

*- no surface
or
mineral
interest
with it*

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - 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

Application Acronyms:

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A] Well: EVGSAU 2622-002 API #30-025-26573

[A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR

[D] Other: Specify _____

*CONOCOPHILLIPS
217817
Pool
- vacuuming Grayburg -
San Andres
62180*

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A] Working, Royalty or Overriding Royalty Interest Owners
- [B] Offset Operators, Leaseholders or Surface Owner
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached

RECEIVED
 12 03 2014
 10 52 AM
 2014

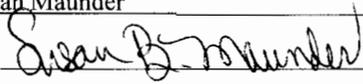
[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **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.

Susan B. Maunder	<i>Susan B Maunder</i>	Senior Regulatory Specialist	11/25/14
Print or Type Name	Signature	Title	Date
		Susan.B.Maunder@conocophillips.com	
		e-mail Address	

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? Yes No
- II. OPERATOR: ConocoPhillips Company
ADDRESS: 600 N. Dairy Ashford Road, P10-3096
CONTACT PARTY: Susan Maunder/Senior Regulatory Specialist PHONE: 281-206-5281
- 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 No
If yes, give the Division order number authorizing the project: R-6856/R-5897/R-10017
- 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: Susan Maunder TITLE: Senior Regulatory Specialist
SIGNATURE:  DATE: 11/25/14
E-MAIL ADDRESS: Susan.B.Maunder@conocophillips.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

East Vacuum Grayburg San Andres Cooperative Agreement
Proposed Injection Well Activity

Operator: ConocoPhillips Company
Lease Numbers:
Well Name: East Vacuum Grayburg San Andres 2622-002W (API 30-025-26573)
Current Status: Well is producing pending authorization to convert to injection.

Proposal Description:

ConocoPhillips Company plans to place this well into service as an injection well. The well will enhance oil recovery in this part of the field. We respectfully request authorization to inject produced water within the entire unitized interval (4150' to 5150' TVD). We also request that the order related to packer setting depth (R-5897-A) be extended to this well.

The East Vacuum Grayburg San Andres Unit (EVGSAU) is a CO₂ or tertiary enhanced oil recovery project located in Lea County, New Mexico. Waterflood operations began in 1980 and full scale CO₂ injection began in 1985. The unit, operated by ConocoPhillips, has 192 producing wells and 114 injection wells. Currently, 75 of the injection wells alternate water and CO₂ injection while the remaining 39 wells inject only water. All produced gas is processed for NGL removal and re-injected into the San Andres.

Cumulative production in the unit is 159 MMbbls of oil and 556 MMbbls of water. Since 1980, a total of 642 MMbbls of water has been injected and 350 BCF of gas has been injected. Current production rates from the unit are 3,000 BOPD, 700 BNGLPD and 55,000 BWPD. Injection rates are currently averaging 48,000 BWPD and 36 MMCFD of gas.

Information provided in support of this Application for Authorization to Inject is organized in the same order it is requested on Form C-108 and is detailed below.

Section III Well Data: This information is included in Attachment 1.

Section V Map that identifies all wells and leases within 2 miles of proposed injection wells:
See Attachment 2.

The map includes a one-half mile radius circle drawn around the proposed injection well; East Vacuum Grayburg San Andres 2622-002W.

Section VI Tabulation of data on all wells within the area of review: A list of wells on which detailed data has already been submitted is included in Attachment 3. Well data on wells within the area of review are contained in Attachment 4. Well schematics for plugged wells are included in Attachment 5.

Section VII Data on the proposed operation: Injection Operation Description

- 1) Proposed average injection rate and Proposed maximum injection rate:
 - a. Average: 3000 barrels of water per day
 - b. Maximum: 5000 barrels of water per day
- 2) System is closed/open: Closed
- 3) Proposed average and maximum injection pressure at surface:
 - a. Average: 1100 psi
 - b. Maximum: 1350 psi
- 4) Source and an appropriate analysis of injection fluid
 - a. Produced water will be used as the injection fluid. A water analysis was submitted in conjunction with prior approval applications.
- 5) This well will be utilized for enhanced recovery into producing formations.

~~1350~~
 4459

Section VIII Geologic Data on the Injection Zone

In the East Vacuum GBSA Unit, the range of minimum to maximum depth for these markers is presented in the table below.

The injection zone top depth to the bottom of fresh water zones is within a range of 2480 feet to 2580 feet.

Formation Call	Lithology of the Injection Zone	Top (ft MD)		Average Injection Zone Thickness (ft)	Contents
		Minimum	Maximum		
Above Top of Rustler				N/A	Fresh Water
Rustler		1670	1790	N/A	
Salado		1790	2630	N/A	
Tansill		2630	2948	N/A	
Yates		2948	3230	N/A	
Seven Rivers		3230	3794	N/A	
Queen		3794	4150	N/A	
Grayburg (Injection Zone)		4150	4469	319	Oil/Gas/Salt Water
San Andres	Dolomite	4469	6108	1639	Oil/Gas/Salt Water and possible CO2 from EOR injection program
San Andres 8 & 9 (Injection Zone)	Dolopackstone/dolograinstone	4469	4750	281	Oil/Gas/Salt Water and possible CO2 from EOR injection program
PBTD			4750		
Cement Plug		4750	4808		
Total Depth			4808		

Section IX Description of the Propose Stimulation Program

New perforations from 4554-4569', 4578-4588', 4636-4646' will be added to increase injection, and the wellbore will be acidized prior to being placed on injection. Any future stimulation will be appropriately submitted as stated in OCD regulations.

Section X Logging and Test Data on the Well

Any required logging and test data has been previously submitted.

VII ~~Data for Application to convert 3 wells (EVGSA # 2819-002, # 2801-009, # 2801-011) to Injection wells~~

1. Proposed average and maximum injection rate:
- | Water | Carbon Dioxide |
|--------------------|----------------|
| Average: 1500 BWPD | 3,000 MMSCFD |
| Maximum: 2200 BWPD | 5,000 MMSCFD |

2. Both systems are closed

3. Proposed average and maximum injection pressure:
- | Water | Carbon Dioxide |
|---------------------|----------------|
| Average: 1000 PSIG | 1500 PSIG |
| Maximum*: 1350 PSIG | 1850 PSIG |

* Maximum injection pressures are based on pre-existing Unit injection allowable which are based on actual San Andres fracture gradients

4. The source of injection water is San Andres produced water from ConocoPhillips operated east Vacuum Grayburg San Andres Unit. The two sources of Carbon dioxide are from reinjected produced gas and purchased gas line sales. The gas composition is approximately:

Carbon Dioxide	91%
Hydrogen Sulphide	2%
Nitrogen	2%
Hydrocarbon	5%

Carbon Dioxide has been injected into the San Andres formation since 1985 under the authority on NMOCD Order No. R6856 dated 12/16/1981.

Section XI Chemical Analysis of Fresh Water from two or more fresh water wells within one mile of any injection well showing location of wells and dates samples were taken.

There are eight fresh water wells within one mile of this injection well. The deepest well was drilled to 140 feet. The surface casing on 2622-002 extends to 350 feet and the cemented production casing runs from the surface to total depth at 4808'.

Section XII Affirmative Statement regarding examination of geologic and engineering data:

This well is to be used for enhanced hydrocarbon recovery. However, the geologic statement is provided in Attachment 6. Geologist Staff has stated that: "We do not have any evidence that there is any hydrologic connection or open faults between the injection zone and the underground sources of drinking water (USDW)."

Section XIII Proof of Notice

Proof of publication of the public notice for this application is included in Attachment 7. Verification of notification of interested parties within the area of review is included in Attachment 8.

Attachment 1
East Vacuum Grayburg San Andres Unit Cooperative Agreement Well Data

The following data are provided for the new wells listed below:

East Vacuum Grayburg San Andres 2622-002W: API # 30-025-26573
C-102 Plat
Injection Well Data Sheet
Injection Well Schematic
Map Showing 0.5 mile radius

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-26573	² Pool Code 62180	³ Pool Name Vacuum; Grayburg-San Andres
⁴ Property Code	⁵ Property Name East Vacuum; Grayburg-San Andres Unit Tract 2622	
⁷ OGRID No. 217817	⁸ Operator Name ConocoPhillips Company	⁶ Well Number 002
		⁹ Elevation 3905' GR

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
G	26	17S	35E		1430	North	1330	East	Lea

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

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ 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.

¹⁶ 	<p>¹⁷ OPERATOR CERTIFICATION <i>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.</i></p> <p>Susan B. Maunder 11/4/14 Signature Date</p> <p>Susan B. Maunder Printed Name</p> <p>Susan.B.Maunder@cop.com E-mail Address</p>
	<p>¹⁸ SURVEYOR CERTIFICATION <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>
	<p>Date of Survey Signature and Seal of Professional Surveyor:</p>
	<p>Certificate Number</p>

INJECTION WELL DATA SHEET

OPERATOR: ConocoPhillips Company

WELL NAME & NUMBER: East Vacuum Grayburg-San Andres Unit Tract 2622 #002 API#30-025-26573

WELL LOCATION: 1430' N & 1330' E G 26 17S 35E

FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 11" Casing Size: 8.625" ft³
Cemented with: 675 sacks or

Top of Cement: Surface Method Determined: _____

Intermediate Casing

Hole Size: _____ Casing Size: _____ ft³
Cemented with: _____ sx. or

Top of Cement: _____ Method Determined: _____

Production Casing

Hole Size: 7.875" Casing Size: 5.5" ft³
Cemented with: 1345 sacks or

Top of Cement: Surface Method Determined: _____

Total Depth: 4808'

Injection Interval

Perforated 4459' feet to 4646'

(Perforated or Open Hole; indicate which)

INJECTION WELL DATA SHEET

Tubing Size: 2.875" Lining Material: TK-99, J-55, Internal Plastic Coated (IPC)

Type of Packer: 5.0" Nickel Plated Lock Set

Packer Setting Depth: 4438'

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

Additional Data

1. Is this a new well drilled for injection? _____ Yes No

If no, for what purpose was the well originally drilled? Well has been a producer.

2. Name of the Injection Formation: Grayburg/San Andres

3. Name of Field or Pool (if applicable): Vacuum; Grayburg/ San Andres

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 and gas zones underlying or overlying the proposed injection zone in this area: Queen; Paddock

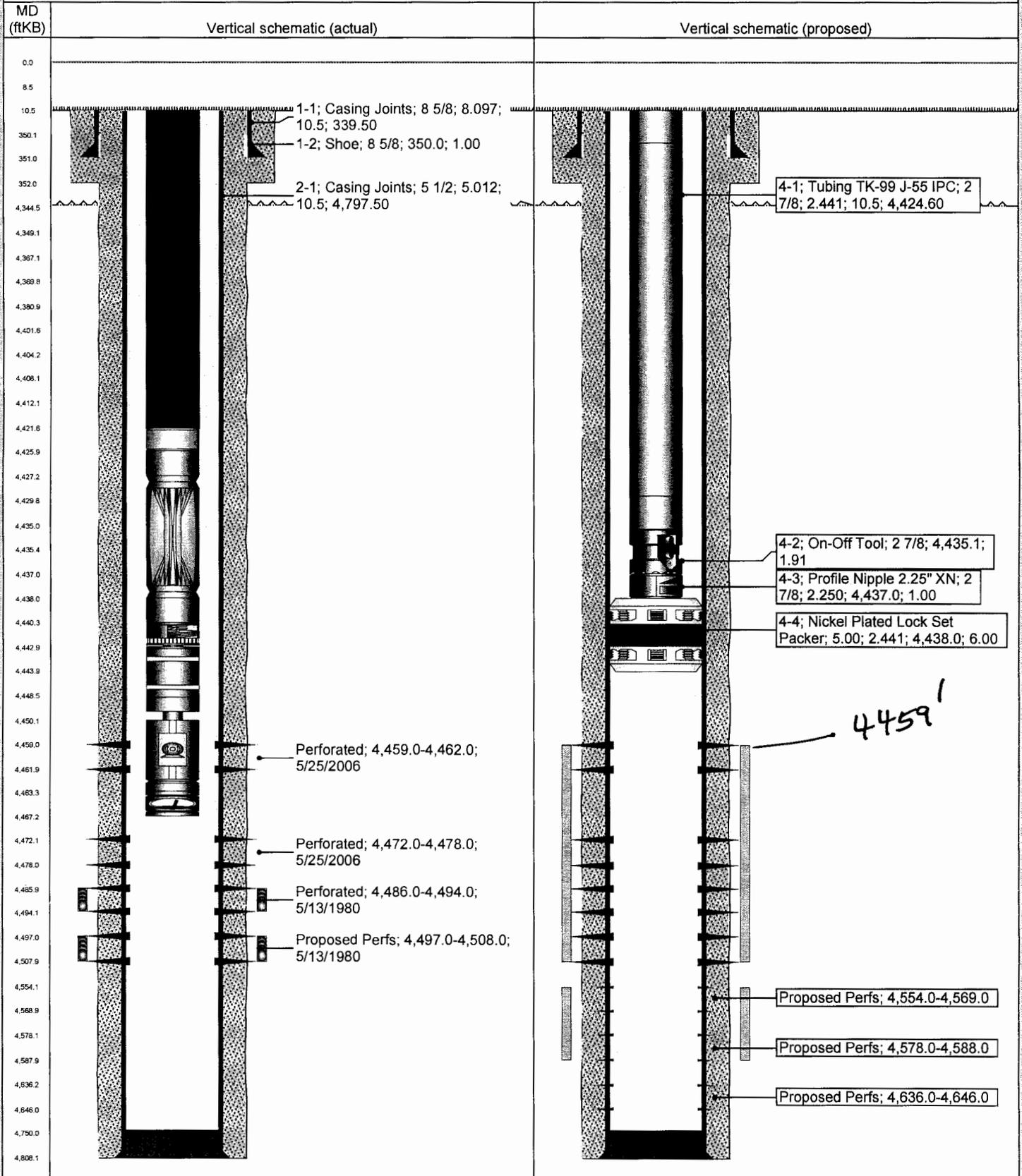


CURRENT SCHEMATIC

EAST VACUUM GB-SA UNIT 2622-002

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300252657300	County LEA	State/Province NEW MEXICO	
Original Spud Date 12/18/1979	Surface Legal Location Sec. 26, T-17S, R-35E.	E/W Dist (ft) 1,330.00	E/W Ref E	N/S Dist (ft) 1,430.00	N/S Ref N

VERTICAL - Main Hole, 10/22/2014 2:21:17 PM



Attachment 2
East Vacuum Grayburg San Andres Unit Cooperative Agreement Well Data

The two-mile radius map is provided on the following page.



T17S R35E

28

33

3 EVGSAU Unit Boundary 2 1

ConocoPhillips

East Grayburg-San Andres Unit
EVGSAU 2622-002
Lee County, New Mexico
Two Mile Radius Map



- WELL SYMBOLS**
- Lateral Only
 - Oil Well
 - ⊕ Gas Well
 - ⊖ Dry Hole
 - ⊗ Injection Well
 - ⊘ Abandoned Location - Permit
 - ⊙ Plugged and Abandoned
 - ⊕ Plugged & Abandoned With Oil Show
 - ⊖ Temporarily Abandoned
 - ⊗ Dry Hole, With Show of Oil
 - ⊘ Dry Hole, With Show of Oil & Gas
 - ⊙ Dry Well, Disposed
 - ⊕ Fresh Water Well

By Stan Trues - Geologic
October 17, 2014

Attachment 3

Wells Within Area of Review – Previously Submitted

The following wells were included in the tabulation of well data required for Section VI of Form C-108 submitted in conjunction with the application that resulted in WFX-877.

East Vacuum GB-SA 2622-006	API # 30-025-26923
East Vacuum GB-SA 2622-031	API # 30-025-02880
East Vacuum GB-SA 2622-034	API # 30-025-02881
East Vacuum GB-SA 2622-086	API # 30-025-20314
East Vacuum GB-SA 2642-042	API # 30-025-02883
East Vacuum GB-SA 2672-008	API # 30-025-24675
East Vacuum GB-SA 2672-001	API # 30-025-27295
Vacuum Abo Unit 004-005	API # 30-025-02888
Vacuum Abo Unit 005-001	API # 30-025-08548



/

/

Attachment 4
East Vacuum Grayburg-San Andres Unit 2622-002 Area of Review
Tabulation of Well Data

This attachment includes pages of data for wells within the ½ mile radius of the proposed injection well.

