505

RE: Request for Administrative Surface Commingling Authority  
Camacho 25-26 State Battery  
Eddy County, New Mexico

Apache hereby requests for surface commingling under State of New Mexico leases LG-2838-3, E0-952-21, X0-648-154, L0-6289-1, L0-6289-5, L0-620-6, VB-562-2, VB-562-1, VC-816-2, E0-952-15, VC-817-2, L0-620-4, LG-2838-6 as it pertains to the following described lands:

Township 19 South, Range 27East  
Sections 25 and 26: All  
Eddy County, New Mexico

In order to commingle production at the surface, production from each of the wells the wells must be metered as outlined below at the wellhead to account for the difference in ownership:

The Camacho 25-26 State Com central tank battery will be located in Sec 25, T19S, R27E. Three-phase metering bulk-separators (to test cumulative production) and three-phase metering test-separators (to test wells individually) will be utilized to test each well's production separately to fairly allocate oil and gas production on a pro-rata share. Each well will be periodically rotated through a test separator vessel to measure the respective well. The frequency of individual well testing will be at least twice per month, for 3-days consecutively each time. Production measurement devices on the test separator vessels will include a Coriolis meter for oil, magnetic flow meter for water, and an orifice plate meter for gas measurement. VRU gas volumes will be measured with an orifice plate meter. Please find the proposed Facility layout attached.

A spreadsheet showing the ownership between the two sections is attached as Exhibit A to this letter.

Four separate voluntary agreements (Joint Operating Agreements dated December 1, 2023) evidence the consent by all parties subject to the JOA's; additionally, notice has been provided to all interest owners of this application for surface commingling. Four separate JOA's were entered into to match the spaced units of the pooling orders described below.

Page 2

Additionally Parties not subject to the JOA's, are subject to compulsory pooling orders covering the N/2N/2, S/2N/2, N/2S/2, and S/2S/2 of Sections 25 and 26 Winchester; Bone Spring west pool. Order No. 23901 (201H, 301H), 23092 (202H, 302H), 23093 (203H,303H), and 23094 (204H, 304H).

For future additions of wells, leases, and pools to this commingling operation, notice shall only be given to those interest owners in the wells, leases, or pools to be added, in accordance with Division Rule 19.15.12.10 C (4) (g) NMAC.

If you have any questions, please contact me via email at [blake.johnson@apachecorp.com](mailto:blake.johnson@apachecorp.com) or telephone at 281-302-2606.

Sincerely,

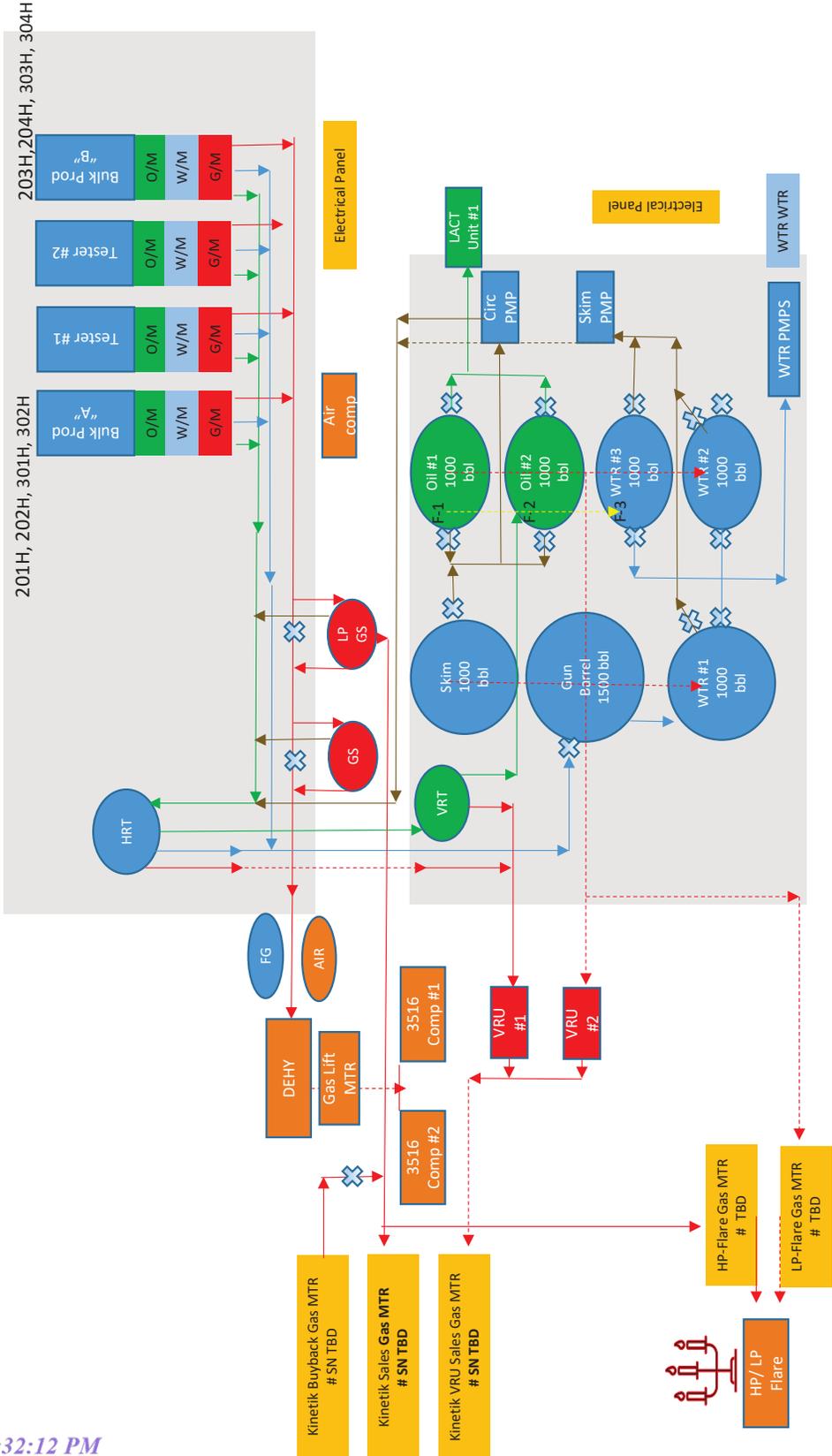
A handwritten signature in blue ink, appearing to read "B. Johnson", with a stylized flourish at the end.