Attachment 4
Tabulation of Well Data

API / UWI	Operator	Legal WellName	Lease	Original Spud Date	Well Status	Surface Legal Location	Total Depth	North/South Distance	North/South Reference	East/West Distance	East/West Reference	Prod/Inj Well Type	Casing Description	Set Depth	String Nominal OD	SX Cement	TOC	Method
300252637600	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-001	East Vacuum GB-SA Unit	9/11/1979	Producing	Sec. 26, T-17S, R-35E.	4,800	1,460	N	1,310	W	Production	Surface	369	13.375	675	Surface	Circulation
300252637600	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-001	East Vacuum GB-SA Unit	9/11/1979	Producing	Sec. 26, T-17S, R-35E.	4,800	1,460	N	1,310	W	Production	Production	4,800	7,000	260	Surface	Circulation
300252657300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-002	East Vacuum GB-SA Unit	12/18/1979	Producing	Sec. 26, T-17S, R-35E.	4,808	1,430	N	1,330	E	Production	Surface	351	8.625	675	Surface	Circulation
300252657300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-002	East Vacuum GB-SA Unit	12/18/1979	Producing	Sec. 26, T-17S, R-35E.	4,808	1,430	N	1,330	E	Production	Production	4,808	5,500	1,345	Surface	Circulation
300252639500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-004W	East Vacuum GB-SA Unit	10/12/1979	Active	Sec. 26, T-17S, R-35E	4,845	2,496	N	1,544	W	Injection	Surface	350	8.625	675	Surface	Circulation
300252639500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-004W	East Vacuum GB-SA Unit	10/12/1979	Active	Sec. 26, T-17S, R-35E	4,845	2,496	N	1,544	W	Injection	Production	4,845	5,500	260	Surface	Circulation
300252711500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-005W	East Vacuum GB-SA Unit	1/23/1981	Active	Sec. 26, T-17S, R-35E	4,800	340	N	2,300	W	Injection	Surface	365	8.625	675	Surface	Circulation
300252711500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-005W	East Vacuum GB-SA Unit	1/23/1981	Active	Sec. 26, T-17S, R-35E	4,800	340	N	2,300	W	Injection	Production	4,800	5,500	300	Surface	Circulation
300252692300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-006W	East Vacuum GB-SA Unit	7/31/1980	Active	Sec. 26, T17-S, R-35E	4,800	1,550	N	2,450	W	Injection	Surface	356	8.625	675	Surface	Circulation
300252692300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-006W	East Vacuum GB-SA Unit	7/31/1980	Active	Sec. 26, T17-S, R-35E	4,800	1,550	N	2,450	W	Injection	Production	4,800	5,500	260	Surface	Circulation
300250288000	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-031	East Vacuum GB-SA Unit	7/13/1939	P & A	Sec. 26, T-17S, R-35E	4,566	1,980	FNL	1,980	FWL	Production	Surface	1,684	9.625	1,000	Surface	Circulation
300250288000	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-031	East Vacuum GB-SA Unit	7/13/1939	P & A	Sec. 26, T-17S, R-35E	4,566	1,980	FNL	1,980	FWL	Production	Production	4,153	7,000	450	2,400	Calculated
300250288000	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-031	East Vacuum GB-SA Unit	7/13/1939	P & A	Sec. 26, T-17S, R-35E	4,566	1,980	FNL	1,980	FWL	Production	Liner	4,563	4,500	3,988	Top of Liner	Calculated
300250288100	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-034	East Vacuum GB-SA Unit	10/20/1939	Producing	Sec. 26, T-17S, R-35E	4,567	1,980	N	2,200	E	Production	Surface	1,681	9.625	1,000	Surface	Circulation
300250288100	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-034	East Vacuum GB-SA Unit	10/20/1939	Producing	Sec. 26, T-17S, R-35E	4,567	1,980	N	2,200	E	Production	Production	4,142	7,000	450	2,400	Calculated
300250288100	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-034	East Vacuum GB-SA Unit	10/20/1939	Producing	Sec. 26, T-17S, R-35E	4,567	1,980	N	2,200	E	Production	Liner	4,565	4,500	3,955	Top of Liner	Calculated
300250288200	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-041	East Vacuum GB-SA Unit	6/18/1940	Producing	Sec. 26, T-17S, R-35E	4,562	990	N	1,980	W	Production	Surface	1,680	8.625	1,000	Surface	Circulation
300250288200	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-041	East Vacuum GB-SA Unit	6/18/1940	Producing	Sec. 26, T-17S, R-35E	4,562	990	N	1,980	W	Production	Production	4,140	5,500	500	2,399	Calculated
300252031400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-086	East Vacuum GB-SA Unit	9/25/1963	P & A	Sec. 26, T-17S, R-35E	9,000	990	N	2,307	W	Production	Surface	312	13.375	20	Surface	Circulation
300252031400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-086	East Vacuum GB-SA Unit	9/25/1963	P & A	Sec. 26, T-17S, R-35E	9,000	990	N	2,307	W	Production	Intermediate	3,250	8.625	100	2,600	Calculated
300252031400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2622-086	East Vacuum GB-SA Unit	9/25/1963	P & A	Sec. 26, T-17S, R-35E	9,000	990	N	2,307	W	Production	Production	9,000	5,500	710	2,150	Calculated
300250288300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2642-042	East Vacuum GB-SA Unit	2/26/1941	Active	Sec. 26, T-17S, R-35E	4,650	1,980	N	660	E	Injection	Surface	1,710	8.625	1,000	Surface	Circulation
300250288300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2642-042	East Vacuum GB-SA Unit	2/26/1941	Active	Sec. 26, T-17S, R-35E	4,650	1,980	N	660	E	Injection	Production	4,131	5,500	500	1,908	Calculated
300252677500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-001	East Vacuum GB-SA Unit	6/25/1980	Producing	UL-K, Sec 26, T-17-S, R-35-E	6,398	2,500	S	2,500	W	Production	Surface	350	9.625	400	Surface	Circulation
300252677500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-001	East Vacuum GB-SA Unit	6/25/1980	Producing	UL-K, Sec 26, T-17-S, R-35-E	6,398	2,500	S	2,500	W	Production	Production	4,795	7,000	1,300	Surface	Circulation
300250287500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-011	East Vacuum GB-SA Unit	9/8/1938	P & A	UL-K, Sec 26, T-17-S, R-35-E	4,611	1,980	S	1,980	W	Production	Surface	1,696	9.625	860	Surface	Circulation
300250287500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-011	East Vacuum GB-SA Unit	9/8/1938	P & A	UL-K, Sec 26, T-17-S, R-35-E	4,611	1,980	S	1,980	W	Production	Intermediate	4,207	7,000	400	3,480	Calculated
300250287500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2658-011	East Vacuum GB-SA Unit	9/8/1938	P & A	UL-K, Sec 26, T-17-S, R-35-E	4,611	1,980	S	1,980	W	Production	Liner	4,526	4,500	4,073	Top of Liner	Calculated
300250288700	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-004	East Vacuum GB-SA Unit	10/3/1940	P & A	SEC. 26, T17S, R35E	4,620	660	N	660	E	Production	Surface	1,714	9.625	300	661	Calculated
300250288700	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-004	East Vacuum GB-SA Unit	10/3/1940	P & A	SEC. 26, T17S, R35E	4,620	660	N	660	E	Production	Production	4,207	5,500	250	2,620	Calculated
300252467500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-008	East Vacuum GB-SA Unit	3/2/1974	P & A	UL-B, Sec 26, T-17-S, R-35-E	4,700	990	N	2,310	E	Production	Surface	303	10.750	400	Surface	Circulation
300252467500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-008	East Vacuum GB-SA Unit	3/2/1974	P & A	UL-B, Sec 26, T-17-S, R-35-E	4,700	990	N	2,310	E	Production	Production	4,700	7,000	1,600	Surface	Circulation
300252729500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-001W	East Vacuum GB-SA Unit	3/3/1981	Active	UL-A, Sec 26, T-17-S, R-35-E	4,828	1,175	N	50	E	Injection	Surface	368	8.625	390	Surface	Circulation
300252729500	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2672-001W	East Vacuum GB-SA Unit	3/3/1981	Active	UL-A, Sec 26, T-17-S, R-35-E	4,828	1,175	N	50	E	Injection	Production	4,828	5,500	1,160	Surface	Circulation
300250288800	CONOCOPHILLIPS	VACUUM ABO UNIT 004-005	Vacuum Abo Unit	8/14/1962	Producing	Sec. 26, T17S, R35E	9,100	990	FNL	330	FEL	Production	Surface	330	10.750	325	Surface	Circulation
300250288800	CONOCOPHILLIPS	VACUUM ABO UNIT 004-005	Vacuum Abo Unit	8/14/1962	Producing	Sec. 26, T17S, R35E	9,100	990	FNL	330	FEL	Production	Intermediate	3,596	7.625	1,500	Surface	Circulation
300250288800	CONOCOPHILLIPS	VACUUM ABO UNIT 004-005	Vacuum Abo Unit	8/14/1962	Producing	Sec. 26, T17S, R35E	9,100	990	FNL	330	FEL	Production	Production Liner	9,100	5,500	650	Surface	Circulation
300250854800	CONOCOPHILLIPS	VACUUM ABO UNIT 005-001	Vacuum Abo Unit	4/20/1962	P & A	Sec. 26, T17S, R35E	9,103	1,980	FSL	1,980	FEL	Production	Surface	339	13.375	250	Surface	Circulation
300250854800	CONOCOPHILLIPS	VACUUM ABO UNIT 005-001	Vacuum Abo Unit	4/20/1962	P & A	Sec. 26, T17S, R35E	9,103	1,980	FSL	1,980	FEL	Production	Intermediate	3,133	8.625	300	1,203	Calculated
300250854800	CONOCOPHILLIPS	VACUUM ABO UNIT 005-001	Vacuum Abo Unit	4/20/1962	P & A	Sec. 26, T17S, R35E	9,103	1,980	FSL	1,980	FEL	Production	Production	9,103	4,500	1,025	4,516	Calculated
300250854200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-069	Vacuum Abo Unit	5/18/1962	Producing	Sec. 26-17S-35E	9,100	1,980	FSL	1,890	FWL	Production	Surface	309	13.375	350	Surface	Circulation
300250854200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-069	Vacuum Abo Unit	5/18/1962	Producing	Sec. 26-17S-35E	9,100	1,980	FSL	1,890	FWL	Production	Intermediate	3,358	8.625	400	2,500	Calculated
300250854200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-069	Vacuum Abo Unit	5/18/1962	Producing	Sec. 26-17S-35E	9,100	1,980	FSL	1,890	FWL	Production	Production	9,100	5,500	600	2,600	Calculated
3002508523	CONOCOPHILLIPS	VACUUM ABO UNIT 006-070	Vacuum Abo Unit	6/16/1962	Producing	SEC. 26, T17S, R35E	9,073	2,080	FNL	1,980	FEL	Production	Surface	333	13.375	350	Surface	Circulation

TOTAL
APR wells: 37 PPA
19 PPA
18 ACTIVE

19 PPA 13 ACTIVE

Attachment 4
Tabulation of Well Data

API / UWI	Operator	Legal WellName	Lease	Original Spud Date	Well Status	Surface Legal Location	Total Depth	North/South Distance	North/South Reference	East/West Distance	East/West Reference	Prod/(inj) Well Type	Casing Description	Set Depth	String Nominal OD	SX Cement	TOC	Method
3002508523	CONOCOPHILLIPS	VACUUM ABO UNIT 006-070	Vacuum Abo Unit	6/16/1962	Producing	SEC. 26, T-17S, R-35E	9,073	2,080	FNL	1,980	FEL	Production	Intermediate	3,343	8.625	400	2,500	Calculated
3002508523	CONOCOPHILLIPS	VACUUM ABO UNIT 006-070	Vacuum Abo Unit	6/16/1962	Producing	SEC. 26, T-17S, R-35E	9,073	2,080	FNL	1,980	FEL	Production	Production	9,066	5.500	625	3,150	Calculated
300250854300	CONOCOPHILLIPS	VACUUM ABO UNIT 006-071	Vacuum Abo Unit	7/16/1962	P & A	SEC. 26, T-17S, R-35E	9,100	1,980	FNL	760	FEL	Production	Surface	356	13.375	350	Surface	Circulation
300250854300	CONOCOPHILLIPS	VACUUM ABO UNIT 006-071	Vacuum Abo Unit	7/16/1962	P & A	SEC. 26, T-17S, R-35E	9,100	1,980	FNL	760	FEL	Production	Intermediate	3,365	8.625	400	2880	Calculated
300250854300	CONOCOPHILLIPS	VACUUM ABO UNIT 006-071	Vacuum Abo Unit	7/16/1962	P & A	SEC. 26, T-17S, R-35E	9,100	1,980	FNL	760	FEL	Production	Production	9,100	5.500	715	Surface	Circulation
300250287000	CONOCOPHILLIPS	VACUUM ABO UNIT 006-075	Vacuum Abo Unit	10/18/1962	P & A	SEC. 25, T-17S, R-35E	9,000	990	N	333	W	Production	Surface	332	13.375	350	Surface	Circulation
300250287000	CONOCOPHILLIPS	VACUUM ABO UNIT 006-075	Vacuum Abo Unit	10/18/1962	P & A	SEC. 25, T-17S, R-35E	9,000	990	N	333	W	Production	Intermediate	3,400	8.625	400	2,300	Calculated
300250287000	CONOCOPHILLIPS	VACUUM ABO UNIT 006-075	Vacuum Abo Unit	10/18/1962	P & A	SEC. 25, T-17S, R-35E	9,000	990	N	333	W	Production	Production	9,000	5.500	560	2,500	Calculated
30025020200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-076	Vacuum Abo Unit	2/15/1963	Producing	SEC. 26, T-17S, R-35E, UL F	10,680	2,310	FNL	2,270	FWL	Production	Surface	323	13.375	350	Surface	Circulation
30025020200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-076	Vacuum Abo Unit	2/15/1963	Producing	SEC. 26, T-17S, R-35E, UL F	10,680	2,310	FNL	2,270	FWL	Production	Intermediate	3,285	9.625	770	1,100	Calculated
30025020200	CONOCOPHILLIPS	VACUUM ABO UNIT 006-076	Vacuum Abo Unit	2/15/1963	Producing	SEC. 26, T-17S, R-35E, UL F	10,680	2,310	FNL	2,270	FWL	Production	Production	9,058	5.500	680	1,700	Calculated
300250854700	CONOCOPHILLIPS	VACUUM ABO UNIT 006-072W	Vacuum Abo Unit	8/15/1962	Active	SEC. 26, T-17S, R-35E, UL I	9,087	2,080	FSL	660	FEL	Injection	Surface	310	13.375	350	Surface	Circulation
300250854700	CONOCOPHILLIPS	VACUUM ABO UNIT 006-072W	Vacuum Abo Unit	8/15/1962	Active	SEC. 26, T-17S, R-35E, UL I	9,087	2,080	FSL	660	FEL	Injection	Intermediate	3,321	8.625	400	Surface	Circulation
300250854700	CONOCOPHILLIPS	VACUUM ABO UNIT 006-072W	Vacuum Abo Unit	8/15/1962	Active	SEC. 26, T-17S, R-35E, UL I	9,087	2,080	FSL	660	FEL	Injection	Production	9,087	5.500	565	Surface	Circulation
300250287200	CONOCOPHILLIPS	VACUUM ABO UNIT 004-006W	VACUUM ABO UNIT	9/22/1962	P & A	SEC. 26, T-17S, R-35E	9,085	990	FNL	1,650	FEL	Injection	Surface	353	10.750	450	Surface	Circulation
300250287200	CONOCOPHILLIPS	VACUUM ABO UNIT 004-006W	VACUUM ABO UNIT	9/22/1962	P & A	SEC. 26, T-17S, R-35E	9,085	990	FNL	1,650	FEL	Injection	Intermediate	3,600	7.625	2,460	Surface	Circulation
300250287200	CONOCOPHILLIPS	VACUUM ABO UNIT 004-006W	VACUUM ABO UNIT	9/22/1962	P & A	SEC. 26, T-17S, R-35E	9,085	990	FNL	1,650	FEL	Injection	Production	9,085	5.500	750	3,441	Top of Liner
300252657400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2642-001W	East Vacuum GB-SA Unit	12/19/1979	Active	SEC. 26, T-17S, R-35E	4,800.0	2,630.00	FNL	1,310.00	FEL	Injection	Surface	350.0	8.625	350	Surface	Circulation
300252657400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2642-001W	East Vacuum GB-SA Unit	12/19/1979	Active	SEC. 26, T-17S, R-35E	4,800.0	2,630.00	FNL	1,310.00	FEL	Injection	Production	4,794.0	5.500	1,148	430	Calculated
300250288600	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2631-077	East Vacuum GB-SA Unit	12/1/1962	P & A	SEC. 26, T-17S, R-35E	4,620.0	2,310.00	S	990.00	E	Production	Surface	330.0	8.625	325	Surface	Circulation
300250288600	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2631-077	East Vacuum GB-SA Unit	12/1/1962	P & A	SEC. 26, T-17S, R-35E	4,620.0	2,310.00	S	990.00	E	Production	Production1	4,620.0	4.500	400	3,100	Temp Log
300250287300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2614-001	East Vacuum GB-SA Unit	4/1/1939	P & A	SEC. 26, T-17S, R-35E	4,584.0	2,970.00	N	2,310.00	E	Production	Surface	1,702.0	8.625	650	Surface	Circulation
300250287300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2614-001	East Vacuum GB-SA Unit	4/1/1939	P & A	SEC. 26, T-17S, R-35E	4,584.0	2,970.00	N	2,310.00	E	Production	Production1	4,253.0	5.500	275	2,963	Calculated
300250287300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2614-001	East Vacuum GB-SA Unit	4/1/1939	P & A	SEC. 26, T-17S, R-35E	4,584.0	2,970.00	N	2,310.00	E	Production	Production2	4,584.0	4.000	300	4,188	Calculated
300250286400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2576-001	East Vacuum GB-SA Unit	8/16/1940	P & A	SEC. 25, T-17S, R-35E	4,555.0	1,650.00	N	330.00	W	Production	Surface	1,737.0	8.625	450	Surface	Circulation
300250286400	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2576-001	East Vacuum GB-SA Unit	8/16/1940	P & A	SEC. 25, T-17S, R-35E	4,555.0	1,650.00	N	330.00	W	Production	Production1	4,260.0	5.500	300	2,597	Calculated
300250286900	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2505-048	East Vacuum GB-SA Unit	5/3/1942	P & A	SEC. 25, T-17S, R-35E	4,554.0	765.00	N	563.00	W	Production	Surface	1,759.0	8.625	650	Surface	Circulation
300250286900	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2505-048	East Vacuum GB-SA Unit	5/3/1942	P & A	SEC. 25, T-17S, R-35E	4,554.0	765.00	N	563.00	W	Production	Production1	4,226.0	5.500	300	2,760	Calculated
300250286300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2469-001	East Vacuum GB-SA Unit	3/7/1943	P & A	SEC. 24, T-17S, R-35E	4,600.0	330.00	S	660.00	W	Production	Surface	1,572.0	8.625	150	646	Calculated
300250286300	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2469-001	East Vacuum GB-SA Unit	3/7/1943	P & A	SEC. 24, T-17S, R-35E	4,600.0	330.00	S	660.00	W	Production	Production1	4,268.0	5.500	100	3,569	Calculated
300250286200	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2335-001	East Vacuum GB-SA Unit	7/25/1941	P & A	SEC. 23, T-17S, R-35E	4,575.0	330.00	S	1,980.00	W	Production	Surface	1,691.0	8.625	300	Surface	Circulation
300250286200	CONOCOPHILLIPS	EAST VACUUM GB-SA UNIT 2335-001	East Vacuum GB-SA Unit	7/25/1941	P & A	SEC. 23, T-17S, R-35E	4,575.0	330.00	S	1,980.00	W	Production	Production1	4,198.0	5.500	200	2,775	Calculated
300250286000	Zapata Petroleum	ADAMS-PETERSON SHELL 1	East Vacuum GB-SA Unit	12/12/1957	P & A	SEC. 23, T-17S, R-35E	4,635	330	FSL	1,980	FEL	Production	Surface	328	8.625	175	Surface	Circulation
300250286500	Great Western Drilg	STATE E TR 18 - 2	East Vacuum GB-SA Unit	10/4/1940	P & A	SEC. 23, T-17S, R-35E	4,623	2,310	FSL	330	FWL	Production	Surface	1,761	7.625	450	Surface	Circulation
300250286500	Great Western Drilg	STATE E TR 18 - 2	East Vacuum GB-SA Unit	10/4/1940	P & A	SEC. 23, T-17S, R-35E	4,623	2,310	FSL	330	FWL	Production	Production1	4,377	5.500	250	1,507	Calculated
300250854400	Mobil Oil Corp	STATE P 3	East Vacuum GB-SA Unit	12/24/1939	P & A	SEC. 23, T-17S, R-35E	4,570	660	FNL	1,980	FEL	Production	Surface	1,696	9.625	300	Surface	Circulation
300250854400	Mobil Oil Corp	STATE P 3	East Vacuum GB-SA Unit	12/24/1939	P & A	SEC. 23, T-17S, R-35E	4,570	660	FNL	1,980	FEL	Production	Production1	4,164	7.000	220	2,564	Calculated
3002502077200	Three Forks Res. LLC	STATE CV - 2	VACUUM ABO UNIT	7/2/1964	Producing	SEC. 25, T-17S, R-35E	9,000	1,750	N	330	FWL	Production	Surface	357	13.325	350	Surface	Circulation
3002502077200	Three Forks Res. LLC	STATE CV - 2	VACUUM ABO UNIT	7/2/1964	Producing	SEC. 25, T-17S, R-35E	9,000	1,750	N	330	FWL	Production	Intermediate	3,380	8.625	280	2,036	Calculated
3002502077200	Three Forks Res. LLC	STATE CV - 2	VACUUM ABO UNIT	7/2/1964	Producing	SEC. 25, T-17S, R-35E	9,000	1,750	N	330	FWL	Production	Production	9,000	4.500	1,175	3,380	Calculated
3002502077300	Amoco Prod. Co.	STATE CV - 4	VACUUM ABO UNIT	9/17/1964	P & A	SEC. 25, T-17S, R-35E	8,898	2,310	S	380	FWL	Production	Surface	355	13.325	350	Surface	Circulation
3002502077300	Amoco Prod. Co.	STATE CV - 4	VACUUM ABO UNIT	9/17/1964	P & A	SEC. 25, T-17S, R-35E	8,898	2,310	S	380	FWL	Production	Intermediate	3,375	8.625	250	2,244	Calculated
3002502077300	Amoco Prod. Co.	STATE CV - 4	VACUUM ABO UNIT	9/17/1964	P & A	SEC. 25, T-17S, R-35E	8,898	2,310	S	380	FWL	Production	Production	8,898	4.500	1,200	3,465	Calculated
300252366700	Three Forks Res. LLC	STATE CV - 6	VACUUM ABO UNIT	12/29/1970	Producing	SEC. 25, T-17S, R-35E	8,917	1,960	N	540	FWL	Production	Surface	362	13.325	350	Surface	Circulation

13 PEA
13 PEA

Attachment 4
 Tabulation of Well Data

API / UWI	Operator	Legal WellName	Lease	Original Spud Date	Well Status	Surface Legal Location	Total Depth	North/South Distance	North/South Reference	East/West Distance	East/West Reference	Prod/(inj) Well Type	Casing Description	Set Depth	String Nominal OD	SX Cement	TOC	Method
00252366700	Three Forks Res. LLC	STATE CV - 6	VACUUM ABO UNIT	12/30/1970	Producing	SEC. 25, T-17S, R-35E	8,917	1,960	N	540	FWL	Production	Intermediate	3,351	8.625	250	2,151	Calculated
00252366700	Three Forks Res. LLC	STATE CV - 6	VACUUM ABO UNIT	12/31/1970	Producing	SEC 25, T-17S, R-35E	8,917	1,960	N	540	FWL	Production	Production	8,917	5.500	1,100	3,350	Calculated

Attachment 5
East Vacuum Grayburg-San Andres Unit 2622-002 Area of Review
Well Schematics of Plugged and Abandoned Wells

Well bore diagrams for plugged and abandoned wells included in this submittal are listed below.

Well Name and Number	API Number
EVGSAU 031	30-025-02880
EVGSAU 086	30-025-20314
EVGSAU 011	30-025-02875
EVGSAU 004	30-025-02887
EVGSAU 008	30-025-24675
EVGSAU 077	30-025-02886
EVGSAU 001	30-025-02873
EVGSAU 001	30-025-02864
EVGSAU 048	30-025-02869
EVGSAU 001	30-025-02863
EVGSAU 001	30-025-02862
State P 3	30-025-05390
VAU 001	30-025-08548
VAU 071	30-025-08543
VAU 075	30-025-02870
VAU 006W	30-025-02872

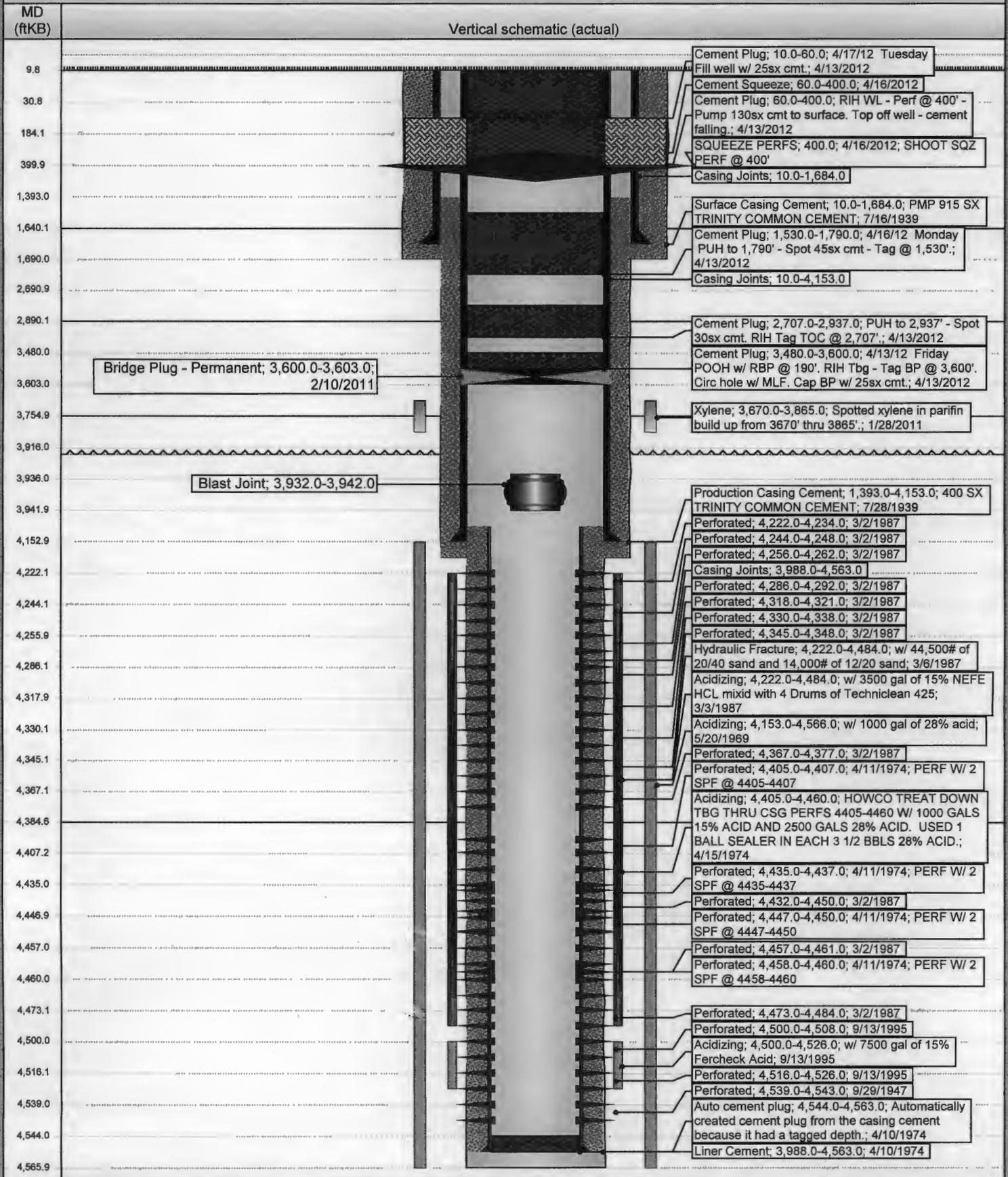
CURRENT SCHEMATIC



EAST VACUUM GB-SA UNIT 2622-031

District PERMIAN CONVENTIONAL	Field Name VACUUM (GRAYBURG-SAN ANDRES)	API / UWI 300250288000	County LEA	State/Province NEW MEXICO	
Original Spud Date	Surface Legal Location	E/W Dist (ft)	E/W Ref	N/S Dist (ft)	N/S Ref

VERTICAL - MAIN HOLE, 10/21/2014 9:08:14 AM

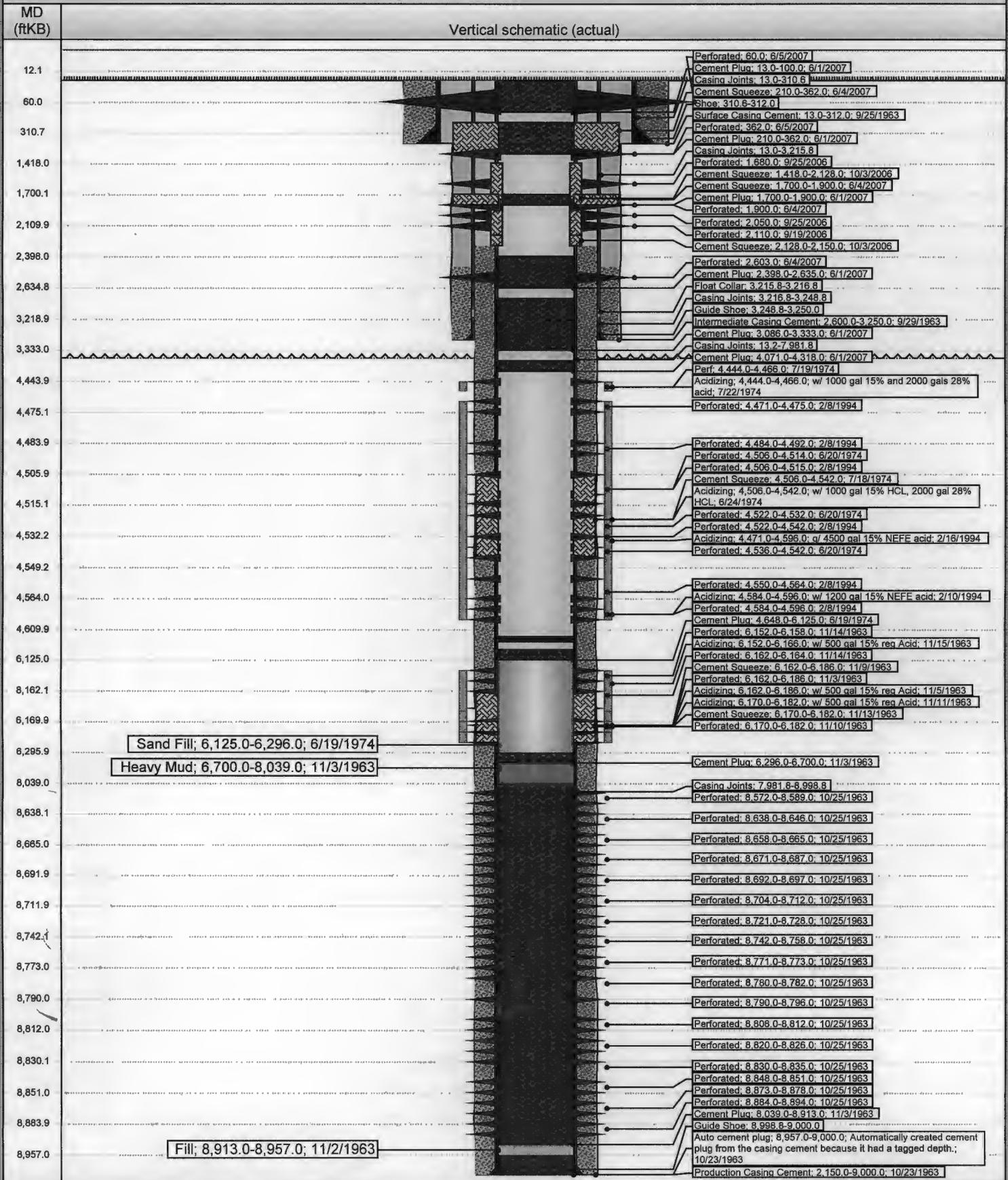




CURRENT SCHEMATIC
EAST VACUUM GB-SA UNIT 2622-086

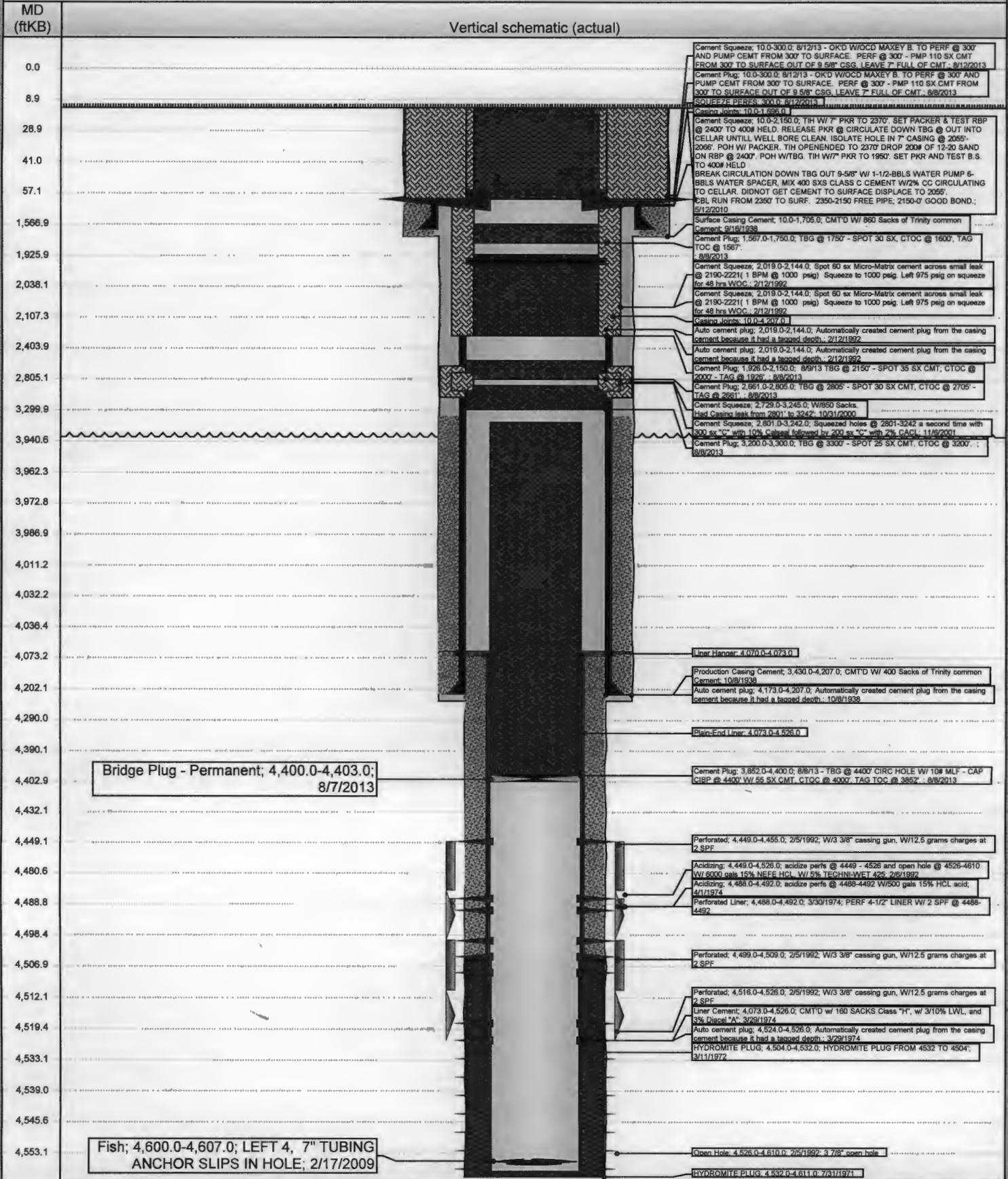
District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300252031400	County LEA	State/Province NEW MEXICO
Original Spud Date 9/25/1963	Surface Legal Location Sec. 26, T-17S, R-35E	E/W Dist (ft) 2,307.00	E/W Ref W	N/S Dist (ft) 990.00
N/S Ref N				

VERTICAL - MAIN HOLE, 10/21/2014 9:08:43 AM



District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250287500	County LEA	State/Province NEW MEXICO
Original Spud Date 9/8/1938	Surface Legal Location UL-K, Sec 26, T-17-S, R-35-E	E/W Dist (ft) 1,980.00	E/W Ref W	N/S Dist (ft) 1,980.00
N/S Ref S				

VERTICAL - MAIN HOLE, 10/21/2014 9:06:41 AM



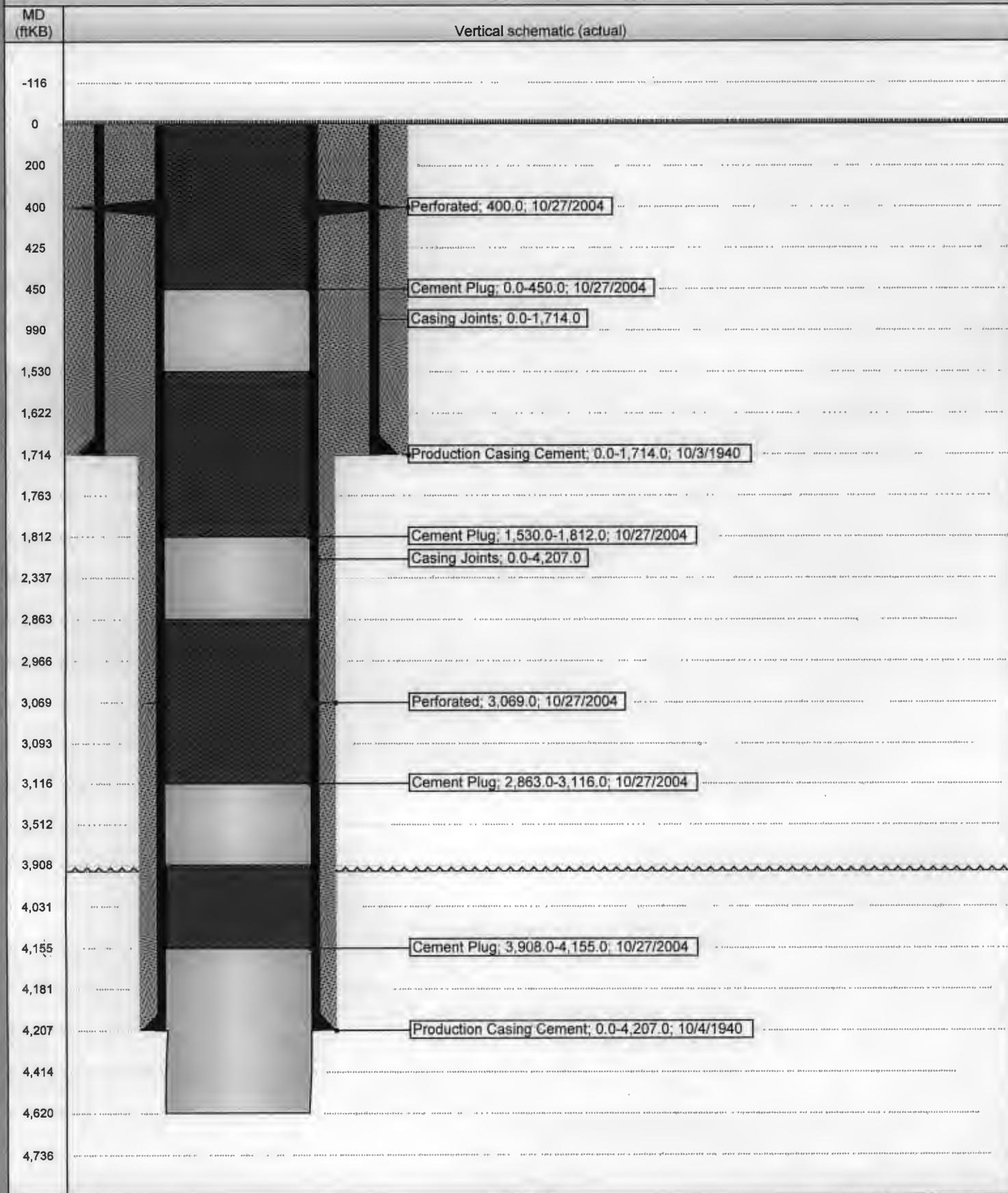
CURRENT SCHEMATIC



EAST VACUUM GB-SA UNIT 2672-004

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250288700	County LEA	State/Province NEW MEXICO
Original Spud Date 10/3/1940	Surface Legal Location SEC. 26, T17S, R35E	E/W Dist (ft) 660.00	E/W Ref E	N/S Dist (ft) 660.00
N/S Ref N				