Blake Johnson  
Landman

Apache Corp.  
 1945 Bluestem Rd.  
 Artesia, NM 88210  
 575-677-3642  
 Prod. Foreman  
 Javier Berdoza  
 Updated 12/12/24



Apache Corporation  
 Camacho 25-26  
 Central Tank Battery  
 Sec. 26, T19S, R27E  
 Lat: 32.631414, Long: -104.241018



Green = Oil lines  
 Red = Gas lines  
 Dashed Red = Low pressure tank vapor line  
 Blue = Water lines  
 Brown = Emulsion lines  
 ⊗ = Block Valve or Back Pressure Valve

Apache Corporation  
 Camacho 25-26  
 Central Tank Battery  
 Sec. 26, T19S, R27E  
 Lat. 32.631414, Long. -104.241018

Equipment inventory: Central Tank Battery (continued)

Production Sep. "A" MFG:  
 Test Sep. #1 MFG:  
 Test Sep. #2 MFG:  
 Prod. Sep. "B" MFG:

Vapor Recovery Tower MFG:  
 Gas Scrubber LP MFG:

Air Volume Separator MFG:  
 Heater Treater MFG:  
 Burner Info:  
 Flare MFG:

Equipment inventory: Gas lift compressor station

Gas Comp. #1 MFG:  
 Gas Comp #2 MFG:

Comp. Gas Scrubber MFG:  
 Comp. Fuel GC MFG:

Dehydration Unit MFG:  
 Dehy Unit Glycol Filter MFG:

Equipment inventory: Central Tank Battery

Oil Tank #1 MFG:  
 Oil Tank #2 MFG:  
 Oil Tank #3 MFG:  
 Gun Barrel MFG:  
 Water Tank #1 MFG:  
 Water Tank #2 MFG:

Circulation PMP:  
 Skim Pump:  
 Water Disposal PMP #1 MFG:  
 Water Disposal PMP #2 MFG:

Electric Vapor Recovery Comp. #1 MFG:  
 Electric Vapor Recovery Comp. #2 MFG:  
 LACT Unit MFG:

Air Comp #1 MFG: Ingersol-Duplex  
 Air Comp #2 MFG: Ingersol-Duplex

Well Producing at This Facility:  
 Camacho 25-26 State Com  
 #201H, #202H, #203H, #204H  
 #301H, #302H, #303H, #304H



DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 399-6161 Fax: (575) 399-0720
DISTRICT II
811 S. First St., Artesia, NM 88210
Phone: (575) 746-2383 Fax: (575) 746-9720
DISTRICT III
1000 Rio-Sitron Rd., Artesia, 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

Table with 3 columns: API Number (30-015-55003), Pool Code (97569), Pool Name (Winchestet; Bone Spring, West), Property Code (335857), Property Name (CAMACHO 25 26 STATE COM), Well Number (201H), OGRID No. (873), Operator Name (APACHE CORPORATION), Elevation (3470')

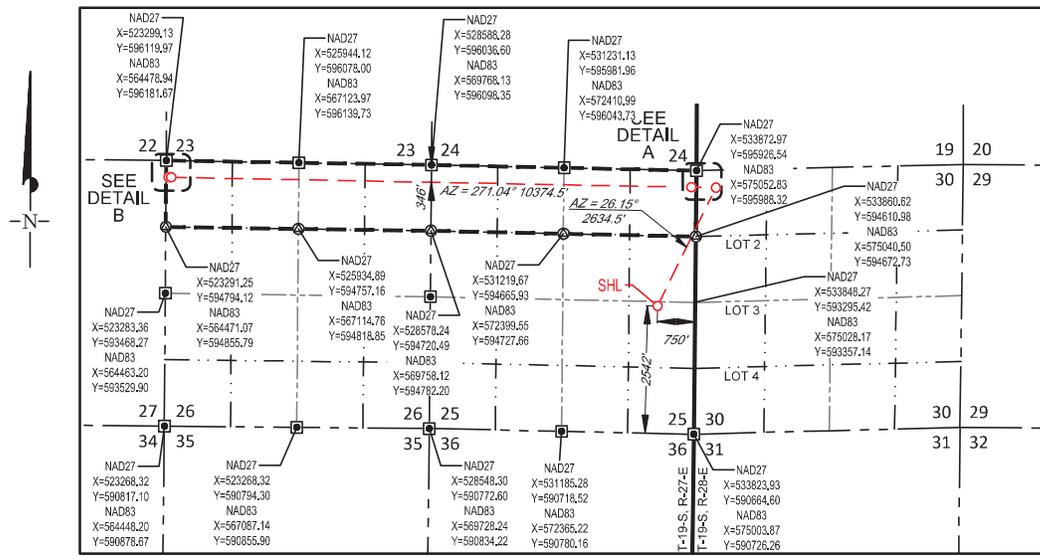
Surface Location table with columns: UL or lot no. (I), Section (25), Township (19-S), Range (27-E), Lot Idn (-), Feet from the (2542'), North/South line (SOUTH), Feet from the (750'), East/West line (EAST), County (EDDY)

Bottom Hole Location If Different From Surface table with columns: UL or lot no. (D), Section (26), Township (19-S), Range (27-E), Lot Idn (-), Feet from the (333'), North/South line (NORTH), Feet from the (50'), East/West line (WEST), County (EDDY)

Dedicated Acres (320), Joint or Infill, Consolidated Code, Order No.

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.

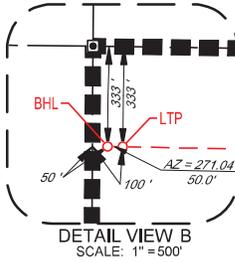
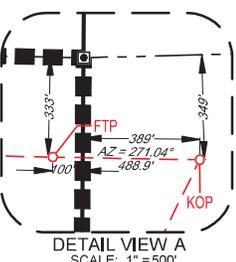
Table with 5 columns: SURFACE LOCATION (SHL), KICK OFF POINT (KOP), FIRST TAKE POINT (FTP), LAST TAKE POINT (LTP), BOTTOM HOLE LOCATION (BHL). Each column lists coordinates (X, Y) and bearings for NAD 1983 and NAD 1927.



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 voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: Sorina L Flores, Date: 5/1/24
Print Name: Sorina L Flores
E-mail Address: sorina.flores@apachecorp.com



SURVEYORS 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. 03/09/2024

Date of Survey:
Signature and Seal of Professional Surveyor:



DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 399-6161 Fax: (575) 399-0720

DISTRICT II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 764-1283 Fax: (575) 749-0720

DISTRICT III  
1000 Rio-Santos Rd., Artesia, 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 <b>30-015-55000</b>	Pool Code <b>97569</b>	Pool Name <b>Winchester; Bone Spring, West</b>
Property Code <b>335857</b>	Property Name <b>CAMACHO 25 26 STATE COM</b>	Well Number <b>204H</b>
OGRID No. <b>873</b>	Operator Name <b>APACHE CORPORATION</b>	Elevation <b>3470'</b>

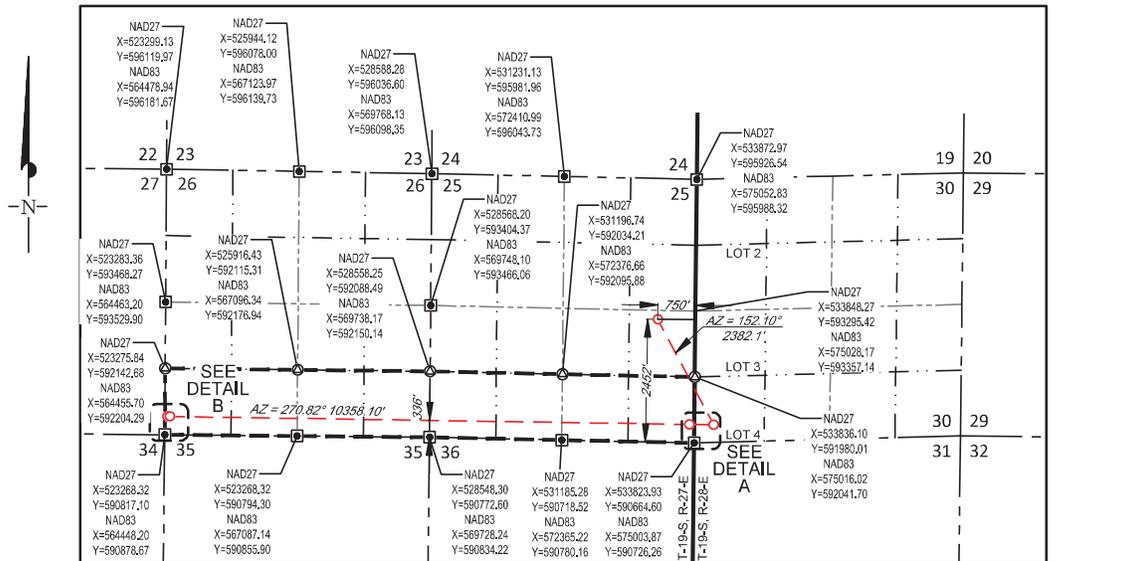
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	25	19-S	27-E	-	2452'	SOUTH	750'	EAST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	26	19-S	27-E	-	367'	SOUTH	50'	WEST	EDDY