VERTICAL - MAIN HOLE, 10/21/2014 8:31:06 AM



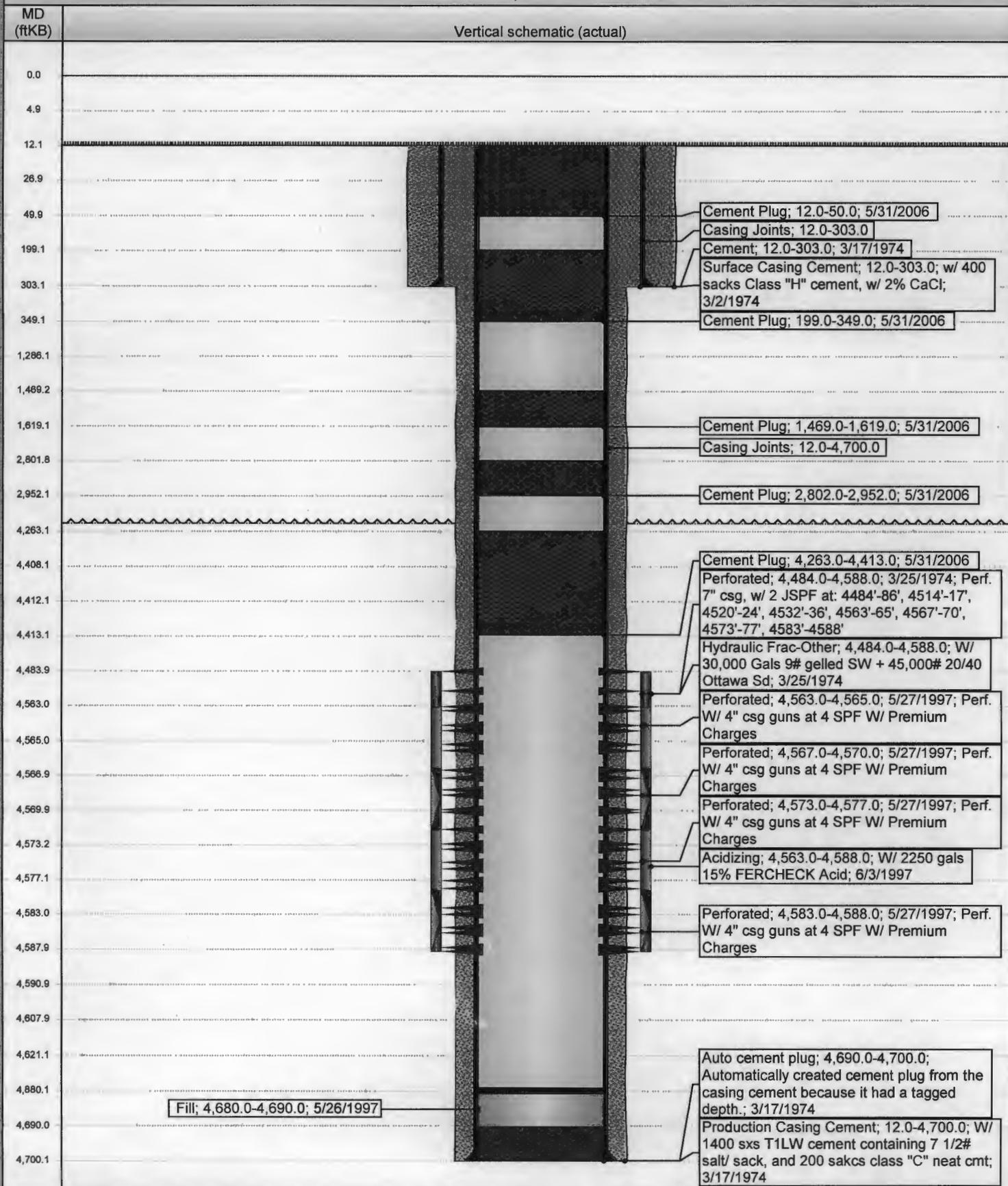
CURRENT SCHEMATIC



EAST VACUUM GB-SA UNIT 2672-008

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300252467500	County LEA	State/Province NEW MEXICO
Original Spud Date 3/2/1974	Surface Legal Location UL-B, Sec 26, T-17-S, R-35-E	E/W Dist (ft) 2,310.00	E/W Ref E	N/S Dist (ft) 990.00
N/S Ref N				

VERTICAL - MAIN HOLE, 10/21/2014 9:01:49 AM



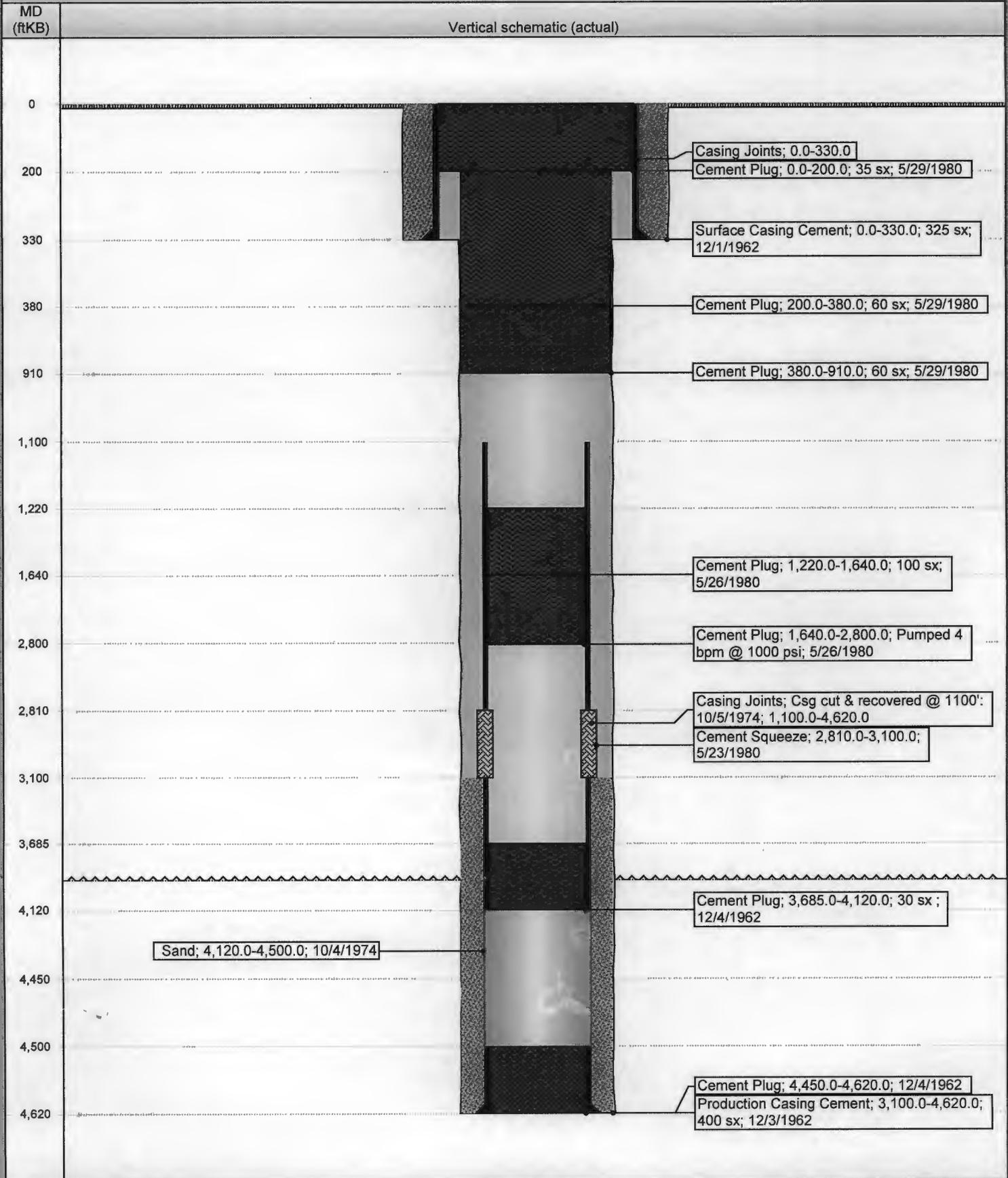
CURRENT SCHEMATIC



EAST VACUUM GB-SA UNIT 2631-077

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250288600	County LEA	State/Province NEW MEXICO
Original Spud Date 12/1/1962	Surface Legal Location Sec. 26, T-17S, R-35E	E/W Dist (ft) 990.00	E/W Ref E	N/S Dist (ft) 2,310.00

VERTICAL - MAIN HOLE, 10/21/2014 1:26:23 PM



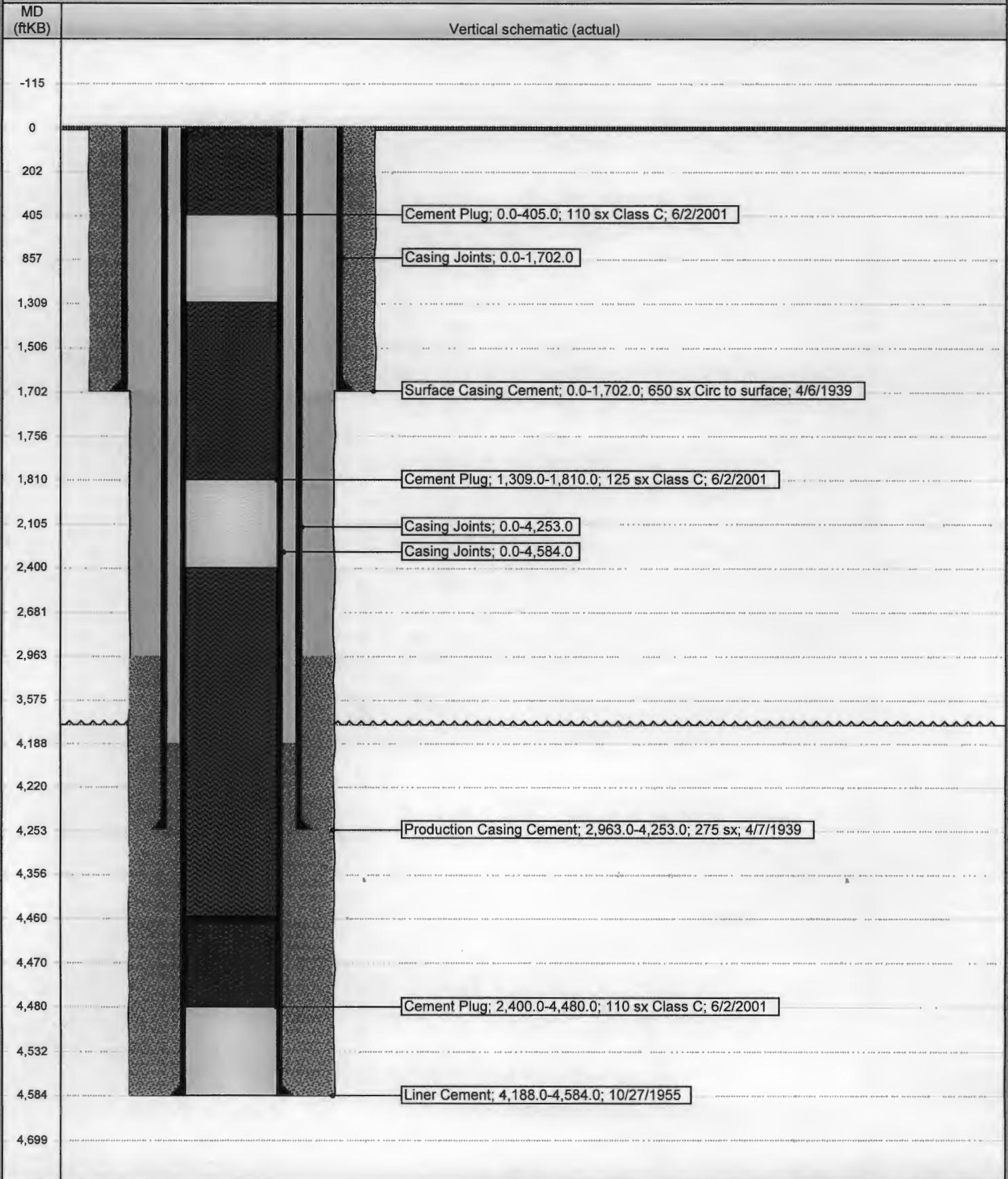


CURRENT SCHEMATIC

EAST VACUUM GB-SA UNIT 2614-001

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250287300	County LEA	State/Province NEW MEXICO	
Original Spud Date 4/1/1939	Surface Legal Location Sec. 26, T-17S, R-35E.	E/W Dist (ft) 2,310.00	E/W Ref E	N/S Dist (ft) 2,970.00	N/S Ref N

VERTICAL - MAIN HOLE, 10/21/2014 1:27:40 PM



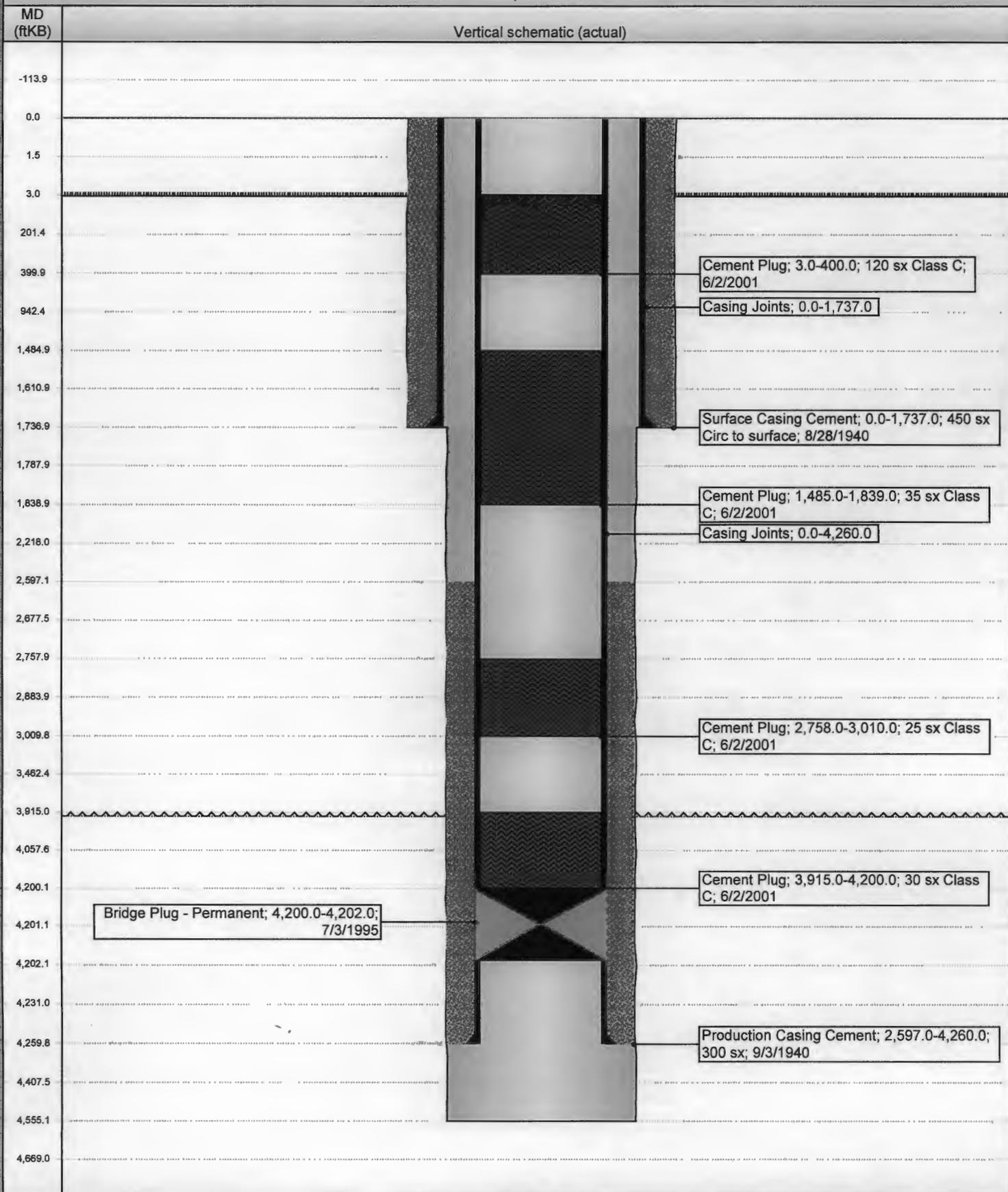
CURRENT SCHEMATIC



EAST VACUUM GB-SA UNIT 2576-001

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250286400	County LEA	State/Province NEW MEXICO
Original Spud Date 8/16/1940	Surface Legal Location Sec. 25, T-17S, R-35E.	E/W Dist (ft) 330.00	E/W Ref W	N/S Dist (ft) 1,650.00
N/S Ref N				

VERTICAL - MAIN HOLE, 10/21/2014 1:28:28 PM



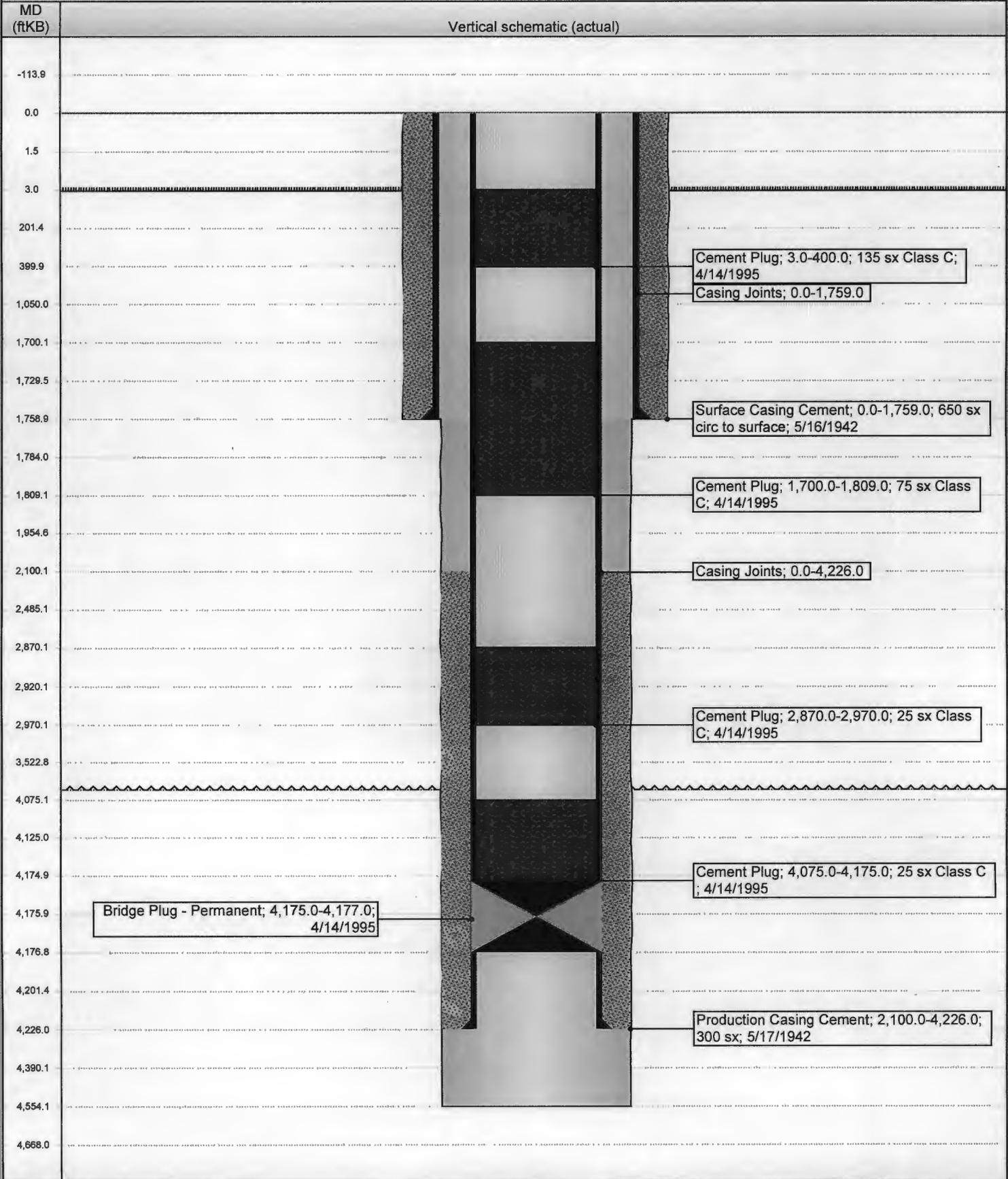


CURRENT SCHEMATIC

EAST VACUUM GB-SA UNIT 2505-048

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250286900	County LEA	State/Province NEW MEXICO	
Original Spud Date 5/3/1942	Surface Legal Location Sec. 25, T-17S, R-35E.	E/W Dist (ft) 563.00	E/W Ref W	N/S Dist (ft) 765.00	N/S Ref N

VERTICAL - MAIN HOLE, 10/22/2014 7:00:41 AM



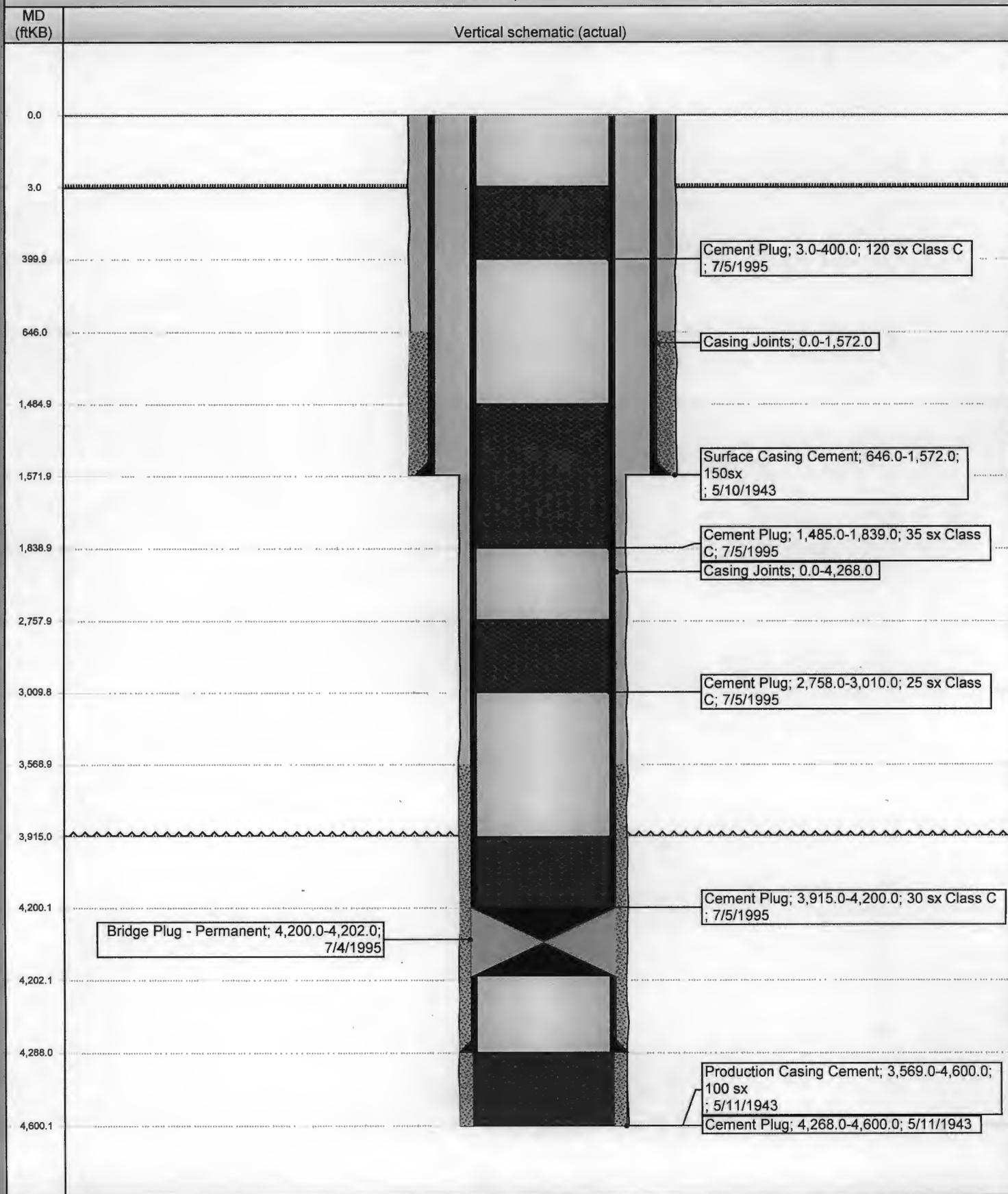
CURRENT SCHEMATIC



EAST VACUUM GB-SA UNIT 2469-001

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250286300	County LEA	State/Province NEW MEXICO
Original Spud Date 3/7/1943	Surface Legal Location Sec. 24, T-17S, R-35E.	E/W Dist (ft) 660.00	E/W Ref W	N/S Dist (ft) 330.00
N/S Ref S				

VERTICAL - MAIN HOLE, 10/22/2014 7:01:38 AM



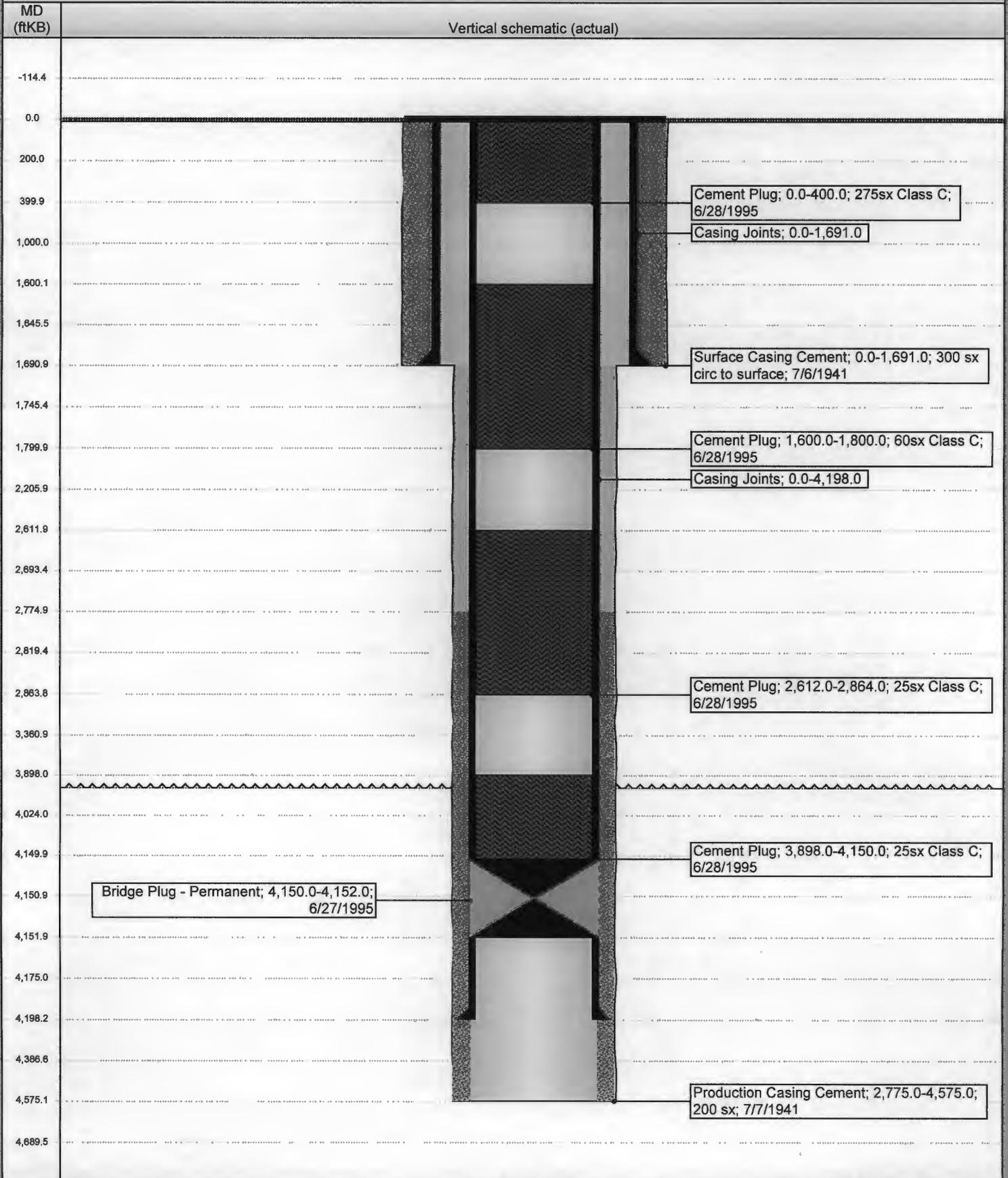


CURRENT SCHEMATIC

EAST VACUUM GB-SA UNIT 2335-001

District PERMIAN CONVENTIONAL	Field Name DISTRICT - E. VACUUM SUB-D	API / UWI 300250286200	County LEA	State/Province NEW MEXICO	
Original Spud Date 7/25/1941	Surface Legal Location Sec. 23, T-17S, R-35E	E/W Dist (ft) 1,980.00	E/W Ref W	N/S Dist (ft) 330.00	N/S Ref S

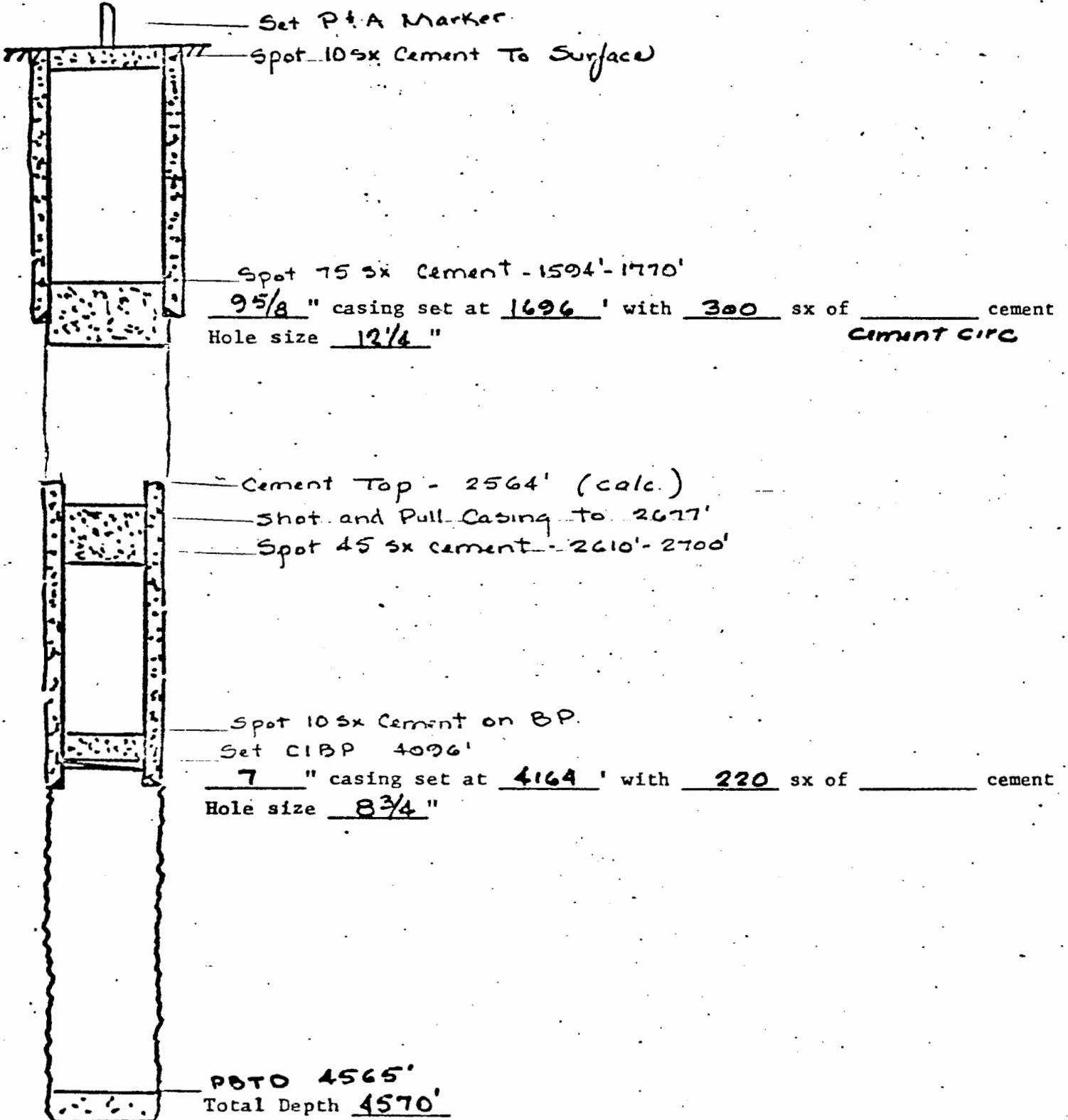
VERTICAL - MAIN HOLE, 10/22/2014 7:02:27 AM



API - 30-025-05390
P. & A

FIELD Vacuum (G-3A)	OPERATOR Mobil Oil Corp	DATE 5-21-76
LEASE State "P"	WELL No 3	LOCATION B - Sec 26 T17S R35E

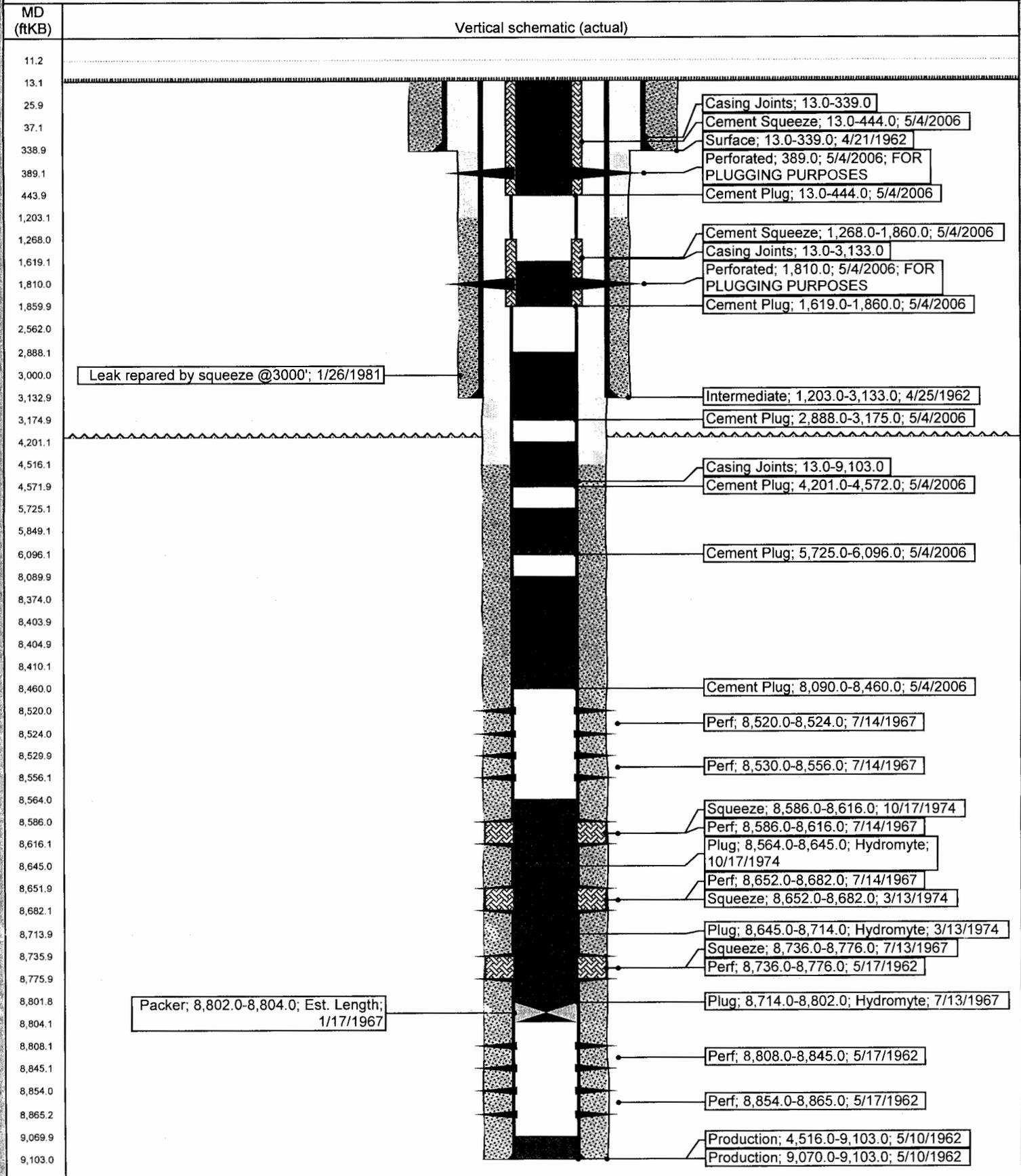
660/N-1980/E (B)