Dedicated Acres <b>320</b>	Joint or Infill	Consolidated Code	Order No.
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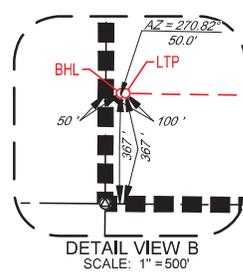
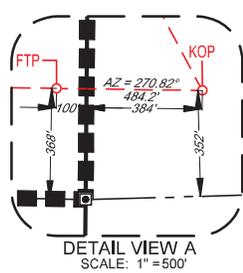
No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

SURFACE LOCATION (SHL)	KICK OFF POINT (KOP)	FIRST TAKE POINT (FTP)	LAST TAKE POINT (LTP)	BOTTOM HOLE LOCATION (BHL)
NEW MEXICO EAST NAD 1983 X=574277 Y=593194 LAT.: N 32.6306942 LONG.: W 104.2263351 NAD 1927 X=533097 Y=593132 LAT.: N 32.6305777 LONG.: W 104.2258257 2452' FSL 750' FEL	NEW MEXICO EAST NAD 1983 X=575391 Y=591089 LAT.: N 32.6249047 LONG.: W 104.2227210 NAD 1927 X=534211 Y=591027 LAT.: N 32.6247881 LONG.: W 104.2222117 352' FSL 384' FWL	NEW MEXICO EAST NAD 1983 X=574907 Y=591096 LAT.: N 32.6249252 LONG.: W 104.2242935 NAD 1927 X=533727 Y=591034 LAT.: N 32.6248086 LONG.: W 104.2237843 368' FSL 100' FEL	NEW MEXICO EAST NAD 1983 X=564550 Y=591244 LAT.: N 32.6253584 LONG.: W 104.2579343 NAD 1927 X=523370 Y=591183 LAT.: N 32.6252419 LONG.: W 104.2574242 367' FSL 100' FWL	NEW MEXICO EAST NAD 1983 X=564500 Y=591245 LAT.: N 32.6253605 LONG.: W 104.2580967 NAD 1927 X=523329 Y=592683 LAT.: N 32.6293666 LONG.: W 104.2575555 367' FSL 50' FWL



**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 voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Sorina L Flores 5/1/24  
Signature Date  
Sorina L Flores  
Print Name  
sorina.flores@apachecorp.com  
E-mail Address



**SURVEYORS 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.  
03/09/2024  
Date of Survey  
Signature and Seal of Professional Surveyor:

DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 399-6161 Fax: (575) 399-0720

DISTRICT II  
811 S. First St., Artesia, NM 88210  
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WELL LOCATION AND ACREAGE DEDICATION PLAT

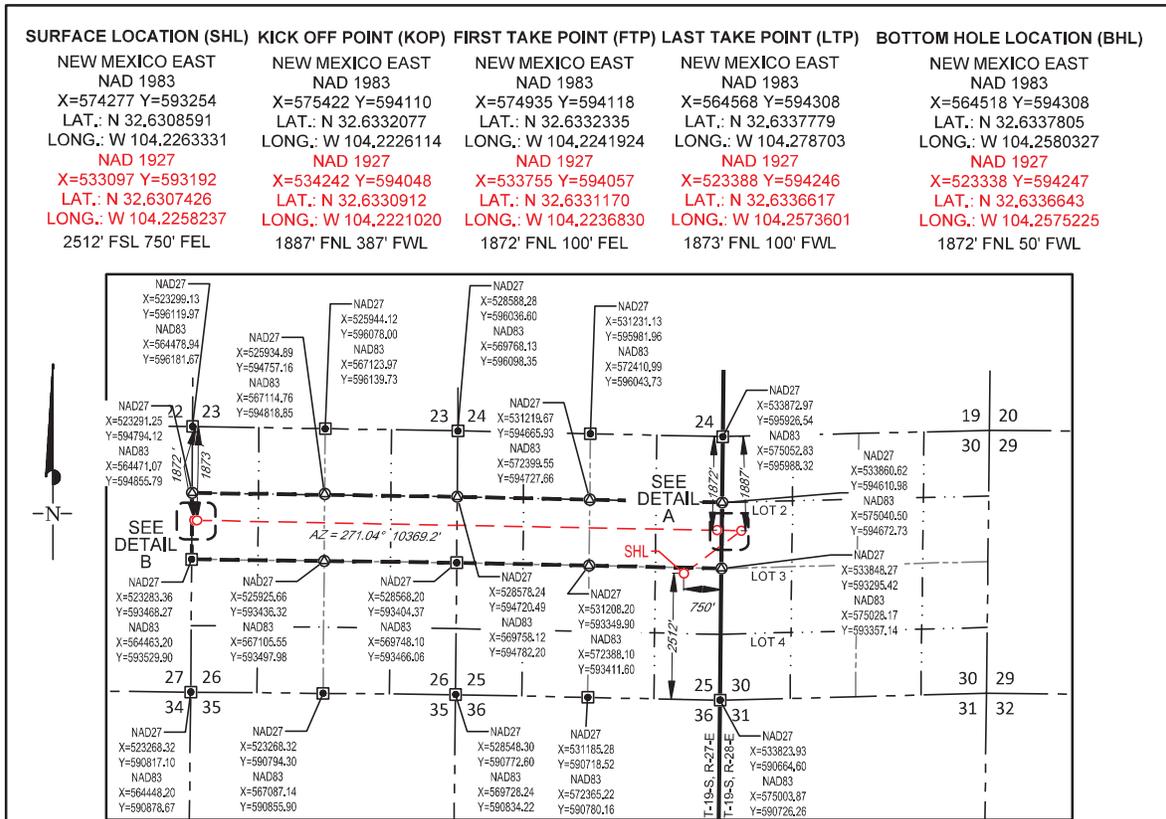
API Number <b>30-015- 55002</b>	Pool Code <b>97569</b>	Pool Name <b>WINCHESTER; BONE SPRING, WEST</b>
Property Code <b>335857</b>	Property Name <b>CAMACHO 25 26 STATE COM</b>	Well Number <b>202H</b>
OGRID No. <b>873</b>	Operator Name <b>APACHE COPORATION</b>	Elevation <b>3470'</b>

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	25	19-S	27-E	-	2512'	SOUTH	750'	EAST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	26	19-S	27-E	-	1873'	NORTH	50'	WEST	EDDY

Dedicated Acres <b>320</b>	Joint or Infill	Consolidated Code	Order No.
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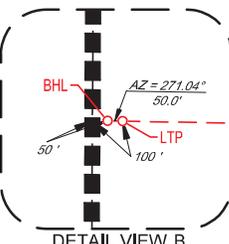
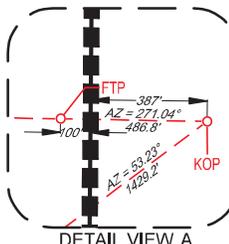
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Sorina L Flores 5/1/24  
Signature Date  
Sorina L Flores  
Print Name  
sorina.flores@apachecorp.com  
E-mail Address



SURVEYORS 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.