5-21-76
JHS

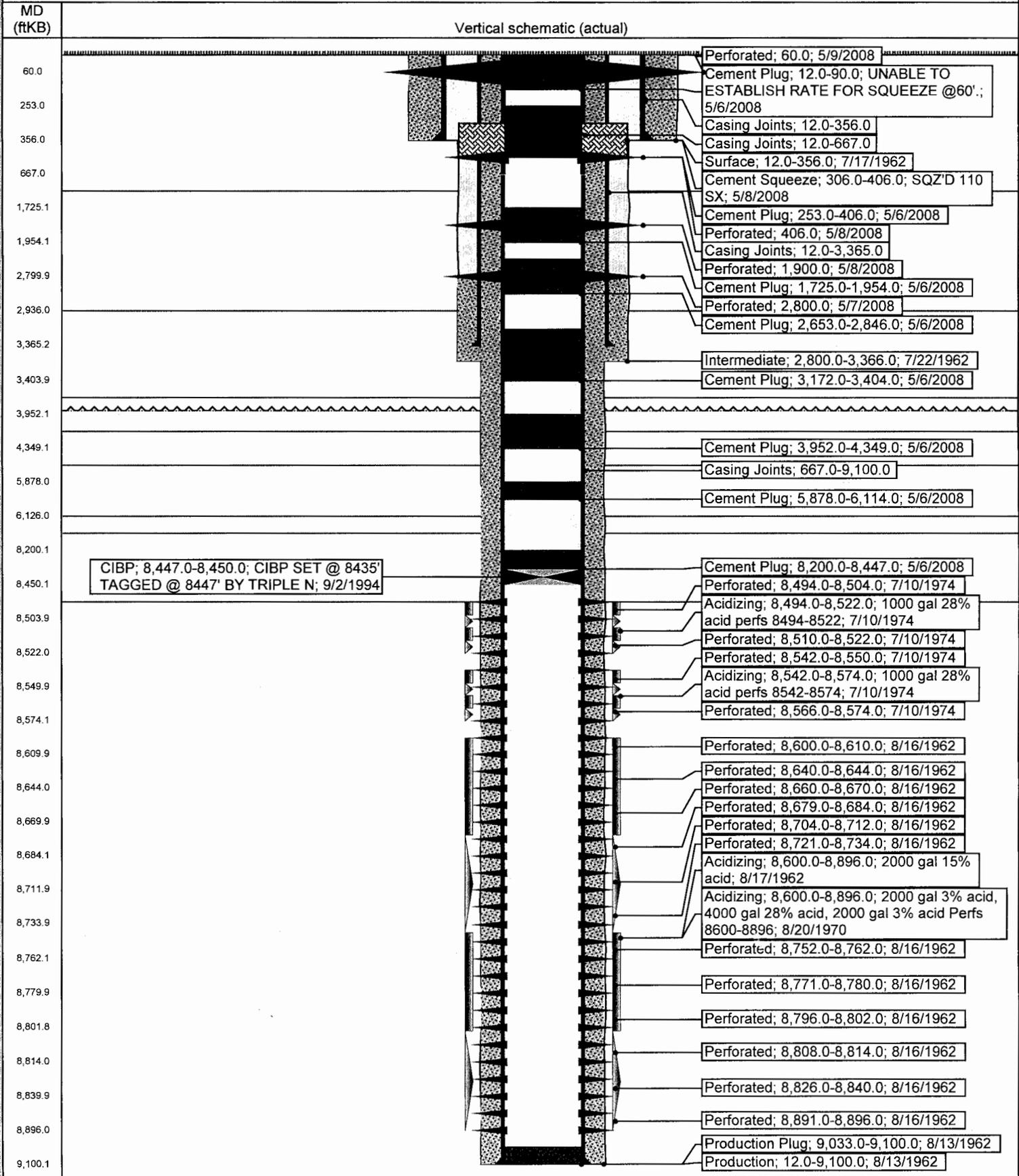
District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250854800	County LEA	State/Province NEW MEXICO
Original Spud Date 4/20/1962	Surface Legal Location Sec. 26, T17S, R35E	E/W Dist (ft) 1,980.00	E/W Ref FEL	N/S Dist (ft) 1,980.00 N/S Ref FSL

VERTICAL - Original Well, 10/21/2014 9:14:08 AM



District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250854300	County LEA	State/Province NEW MEXICO
Original Spud Date 7/16/1962	Surface Legal Location SEC. 26, T17S, R35E	E/W Dist (ft) 760.00	E/W Ref FEL	N/S Dist (ft) 1,980.00
N/S Ref FNL				

VERTICAL - Original Hole, 10/21/2014 9:15:23 AM



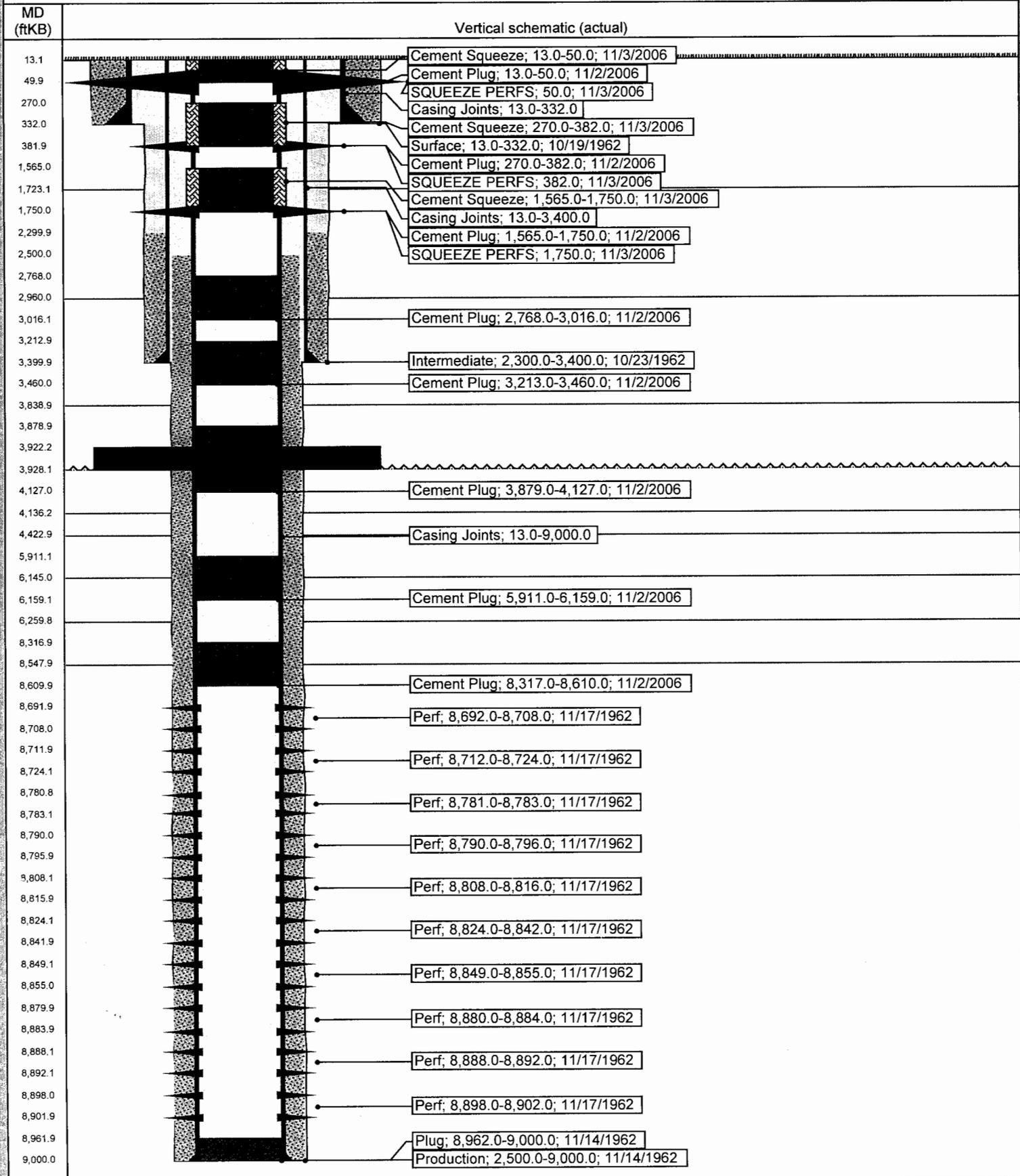


CURRENT SCHEMATIC

VACUUM ABO UNIT 006-075

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250287000	County LEA	State/Province NEW MEXICO	
Original Spud Date 10/18/1962	Surface Legal Location SEC. 25, T17S, R35E	E/W Dist (ft) 333.00	E/W Ref W	N/S Dist (ft) 990.00	N/S Ref N

VERTICAL - Original Hole, 10/21/2014 9:16:10 AM



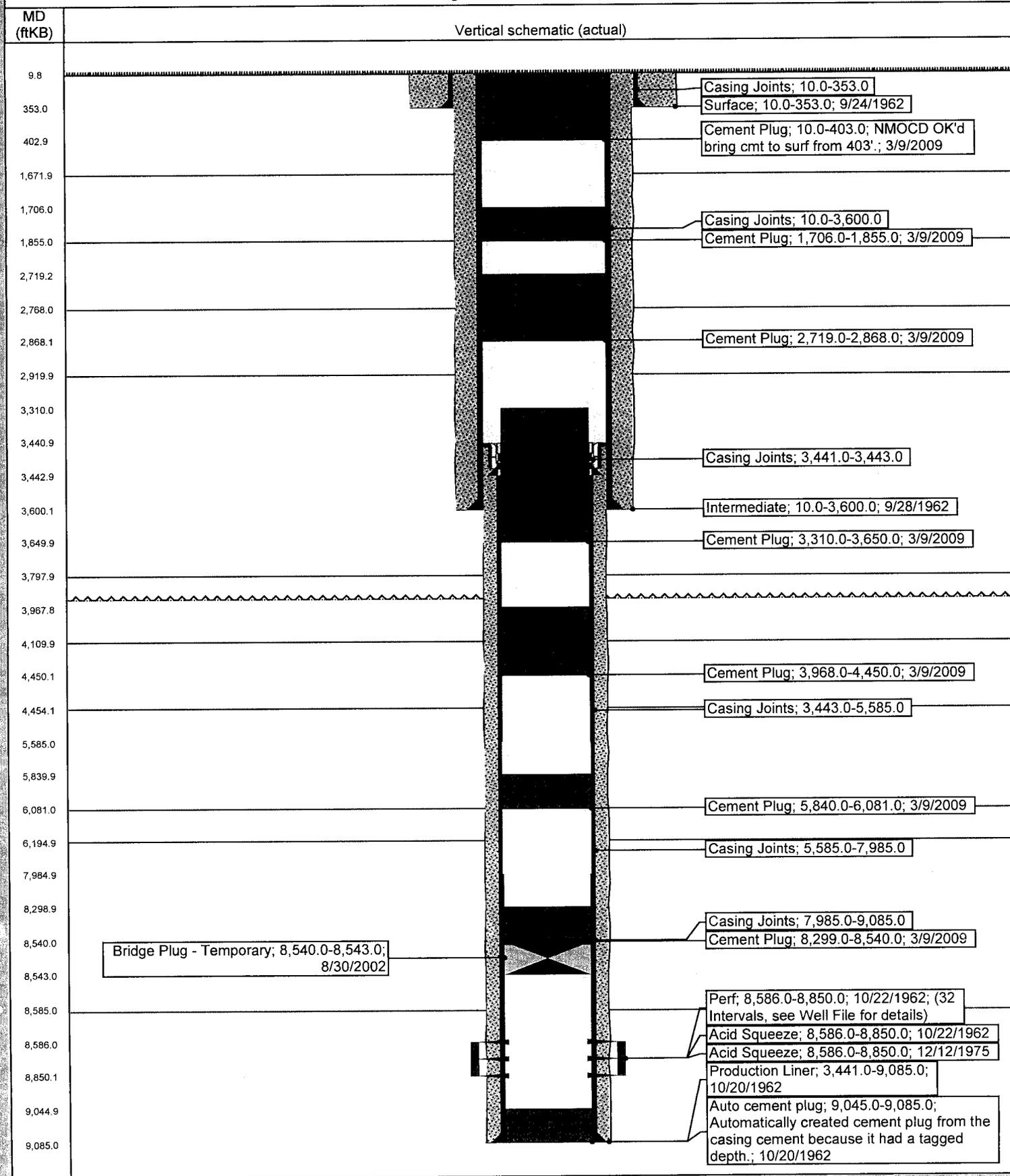
CURRENT SCHEMATIC

VACUUM ABO UNIT 004-006W



District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 300250287200	County LEA	State/Province NEW MEXICO
Original Spud Date 9/22/1962	Surface Legal Location Sec. 26, T17S, R35E	E/W Dist (ft) 1,650.00	E/W Ref FEL	N/S Dist (ft) 990.00
N/S Ref FNL				

VERTICAL - Original Hole, 10/21/2014 9:16:39 AM



Attachment 6
Geological Information - Formation Tops and Geologist Statement

East Vacuum Grayburg San Andres Unit 2622-002W

Formation Tops and Planned Total Depth

Formation Call Points	Top (ft MD)
Rustler	1670
Salado	1790
Tansill	2630
Yates	2948
Seven Rivers	3230
Queen	3794
Grayburg	4150
San Andres	4469
Deepest Perforation	4750
Total Depth	4808
Casing Depths	
String	Set Depth
Surface Casing	350
Production Casing	4808

Geologist Statement

I have examined the available geologic and engineering data and have found no evidence of open faults or any other hydrologic connection between any underground sources of drinking water and the injection zone for the proposed injection well: EVGSAU 2622-002W.

Mark Trees

Mark Trees, ConocoPhillips Company
Petroleum Geologist

Oct 21, 2014

Date

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 62180		³ Pool Name Vacuum; Grayburg, San Andres	
⁴ Property Code 31172		⁵ Property Name EAST VACUUM GBSA UNIT 3345			⁶ Well Number 521
⁷ OGRID No. 217817		⁸ Operator Name ConocoPhillips Company			⁹ Elevation 3946'

¹⁰ Surface Location

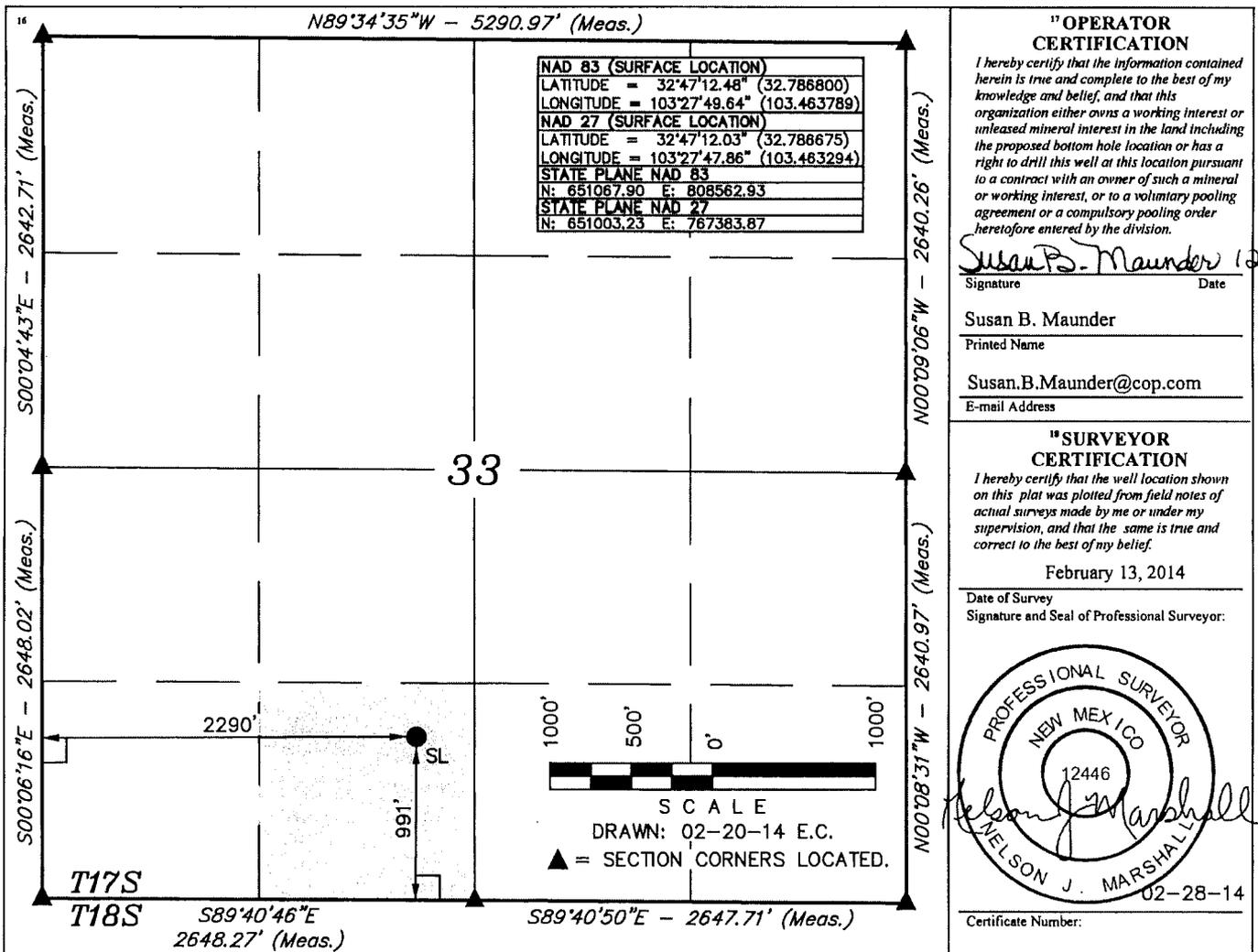
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	33	17S	35E		991	SOUTH	2290	WEST	LEA

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

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No. WFX-Pending
-------------------------------------	-------------------------------	----------------------------------	----------------------------------------

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.



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 62180	³ Pool Name Vacuum; Grayburg, San Andres
⁴ Property Code 31172	⁵ Property Name EAST VACUUM GBSA UNIT 3374	
⁷ OGRID No. 217817	⁸ Operator Name ConocoPhillips Company	⁶ Well Number 516 ⁹ Elevation 3952'

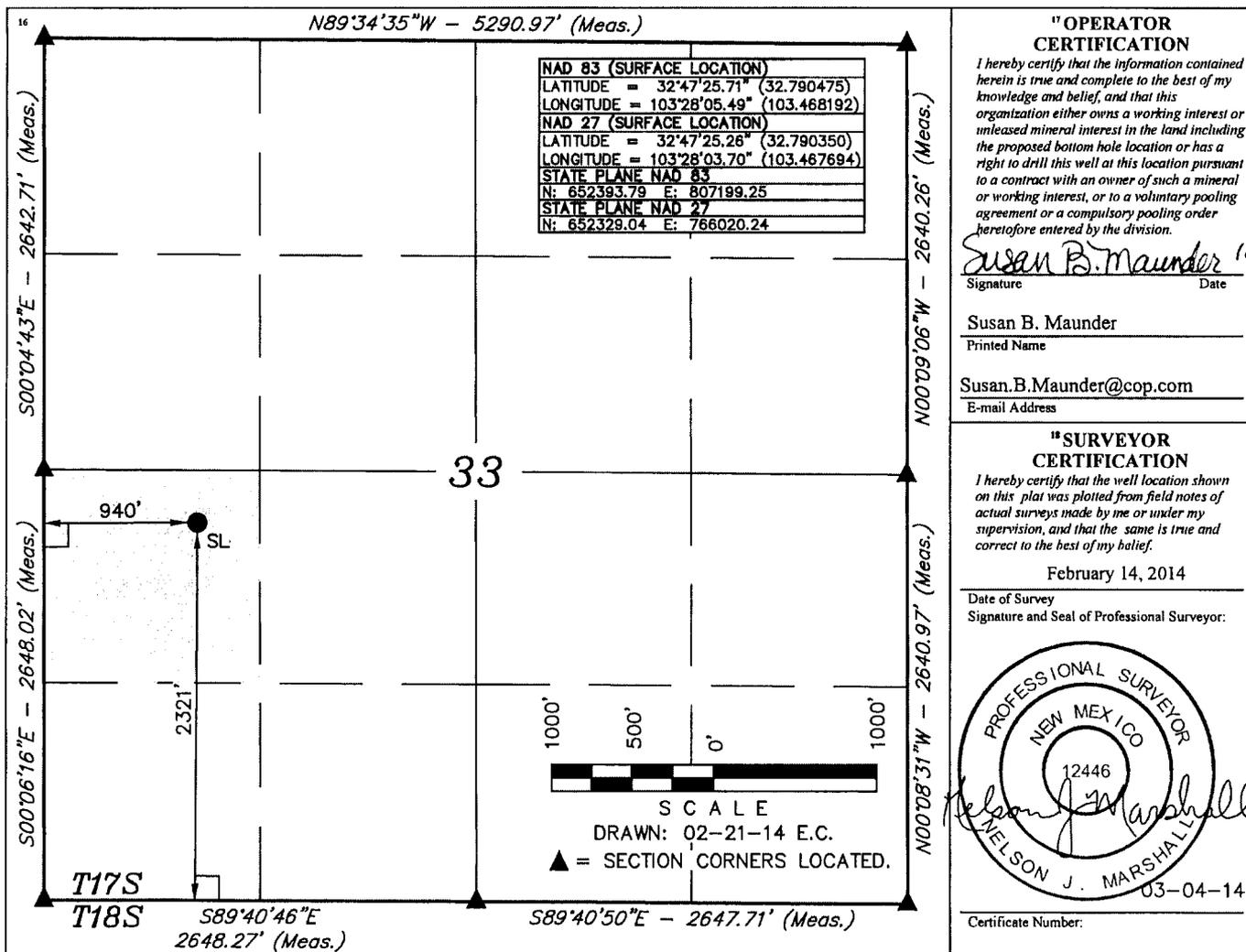
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	33	17S	35E		2321	SOUTH	940	WEST	LEA

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
¹² Dedicated Acres 40		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No. WFX-Pending			

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.



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
31172		62180	Vacuum; Grayburg, San Andres
⁴ Property Code	⁵ Property Name		⁶ Well Number
217817	EAST VACUUM GBSA UNIT 3374		517
⁷ OGRID No.	⁸ Operator Name		⁹ Elevation
217817	ConocoPhillips Company		3953'

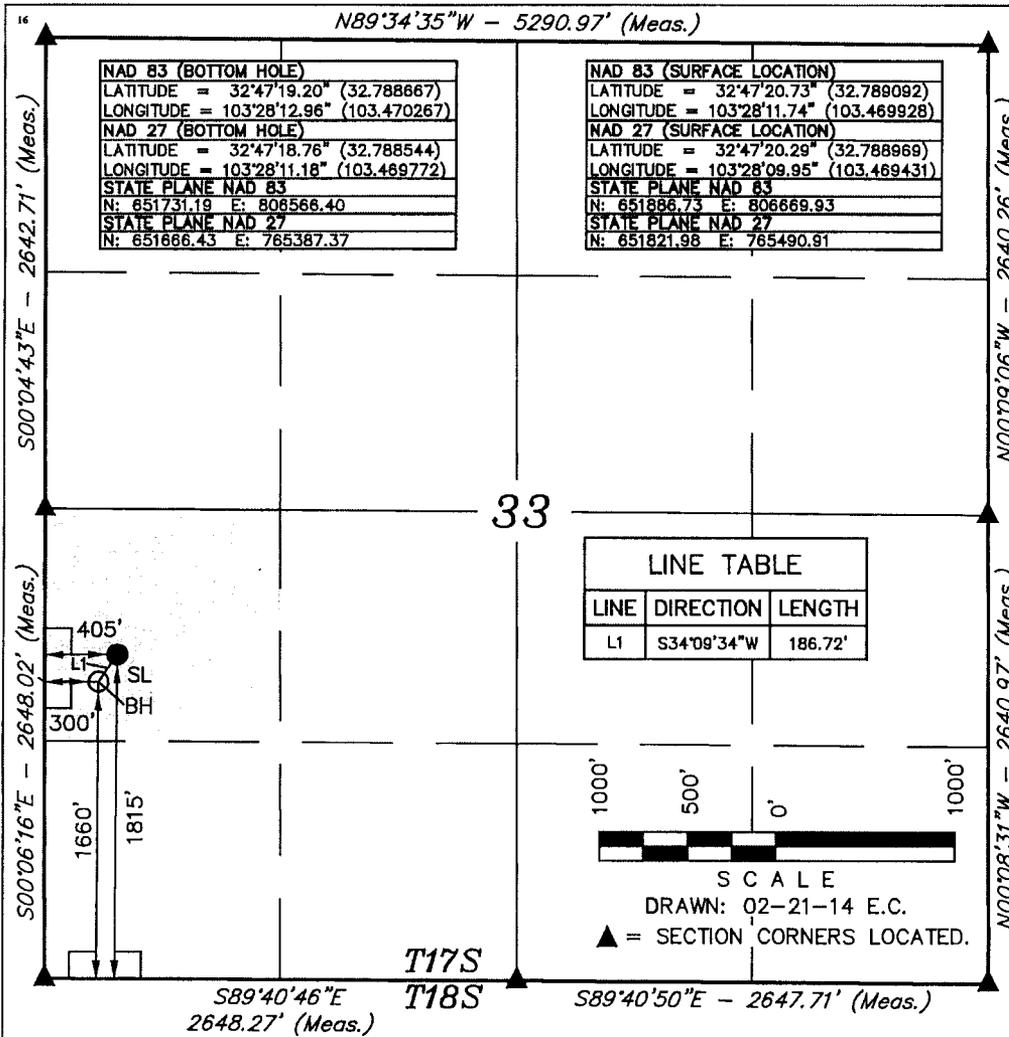
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	33	17S	35E		1815	SOUTH	405	WEST	LEA

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
L	33	17S	35E		1660	SOUTH	300	WEST	LEA
¹² Dedicated Acres		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			
40						WFX-Pending			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



17 OPERATOR CERTIFICATION
 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or 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.

Susan B. Maunder 12/17/14
 Signature Date

Susan B. Maunder
 Printed Name

Susan.B.Maunder@cop.com
 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.

February 12, 2014
 Date of Survey

Nelson J. Marshall
 Signature and Seal of Professional Surveyor:

PROFESSIONAL SURVEYOR
 NEW MEXICO
 12446
 NELSON J. MARSHALL
 03-03-14

Certificate Number:

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	
31172		62180	Vacuum; Grayburg, San Andres	
⁴ Property Code	⁵ Property Name		⁶ Well Number	
217817	EAST VACUUM GBSA UNIT 3328		520	
⁷ OGRID No.	⁸ Operator Name		⁹ Elevation	
217817	ConocoPhillips Company		3947'	

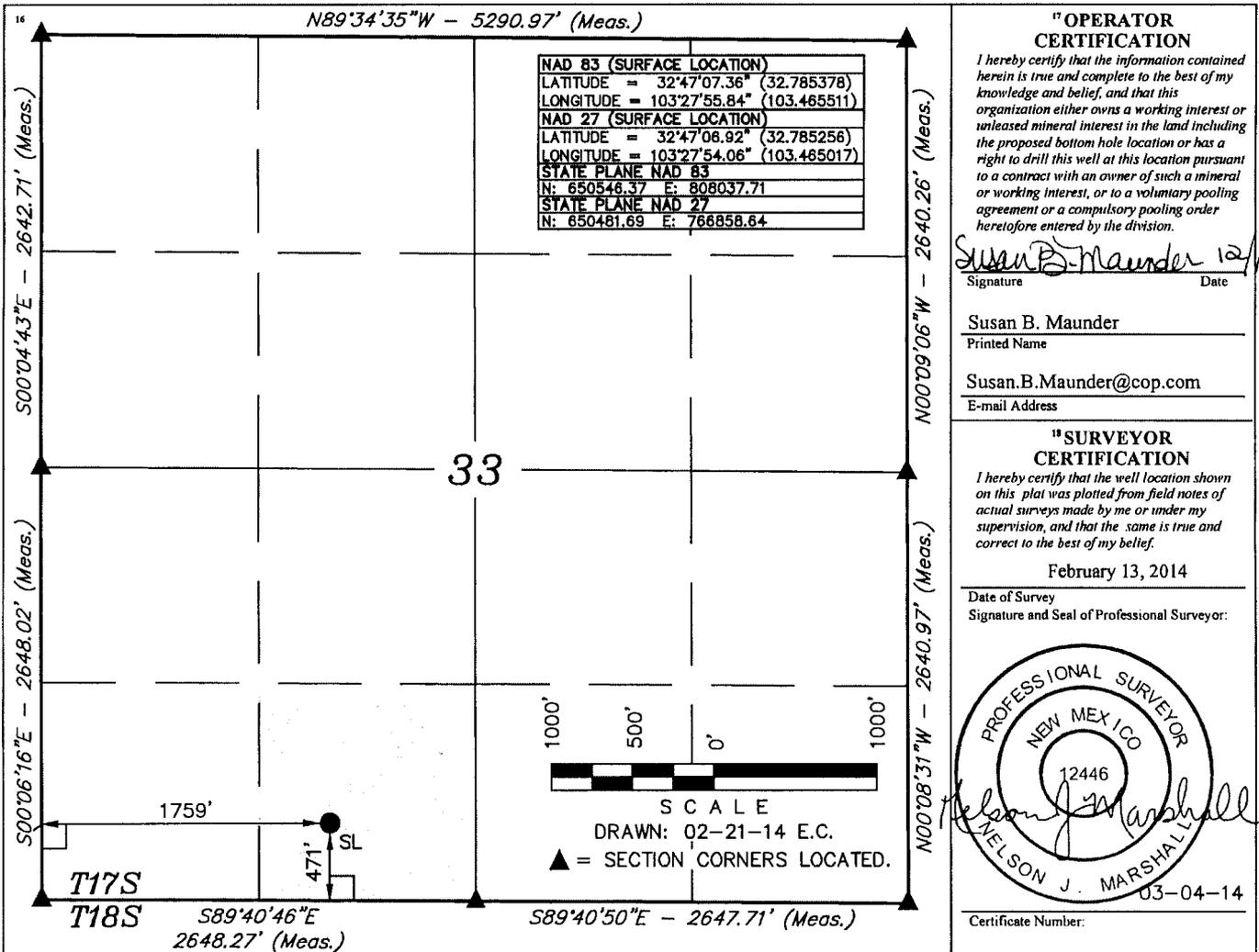
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	33	17S	35E		471	SOUTH	1759	WEST	LEA

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
¹² Dedicated Acres		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			
40						WFX-Pending			

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.



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	
		62180	Vacuum; Grayburg, San Andres	
⁴ Property Code	⁵ Property Name			⁶ Well Number
31172	EAST VACUUM GBSA UNIT 3308			511
⁷ OGRID No.	⁸ Operator Name			⁹ Elevation
217817	ConocoPhillips Company			3950'

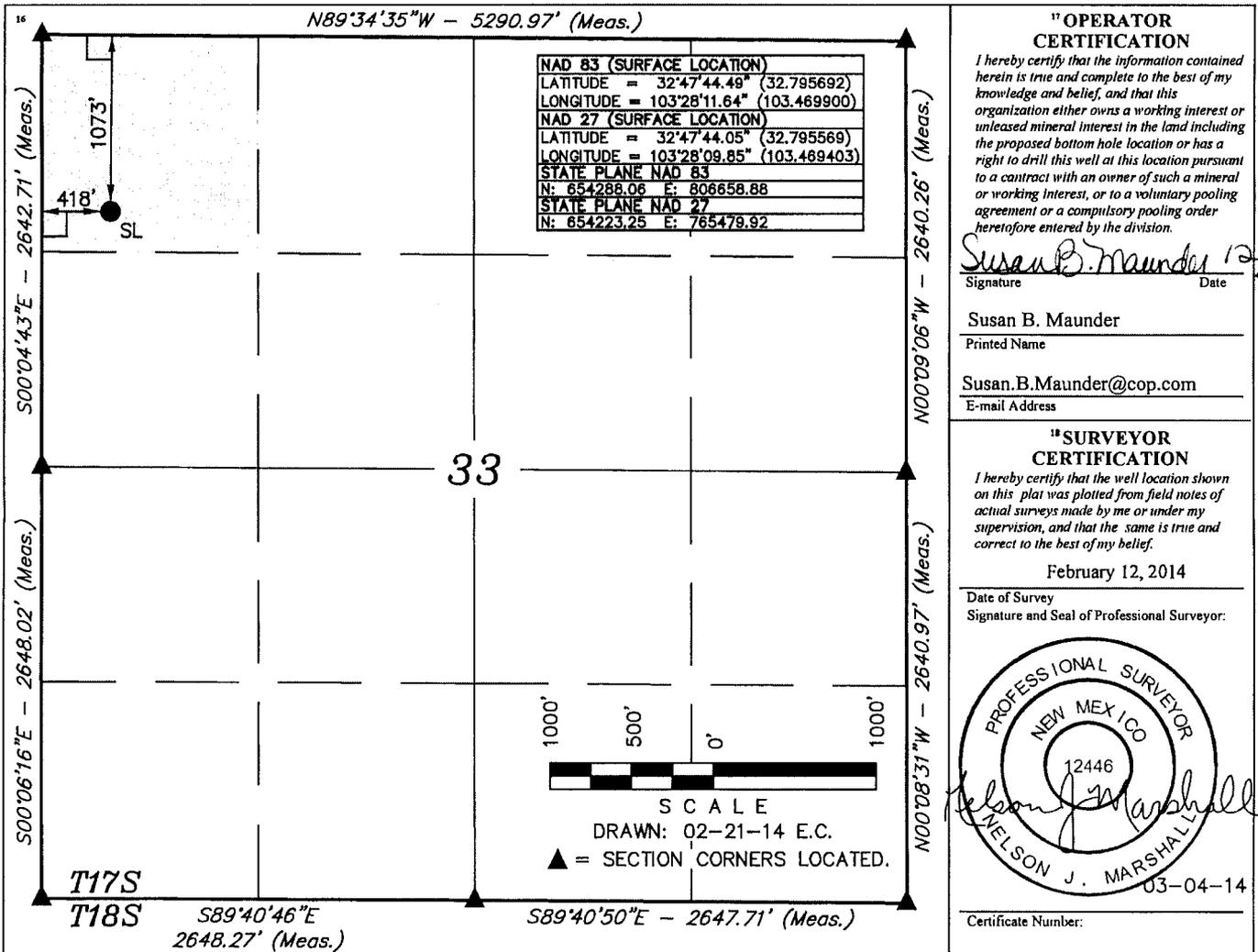
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	33	17S	35E		1073	NORTH	418	WEST	LEA

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
¹² Dedicated Acres		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			
40						WFX-Pending			

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.