03/09/2024  
Date of Survey  
Signature and Seal of Professional Surveyor:



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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

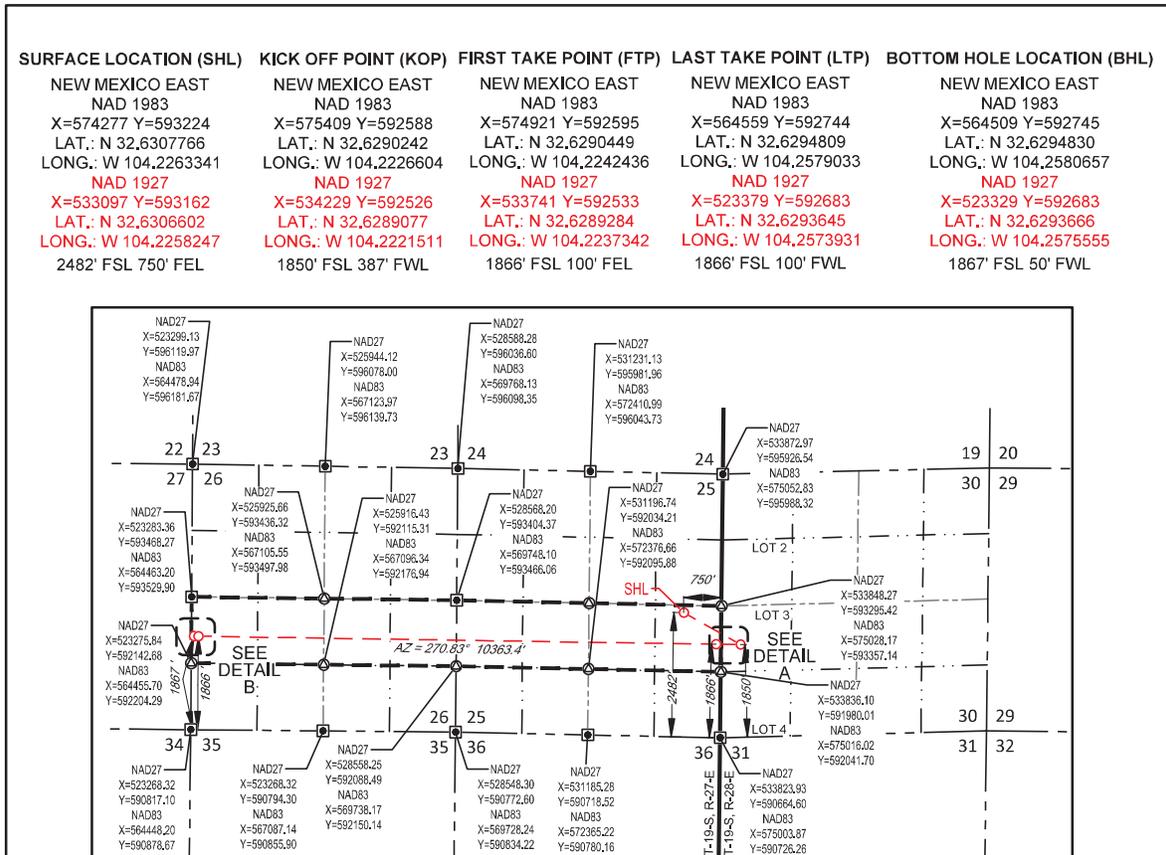
API Number <b>30-015-55001</b>	Pool Code <b>97569</b>	Pool Name <b>Winchester; Bone Spring, West</b>
Property Code <b>335857</b>	Property Name <b>CAMACHO 25 26 STATE COM</b>	Well Number <b>203H</b>
OGRID No. <b>873</b>	Operator Name <b>APACHE CORPORATION</b>	Elevation <b>3470'</b>

Surface Location									
UL or lot no. <b>I</b>	Section <b>25</b>	Township <b>19-S</b>	Range <b>27-E</b>	Lot Idn <b>-</b>	Feet from the <b>2482'</b>	North/South line <b>SOUTH</b>	Feet from the <b>750'</b>	East/West line <b>EAST</b>	County <b>EDDY</b>

Bottom Hole Location If Different From Surface									
UL or lot no. <b>L</b>	Section <b>26</b>	Township <b>19-S</b>	Range <b>27-E</b>	Lot Idn <b>-</b>	Feet from the <b>1866'</b>	North/South line <b>SOUTH</b>	Feet from the <b>50'</b>	East/West line <b>WEST</b>	County <b>EDDY</b>

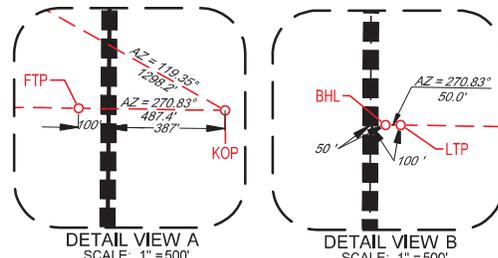
Dedicated Acres <b>320</b>	Joint or Infill	Consolidated Code	Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



**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 voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Sorina L Flores* 5/1/24  
Signature Date  
**Sorina L Flores**  
Print Name  
sorina.flores@apchecorp.com  
E-mail Address



**SURVEYORS 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.  
03/09/2024  
Date of Survey  
Signature and Seal of Professional Surveyor:

**ANGEL M. BAEZA**  
NEW MEXICO  
25118  
PROFESSIONAL SURVEYOR

<b>C-102</b> Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department <b>OIL CONSERVATION DIVISION</b>		Revised July 9, 2024	
	Submittal Type:	<input checked="" type="checkbox"/> Initial Submittal		
		<input type="checkbox"/> Amended Report		
			<input type="checkbox"/> As Drilled	

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-015</b>	Pool Code <b>97569</b>	Pool Name <b>WINCHESTER; BONE SPRING, WEST</b>
Property Code <b>335857</b>	Property Name <b>CAMACHO 25-26 STATE COM</b>	Well Number <b>301H</b>
OGRID No. <b>873</b>	Operator Name <b>APACHE CORPORATION</b>	Ground Level Elevation <b>3474'</b>
Surface Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal

**Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
A	25	19-S	27-E	-	820' N	445' E	N 32.6361458	W 104.2252774	EDDY

**Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
D	26	19-S	27-E	-	370' N	50' W	N 32.6379103	W 104.2580002	EDDY

Dedicated Acres <b>319.76</b>	Infill or Defining Well <b>Infill</b>	Defining Well API <b>30-015-55003</b>	Overlapping Spacing Unit (Y/N) <b>Y</b>	Consolidated Code <b>C</b>
Order Numbers <b>-</b>			Well Setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Kick Off Point (KOP)**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
D	30	19-S	27-E	-	430' N	378' W	32.6372156	104.2225904	EDDY

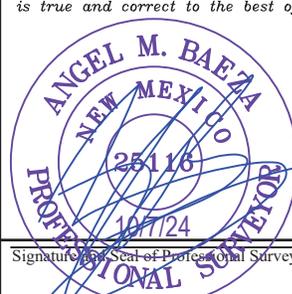
**First Take Point (FTP)**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
A	25	19-S	27-E	-	370' N	100' E	N 32.6373619	W 104.2241417	EDDY

**Last Take Point (LTP)**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
D	26	19-S	27-E	-	370' N	100' W	N 32.6379077	W 104.2578378	EDDY

Unitized Area or Area of Uniform Intrest <b>-</b>	Spacing Unity Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation <b>3474'</b>
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<b>OPERATOR CERTIFICATION</b> <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief; and, if the well is a vertical or directional well, 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 a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i>  <i>If this well is a horizontal well, I further certify that this organization has received The consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</i>		<b>SURVEYORS CERTIFICATION</b> <i>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.</i>	
Signature: <u>Sorina L Flores</u> Date: <u>10/7/2024</u>			
Print Name: <u>SORINA L FLORES</u>		Signature of Seal of Professional Surveyor: _____ Date: _____	
E-mail Address: <u>sorina.flores@apachecorp.com</u>		Certificate Number: _____ Date of Survey: <u>09/25/2024</u>	

S:\SURVEY\APACHE\_CORPORATION\CAMACHO\_25-26\_STATE\_COM\_BRANDED\_C-102\_SSE\_EXHIBIT\FINAL\_PRODUCT\FINAL\_PRODUCT\_SG\_CAMACHO\_25-26\_STATE\_COM\_9/25/2024\_3:01 PM

<b>C-102</b> Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department <b>OIL CONSERVATION DIVISION</b>	Revised July 9, 2024	
	Submittal Type:	<input type="checkbox"/> Initial Submittal	
		<input type="checkbox"/> Amended Report	
		<input type="checkbox"/> As Drilled	

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-015</b>	Pool Code	Pool Name
Property Code	Property Name <b>CAMACHO 25-26 STATE COM</b>	
		Well Number <b>302H</b>
OGRID No. <b>873</b>	Operator Name <b>APACHE CORPORATION</b>	
		Ground Level Elevation <b>3471'</b>
Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal

**Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
I	25	19-S	27-E	-	2750' N	750' E	N 32.63085911	W 104.22633312	EDDY

**Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
E	26	19-S	27-E	-	1890' N	50' W	N 32.63373210	W 104.25803304	EDDY

Dedicated Acres <b>319.89</b>	Infill or Defining Well -	Defining Well API -	Overlapping Spacing Unit (Y/N) -	Consolidated Code -
Order Numbers -			Well Setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Kick Off Point (KOP)**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
H	25	19-S	27-E	-	1890' N	50' E	N 32.63318111	W 104.22403064	EDDY

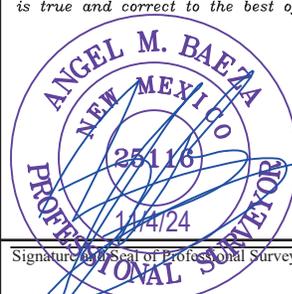
**First Take Point (FTP)**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
H	25	19-S	27-E	-	1890' N	100' E	N 32.63318376	W 104.22419304	EDDY

**Last Take Point (LTP)**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
E	26	19-S	27-E	-	1890' N	100' W	N 32.63372949	W 104.25787063	EDDY

Unitized Area or Area of Uniform Intrest -	Spacing Unity Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation -
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<p><b>OPERATOR CERTIFICATION</b></p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief; and, if the well is a vertical or directional well, 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 a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p><i>If this well is a horizontal well, I further certify that this organization has received The consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</i></p>	<p><b>SURVEYORS CERTIFICATION</b></p> <p><i>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.</i></p> <div style="text-align: center;">  </div>
Signature _____ Date _____	Signature _____ Seal of Professional Surveyor _____ Date _____
Print Name _____	Certificate Number _____ Date of Survey <b>09/25/2024</b>
E-mail Address _____	

S:\SURVEY\APACHE\_CORPORATION\CAMACHO\_25-26\_STATE\_COM\REVISED\_C102S\_SEE\_EXHIBIT\FINAL\_PRODUCT\FSTG\_CAMACHO\_25-26\_STATE\_COM\_302H.MXD (NEW) (REVISED: 14/02/24 10:48 AM)

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code		3 Pool Name	
4 Property Code		5 Property Name <b>CAMACHO 25-26 STATE COM</b>			6 Well Number <b>303H</b>
7 OGRID NO.		8 Operator Name <b>APACHE CORPORATION</b>			9 Elevation <b>3470'</b>

10 Surface Location

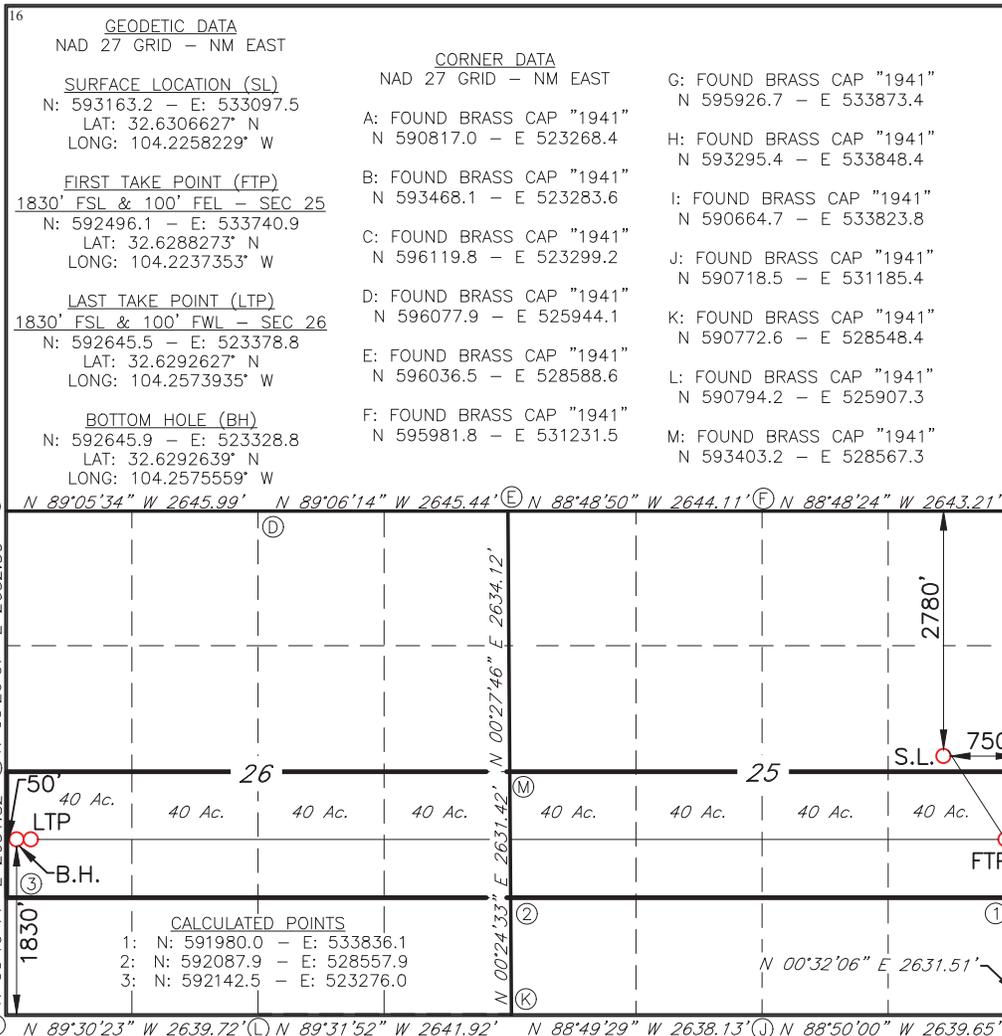
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
<b>H</b>	<b>25</b>	<b>19S</b>	<b>27E</b>		<b>2780</b>	<b>NORTH</b>	<b>750</b>	<b>EAST</b>	<b>EDDY</b>

11 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
<b>L</b>	<b>26</b>	<b>19S</b>	<b>27E</b>		<b>1830</b>	<b>SOUTH</b>	<b>50</b>	<b>WEST</b>	<b>EDDY</b>

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
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No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.



**17 OPERATOR CERTIFICATION**  
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or 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 \_\_\_\_\_  
Printed Name \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**18 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.

**04/28/2021**  
Date of Survey

Signature and Seal of Professional Surveyor

**14400**  
Certificate Number

**14400**  
REV: SL MOVE - 09/26/2022

**DALE E. BELL**  
NEW MEXICO  
PROFESSIONAL SURVEYOR  
14400  
01/11/2023

Job No.: LS21040397R1

<b>C-102</b> Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department <b>OIL CONSERVATION DIVISION</b>	Revised July 9, 2024  Submittal Type: <input type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled
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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-015</b>	Pool Code	Pool Name
Property Code	Property Name <b>CAMACHO 25-26 STATE COM</b>	Well Number <b>304H</b>
OGRID No. <b>873</b>	Operator Name <b>APACHE CORPORATION</b>	Ground Level Elevation <b>3459'</b>
Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal

**Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
P	25	19-S	27-E	-	337' S	650' E	N 32.62475718	W 104.22557142	EDDY

**Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
M	26	19-S	27-E	-	422' S	50' W	N 32.62539426	W 104.25758552	EDDY

Dedicated Acres <b>319.57</b>	Infill or Defining Well -	Defining Well API -	Overlapping Spacing Unit (Y/N) -	Consolidated Code -
Order Numbers -			Well Setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Kick Off Point (KOP)**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
P	25	19-S	27-E	-	381' S	50' E	N 32.62484392	W 104.22362142	EDDY

**First Take Point (FTP)**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
P	25	19-S	27-E	-	381' S	100' E	N 32.62484658	W 104.22378380	EDDY

**Last Take Point (LTP)**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the N/S	Feet from the E/W	Latitude	Longitude	County
M	26	19-S	27-E	-	422' S	100' W	N 32.62539165	W 104.25742314	EDDY

Unitized Area or Area of Uniform Intrest -	Spacing Unity Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation -
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<p><b>OPERATOR CERTIFICATION</b></p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief; and, if the well is a vertical or directional well, 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 a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p><i>If this well is a horizontal well, I further certify that this organization has received The consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the mineral target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</i></p>	<p><b>SURVEYORS CERTIFICATION</b></p> <p><i>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.</i></p>
Signature _____ Date _____	Signature and Seal of Professional Surveyor _____ Date _____
Print Name _____	Certificate Number _____ Date of Survey <b>XX/XX/XXXX</b>
E-mail Address _____	

S:\SURVEY\APACHE\_CORPORATION\CAMACHO\_25-26\_STATE\_COM\REVISED\_C1028\_SSE\_EXHIBIT\FINAL\_PRODUCT\FINAL\_PRODUCT\FINAL\_PRODUCT\CAMACHO\_25-26\_STATE\_COM\_394H\_10427\_REVISED.MXD

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Fasken Land and Minerals, Ltd.

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Street and City, State, ZIP

City, State, ZIP

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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755 E Mulberry Ave Ste 600  
Street and City, State, ZIP

City, State, ZIP

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

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Sent To Northern Oil & Gas, Inc.  
4350 Baker Rd Suite 400  
Street and City, State, ZIP

City, State, ZIP

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

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\$	Total P
\$	

Sent To Redfern Enterprises, Inc.  
303 West Wall Suite 1900  
Street and City, State, ZIP

City, State, ZIP

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

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9740 W FM 2147 Suite 8329  
Street and City, State, ZIP

City, State, ZIP

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

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Postage

\$	Total Post
\$	

Sent To Peregrine Production, LLC  
PO Box 50655  
Street and City, State, ZIP

City, State, ZIP

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
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Postage	\$
Total	\$

Sent To **Marathon Oil Permian, LLC**  
 Street **990 Town & Country Blvd**  
 City, State **Houston, TX 77024**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total P	\$

Sent To **Ege Oil Company**  
 Street **223 W Wall St**  
 City, State **Midland, TX 79701**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9345 13

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Pos	\$

Sent To **Flag "77" Ltd.**  
 Street **1200 Wall Towers West**  
 City, State **Midland, TX 79701**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9345 44

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Post	\$

Sent To **Devon Energy Production Company, LP**  
 Street **333 W Sheridan Avenue**  
 City, State **Oklahoma City, OK 73102**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9345 68

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total	\$

Sent To **Tacosa Energy Partners, LLC**  
 Street **901 W. Missouri Ave.**  
 City, State **Midland, TX 79701**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9345 37

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Po	\$

Sent To **8 Way Oil and Gas, Inc.**  
 Street **303 West Wall Suite 1900**  
 City, State **Midland, TX 79702**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9345 75

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$  
**Total Postage**

**Sent To**  
 Ocean Oil Corporation  
 5299 DTC Blvd., Suite 840  
 Greenwood, CO 80111  
 City, State

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 05

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$  
**Total Postage**

**Sent To**  
 Alyssa Russell  
 2704 Deer Hollow Dr  
 Little Elm, TX 75068  
 City, State

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9345 99

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$  
**Total Postage**

**Sent To**  
 Alline Healy  
 305 Palmetto Dr  
 Georgetown, TX 78633  
 City, State

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9345 82

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$  
**Total Postage**

**Sent To**  
 Permian Basin Acquisitions, LLC  
 5299 DTC Blvd., Suite 840  
 Greenwood, CO 80111  
 City, State

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 29

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$  
**Total Postage**

**Sent To**  
 Alline Healy, Trustee of the John David  
 Momsen Special Needs Trust  
 305 Palmetto Dr  
 Georgetown, TX 78633  
 City, State

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 12

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$  
**Total Postage**

**Sent To**  
 Anne Momsen  
 6081 Rivet  
 El Paso, TX 79932  
 City, State

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 50

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Post	\$

Postmark  
Here

Sent To **Patrick Momsen**  
 PO Box 3309  
 Coos Bay, OR 97420

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 43

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total P	\$

Postmark  
Here

Sent To **Mike Momsen a/k/a Thomas Michael  
Momsen**  
 203 Summit St.  
 Georgetown, TX 78633

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 81

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Post	\$

Postmark  
Here

Sent To **William J. Hines, III**  
 508 W. Wall St., Suite 1250  
 Midland TX, 79701

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 67

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total	\$

Postmark  
Here

Sent To **Peter Momsen**  
 PO Box 16  
 Bayard, NM 88023

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 74

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Post	\$

Postmark  
Here

Sent To **Katherine Hines Buckland**  
 712 Saddle Mountain  
 Georgetown, TX 78628

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 36

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total P	\$

Postmark  
Here

Sent To **Mark Momsen a/k/a Fredrick Mark  
Momsen**  
 744 Villa Flores  
 El Paso, TX 79912

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9346 98

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Post</b>	\$

Sent To: Margaret C. Burgess  
5010 E. Flower  
Phoenix, AZ 85018

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9347 42

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Post</b>	\$

Sent To: Leo Momsen, III  
5928 Volunteer Pl  
Rockwall, TX 75032

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9347 04

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Post</b>	\$

Sent To: Mary Katherine Magri  
712 Saddle Mountain  
Georgetown, TX 78628

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9347 28

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Post</b>	\$

Sent To: John P. Cunningham, Trustee of the  
Arthur Cunningham Family  
5227 Calle Redonda  
Phoenix, AZ 85018

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9347 35

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Post</b>	\$

Sent To: Karen L. Rebecaren  
a/k/a Karen Rebecaren Warner  
19184 Japatul Rd  
Alpine, CA 91901

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9347 11

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**OFFICIAL USE**

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Post</b>	\$

Sent To: John Peter Cunningham  
5227 Calle Redonda  
Phoenix, AZ 85018

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9347 59

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Post	\$

Postmark Here

Sent To **Virginia Momsen a/k/a Virginia Momsen Grady**  
 Street and **122 Palmer Hill Road #3334**  
 City, State **Stamford, CT 06902**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Post	\$

Postmark Here

Sent To **Marathon Oil Company**  
 Street and **990 Town and Country Blvd**  
 City, State **Houston, TX 77024**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9348 03

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Post	\$

Postmark Here

Sent To **Peregrine Production, LLC**  
 Street and **PO Box 50655**  
 City, State **Midland, TX 79710**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9347 66

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Post	\$

Postmark Here

Sent To **Yates Brothers Partnership**  
 Street and **PO Box 1394**  
 City, State **Artesia, NM 88211**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0400 9347 97

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Post	\$

Postmark Here

Sent To **RSC Resources, LP**  
 Street and **9740 W FM 2147 Suite 8329**  
 City, State **Horseshoe, TX 78657**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Post	\$

Postmark Here

Sent To **Hold the Door, LP**  
 Street and **6824 Island Circle**  
 City, State **Midland, TX 79707**

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**OFFICIAL USE**

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage \$	
Sent To Faulconer Resources 1999 Limited Partnership, LLP	
Street and 1001 E Southeast Loop 323	
City, State Tyler, TX 75701	

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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**OFFICIAL USE**

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage \$	
Sent To RIMCO Partners, LP III	
Street and PO Box 924588	
City, State Houston, TX 77292	

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**PO Box 1889**  
**Midland, TX 79702**

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Sent To: **Gahr Ranch & Investments Partnership, Ltd.**  
**PO Box 1889**  
**Midland, TX 79702**

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<input type="checkbox"/> Adult Signature Required	\$
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Postage	\$
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Sent To: **Hair Family Limited Partnership**  
**PO Box 8122**  
**Midland, TX 79702**

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<input type="checkbox"/> Adult Signature Required	\$
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Sent To: **Thomas M. Beall**  
**PO Box 3098**  
**Midland, TX 79702**

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**6 Desta Drive, Suite 6000**  
**Midland, TX 79705**

City, State

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Sent To: **Sarah M. Loudenback**  
**121 Copper Ridge Dr La**  
**Vernia, TX 78121**

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<b>Tracking ID</b>	<b>413784826818</b>
<b>From</b>	Apache Corporation 303 Veteran's Airpark Lane Midland, TX, US 79705
<b>To</b>	ATTN: COMMINGLING MANAGER BAYLEN LAMKIN 310 OLD SANTA FE TRAIL SANTA FE, NM, US 87504
<b>Ship date</b>	Wed 12/18/2024 04:10 PM
<b>Number of pieces</b>	1
<b>Total shipment weight</b>	0.50 LB
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 Midland, TX 79701

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

**APPLICATION FOR SURFACE COMMINGLING  
SUBMITTED BY APACHE CORPORATION**

**ORDER NO. CTB-1133**

**ORDER**

The Director of the New Mexico Oil Conservation Division (“OCD”), having considered the application and the recommendation of the OCD Engineering Bureau, issues the following Order.

**FINDINGS OF FACT**

1. Apache Corporation (“Applicant”) submitted a complete application to surface commingle the oil and gas production from the pools, leases, and wells as described in Exhibit A (“Application”).
2. Applicant proposed a method to allocate the oil and gas production to the pools, leases, and wells to be commingled.
3. Applicant provided notice of the Application to all persons owning an interest in the oil and gas production to be commingled, including the owners of royalty and overriding royalty interests, regardless of whether they have a right or option to take their interests in kind, and those persons either submitted a written waiver or did not file an objection to the Application.
4. Applicant provided notice of the Application to the Bureau of Land Management (“BLM”) or New Mexico State Land Office (“NMSLO”), as applicable.
5. Applicant certified the commingling of oil and gas production from the pools, leases, and wells will not in reasonable probability reduce the value of the oil and gas production to less than if it had remained segregated.
6. Applicant in the notice for the Application stated that it sought authorization to prospectively include additional pools, leases, and wells in accordance with 19.15.12.10 C.(4)(g) NMAC.
7. Applicant stated that it sought authorization to surface commingle and off-lease measure, as applicable, oil and gas production from wells which have not yet been approved to be drilled, but will produce from a pool and lease as described in Exhibit A.

**CONCLUSIONS OF LAW**

8. OCD has jurisdiction to issue this Order pursuant to the Oil and Gas Act, NMSA 1978, §§ 70-2-6, 70-2-11, 70-2-12, 70-2-16, and 70-2-17, 19.15.12. NMAC, and 19.15.23. NMAC.
9. Applicant satisfied the notice requirements for the Application in accordance with 19.15.12.10 A.(2) NMAC, 19.15.12.10 C.(4)(c) NMAC, and 19.15.12.10 C.(4)(e) NMAC, as applicable.

10. Applicant satisfied the notice requirements for the Application in accordance with 19.15.23.9 A.(5) NMAC and 19.15.23.9 A.(6) NMAC, as applicable.
11. Applicant's proposed method of allocation, as modified herein, complies with 19.15.12.10 B.(1) NMAC or 19.15.12.10 C.(1) NMAC, as applicable.
12. Commingling of oil and gas production from state, federal, or tribal leases shall not commence until approved by the BLM or NMSLO, as applicable, in accordance with 19.15.12.10 B.(3) NMAC and 19.15.12.10 C.(4)(h) NMAC.
13. Applicant satisfied the notice requirements for the subsequent addition of pools, leases, and wells in the notice for the Application, in accordance with 19.15.12.10 C.(4)(g) NMAC. Subsequent additions of pools, leases, and wells within Applicant's defined parameters, as modified herein, will not, in reasonable probability, reduce the commingled production's value or otherwise adversely affect the interest owners in the production to be added.
14. By granting the Application with the conditions specified below, this Order prevents waste and protects correlative rights, public health, and the environment.

### **ORDER**

1. Applicant is authorized to surface commingle oil and gas production from the pools, leases, and wells as described in Exhibit A.

Applicant is authorized to store and measure oil and gas production off-lease from the pools, leases, and wells as described in Exhibit A at a central tank battery or gas title transfer meter described in Exhibit A.

Applicant is authorized to surface commingle oil and gas production from wells not included in Exhibit A but that produce from a pool and lease as described in Exhibit A.

Applicant is authorized to store and measure oil and gas production off-lease from wells not included in Exhibit A but that produce from a pool and lease as described in Exhibit A at a central tank battery or gas title transfer meter described in Exhibit A.

2. The allocation of oil and gas production to wells not included in Exhibit A but that produce from a pool and lease as described in Exhibit A shall be determined in the same manner as to wells identified in Exhibit A that produce from that pool and lease, provided that if more than one allocation method is being used or if there are no wells identified in Exhibit A that produce from the pool and lease, then allocation of oil and gas production to each well not included in Exhibit A shall be determined by OCD prior to commingling production from it with the production from another well.
3. The allocation of oil and gas production shall be based on the production life of each well as measured for three periods: (a) the initial production period shall be measured from the first production until the earlier of either the peak production rate or thirty (30) days after the first production; (b) the plateau period shall be measured from the end of the initial production

period to the peak decline rate; and (c) the decline period shall be measured from the end of the plateau period until the well is plugged and abandoned.

During the initial production period, the oil and gas production for each well identified in Exhibit A shall be allocated using a production curve calculated from a minimum of ten (10) well tests per month, except that any day in which a well test cannot achieve an accurate result due to a temporary change in oil and gas production shall not be included in the computation of time determining the well test schedule. The production curve shall be calculated by interpolating daily production for each day using the known daily production obtained by well tests and shall use a method of interpolation that is at minimum as accurate as maintaining a constant rate of change for each day's production between the known daily production values.

During the plateau period, the oil and gas production for each well identified in Exhibit A shall be allocated using a minimum of three (3) well tests per month.

During the decline period, the oil and gas production for each well identified in Exhibit A shall be allocated as follows: (a) a minimum of three (3) well tests per month when the decline rate is greater than twenty-two percent (22%) per month; (b) a minimum of two (2) well tests per month when the decline rate is between twenty-two percent (22%) and ten percent (10%) per month; and (c) a minimum of one (1) well test per month when the decline rate is less than ten percent (10%) per month.

Upon OCD's request, Applicant shall submit a Form C-103 to the OCD Engineering Bureau that contains the decline rate curve and other relevant information demonstrating the production life of a well.

Applicant shall conduct a well test by separating and metering the oil and gas production from that well for either (a) a minimum of twenty-four (24) consecutive hours; or (b) a combination of nonconsecutive periods that meet the following conditions: (i) each period shall be a minimum of six (6) hours; and (ii) the total duration of the nonconsecutive periods shall be a minimum of eighteen (18) hours.

The well test requirements of this Order shall be suspended for any well shut-in for a period that continues for more than fifteen (15) days until the well commences production.

4. Applicant shall measure and market the commingled oil at a central tank battery described in Exhibit A in accordance with this Order and 19.15.18.15. NMAC or 19.15.23.8. NMAC.
5. Applicant shall measure and market the commingled gas at a well pad, central delivery point, central tank battery, or gas title transfer meter described in Exhibit A in accordance with this Order and 19.15.19.9. NMAC, provided however that if the gas is vented or flared, and regardless of the reason or authorization pursuant to 19.15.28.8 B. NMAC for such venting or flaring, Applicant shall measure or estimate the gas in accordance with 19.15.28.8 E. NMAC.

6. Applicant shall calibrate the meters used to measure or allocate oil and gas production in accordance with 19.15.12.10 C.(2) NMAC.
7. If the commingling of oil and gas production from any pool, lease, or well reduces the value of the commingled oil and gas production to less than if it had remained segregated, no later than sixty (60) days after the decrease in value has occurred Applicant shall submit a new surface commingling application to OCD to amend this Order to remove the pool, lease, or well whose oil and gas production caused the decrease in value. If Applicant fails to submit a new application, this Order shall terminate on the following day, and if OCD denies the application, this Order shall terminate on the date of such action.
8. Applicant may submit an application to amend this Order to add pools, leases, and subsequently drilled wells with spacing units adjacent to or within the tracts commingled by this Order by submitting a Form C-107-B in accordance with 19.15.12.10 C.(4)(g) NMAC, provided the pools, leases, and subsequently drilled wells are within the identified parameters included in the Application.
9. If a well is not included in Exhibit A but produces from a pool and lease as described in Exhibit A, then Applicant shall submit Forms C-102 and C-103 to the OCD Engineering Bureau after the well has been approved to be drilled and prior to off-lease measuring or commingling oil or gas production from it with the production from another well. The Form C-103 shall reference this Order and identify the well, proposed method to determine the allocation of oil and gas production to it, and the location(s) that commingling of its production will occur.
10. Applicant shall not commence commingling oil or gas production from state, federal, or tribal leases until approved by the BLM or NMSLO, as applicable.
11. If OCD determines that Applicant has failed to comply with any provision of this Order, OCD may take any action authorized by the Oil and Gas Act or the New Mexico Administrative Code (NMAC).
12. OCD retains jurisdiction of this matter and reserves the right to modify or revoke this Order as it deems necessary.

**STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION**



**GERASIMOS RAZATOS  
DIRECTOR (ACTING)**

**DATE: 4/30/2025**

State of New Mexico  
Energy, Minerals and Natural Resources Department

## Exhibit A

**Order: CTB-1133**  
**Operator: Apache Corporation (873)**  
**Central Tank Battery: Camacho 25-26 Central Tank Battery**  
**Central Tank Battery Location: UL I, Section 25, Township 19 South, Range 27 East**  
**Gas Title Transfer Meter Location:**

### Pools

Pool Name	Pool Code
WINCHESTER; BONE SPRING, WEST	97569

### Leases as defined in 19.15.12.7(C) NMAC

Lease	UL or Q/Q	S-T-R
CA Bone Spring SLO 205027 PUN 1406059	N/2 N/2	25-19S-27E
	N/2 N/2	26-19S-27E
CA Bone Spring SLO 205026 PUN 1406042	S/2 N/2	25-19S-27E
	S/2 N/2	26-19S-27E
CA Bone Spring SLO 205025 PUN 1406030	N/2 S/2	25-19S-27E
	N/2 S/2	26-19S-27E
CA Bone Spring SLO 205013 PUN 1405950	S/2 S/2	25-19S-27E
	S/2 S/2	26-19S-27E

### Wells

Well API	Well Name	UL or Q/Q	S-T-R	Pool
30-015-55000	CAMACHO 25 26 STATE COM #204H	S/2 S/2	25-19S-27E	97569
		S/2 S/2	26-19S-27E	
30-015-55001	CAMACHO 25 26 STATE COM #203H	N/2 S/2	25-19S-27E	97569
		N/2 S/2	26-19S-27E	
30-015-55002	CAMACHO 25 26 STATE COM #202H	S/2 N/2	25-19S-27E	97569
		S/2 N/2	26-19S-27E	
30-015-55003	CAMACHO 25 26 STATE COM #201H	N/2 N/2	25-19S-27E	97569
		N/2 N/2	26-19S-27E	
30-015-55657	CAMACHO 25 26 STATE COM #301H	N/2 N/2	25-19S-27E	97569
		N/2 N/2	26-19S-27E	
30-015-55683	CAMACHO 25 26 STATE COM #304H	S/2 S/2	25-19S-27E	97569
		S/2 S/2	26-19S-27E	
30-015-55684	CAMACHO 25 26 STATE COM #302H	S/2 N/2	25-19S-27E	97569
		S/2 N/2	26-19S-27E	
30-015-55765	CAMACHO 25 26 STATE COM #303H	N/2 S/2	25-19S-27E	97569
		N/2 S/2	26-19S-27E	

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/ocd/contact-us>

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS

Action 423489

**CONDITIONS**

Operator: APACHE CORPORATION 303 Veterans Airpark Ln Midland, TX 79705	OGRID: 873
	Action Number: 423489
	Action Type: [C-107] Surface Commingle or Off-Lease (C-107B)

**CONDITIONS**

Created By	Condition	Condition Date
sarah.clelland	Please review the content of the order to ensure you are familiar with the authorities granted and any conditions of approval. If you have any questions regarding this matter, please email us at <a href="mailto:OCD.Engineer@emnrd.nm.gov">OCD.Engineer@emnrd.nm.gov</a> .	4/30/2025