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	
		62180	Vacuum; Grayburg, San Andres	
⁴ Property Code	⁵ Property Name		⁶ Well Number	
31172	EAST VACUUM GBSA UNIT 3202		513	
⁷ OGRID No.	⁸ Operator Name		⁹ Elevation	
217817	ConocoPhillips Company		3945'	

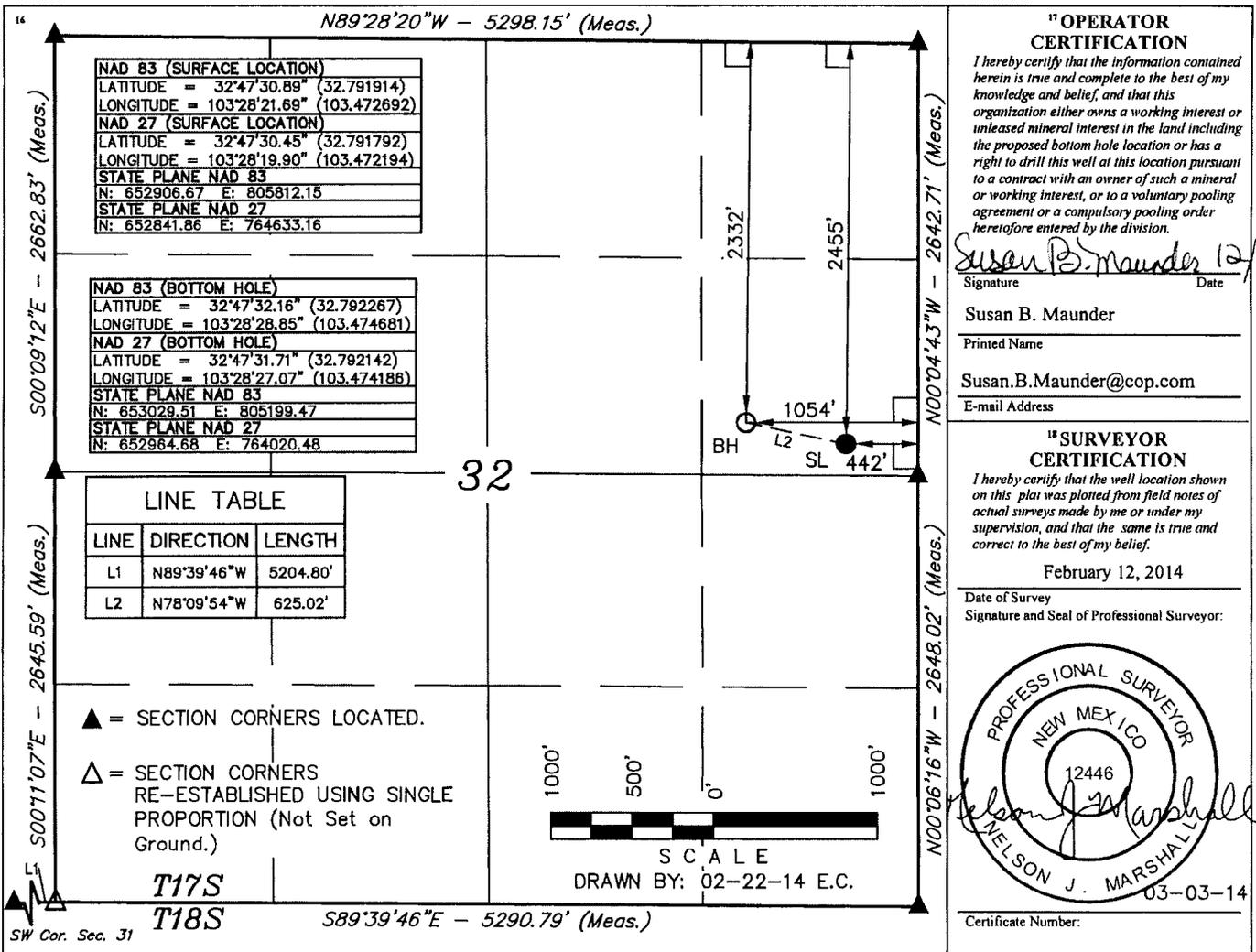
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
H	32	17S	35E		2455	NORTH	442	EAST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
H	32	17S	35E		2332	NORTH	1054	EAST	LEA
¹² Dedicated Acres		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			
40						WFX-Pending			

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.



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	
		62180	Vacuum; Grayburg, San Andres	
⁴ Property Code	⁵ Property Name		⁶ Well Number	
31172	EAST VACUUM GBSA UNIT 2739		525	
⁷ OGRID No.	⁸ Operator Name		⁹ Elevation	
217817	ConocoPhillips Company		3933'	

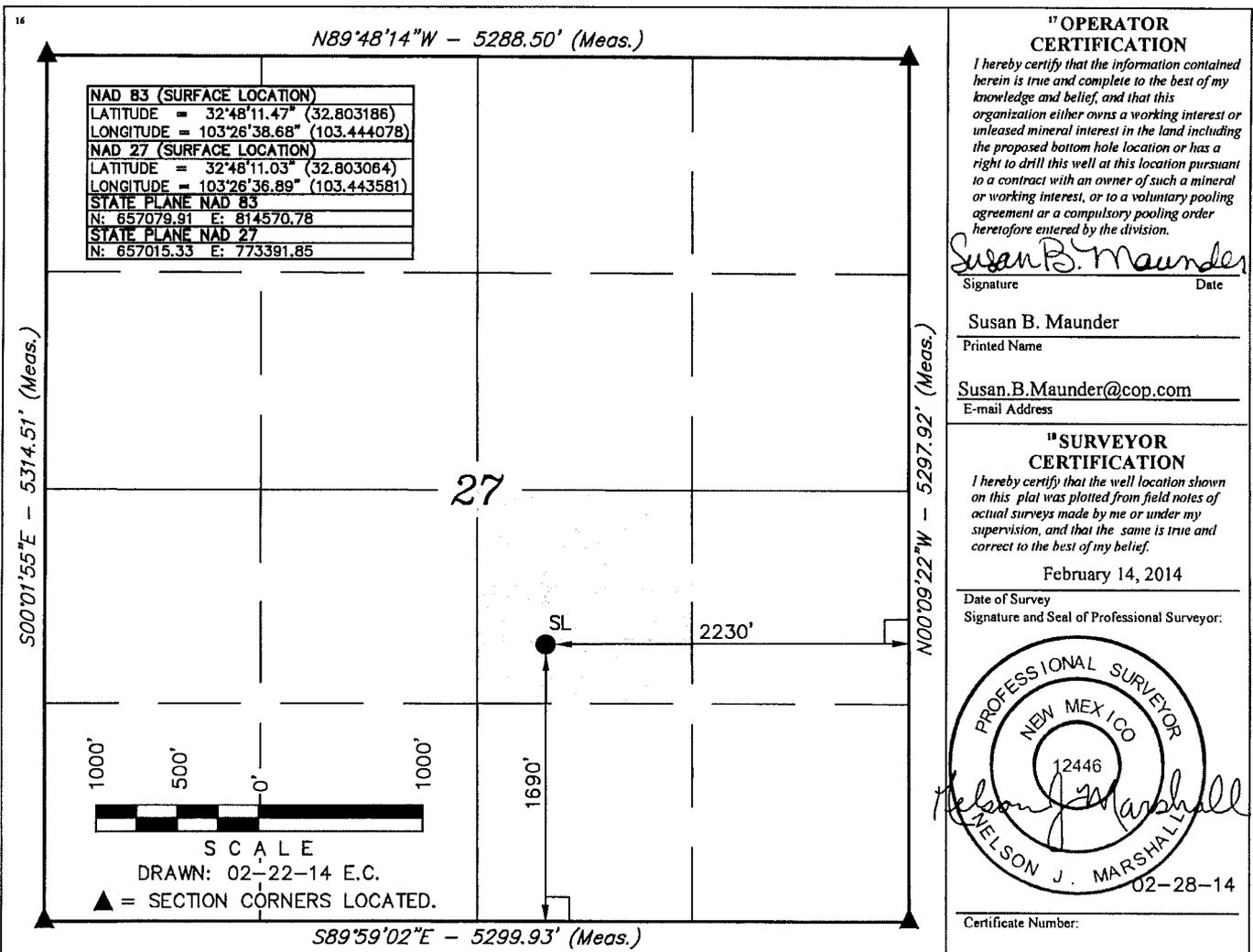
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	27	17S	35S		1690	SOUTH	2230	EAST	LEA

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
¹² Dedicated Acres		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			
40						WFX-Pending			

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.



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 62180	³ Pool Name Vacuum; Grayburg, San Andres
⁴ Property Code 31172	⁵ Property Name EAST VACUUM GBSA UNIT 3202	
⁷ OGRID No. 217817	⁸ Operator Name ConocoPhillips Company	⁶ Well Number 512
		⁹ Elevation 3953'

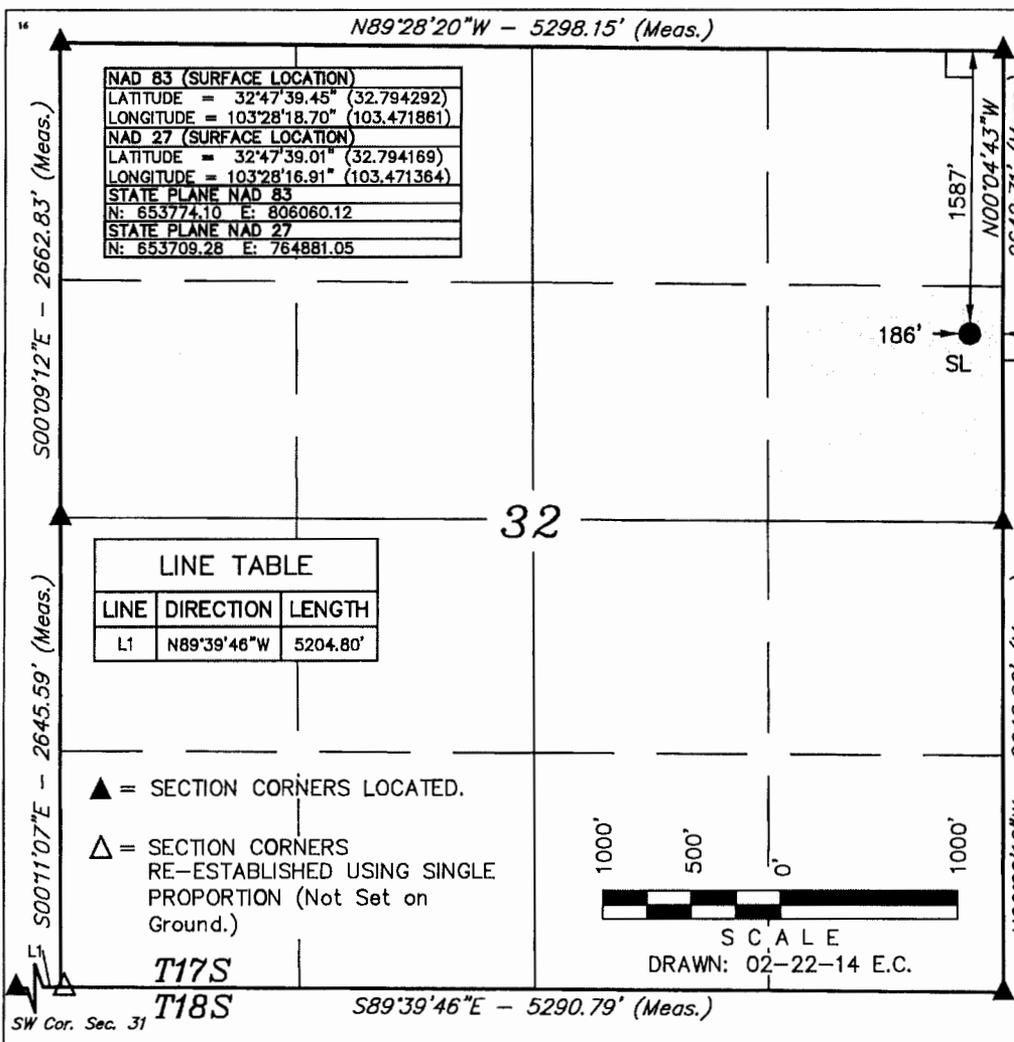
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	32	17S	35E		1587	NORTH	186	EAST	LEA

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
¹² Dedicated Acres 40		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No. WFX-Pending			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



¹⁷ OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or 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.

Susan B. Maunder 12/17/14
Signature Date

Susan B. Maunder
Printed Name

Susan.B.Maunder@cop.com
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.

February 14, 2014
Date of Survey

Signature and Seal of Professional Surveyor:

PROFESSIONAL SURVEYOR
NEW MEXICO
12446
WELSON J. MARSHALL
03-04-14

Certificate Number:

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	
		62180	Vacuum; Grayburg, San Andres	
⁴ Property Code	⁵ Property Name		⁶ Well Number	
31172	EAST VACUUM GBSA UNIT 2739		522	
⁷ OGRID No.	⁸ Operator Name		⁹ Elevation	
217817	ConocoPhillips Company		3940'	

¹⁰ Surface Location

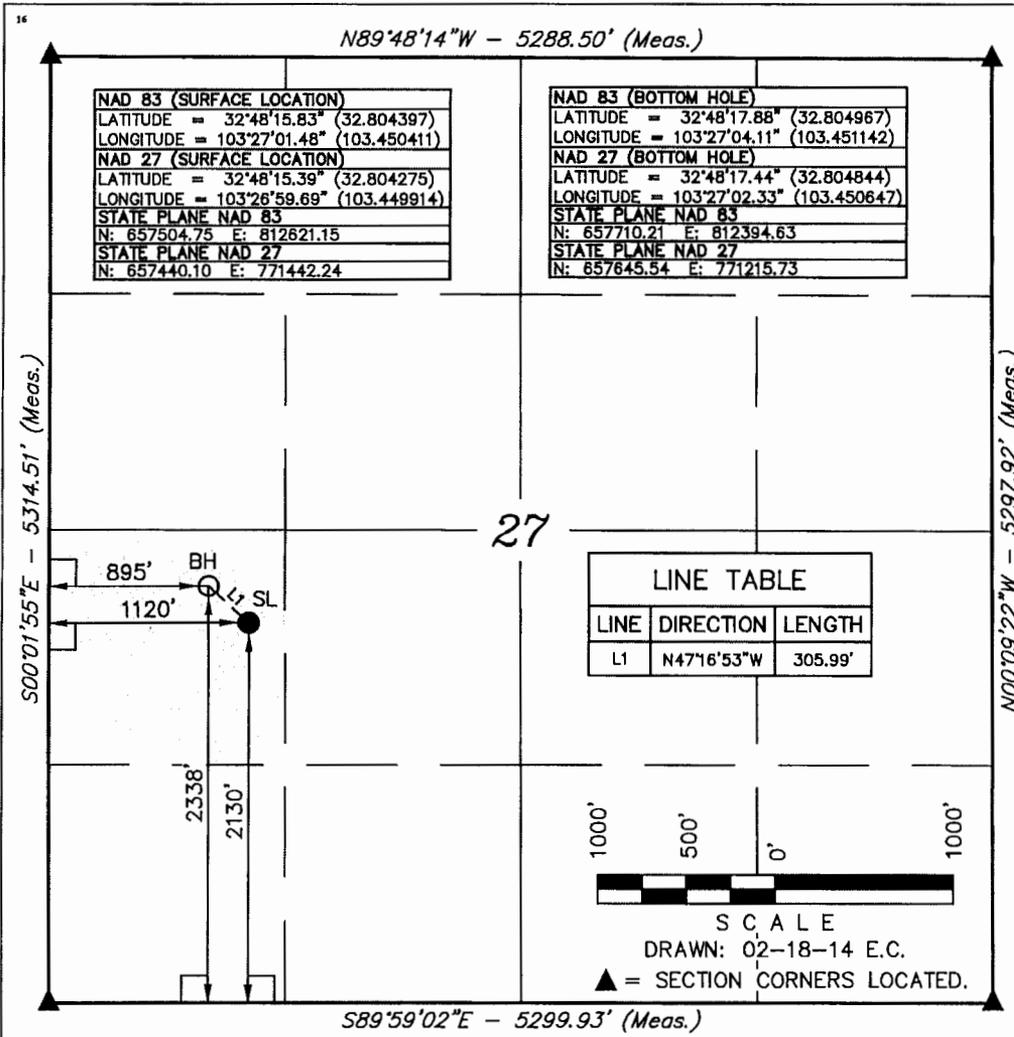
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	27	17S	35E		2130	SOUTH	1120	WEST	LEA

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
L	27	17S	35E		2338	SOUTH	895	WEST	LEA

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
40			WFX-Pending

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



¹⁷ OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or 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.

Susan B. Maunder 12/17/14
Signature Date

Susan B. Maunder
Printed Name

Susan.B.Maunder@cop.com
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.

February 17, 2014
Date of Survey

Signature and Seal of Professional Surveyor:

PROFESSIONAL SURVEYOR
NEW MEXICO
12446
NELSON J. MARSHALL
03-03-14
Certificate Number:

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	
		62180		Vacuum; Grayburg, San Andres	
⁴ Property Code		⁵ Property Name		⁶ Well Number	
31172		EAST VACUUM GBSA UNIT 2721		527	
⁷ OGRID No.		⁸ Operator Name		⁹ Elevation	
217817		ConocoPhillips Company		3937.7'	

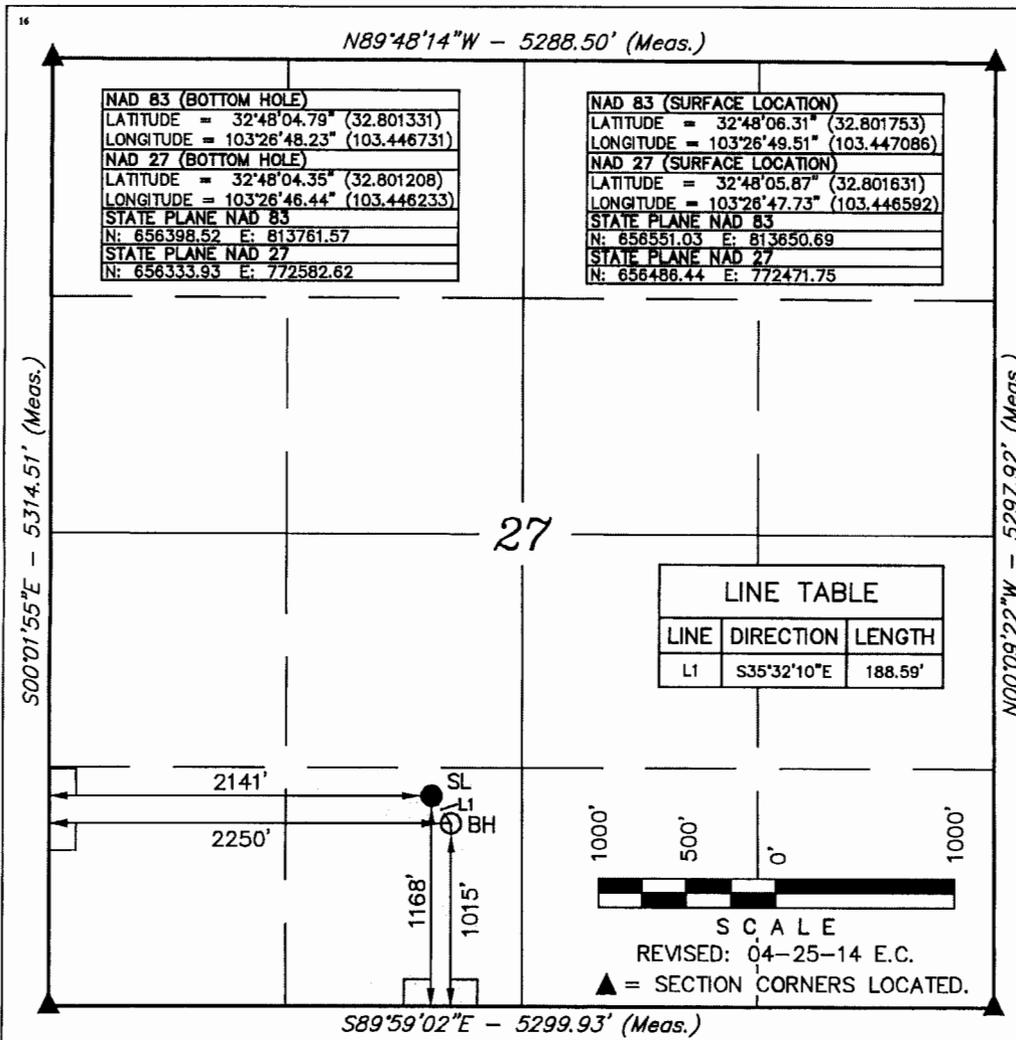
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	27	17S	35E		1168	SOUTH	2141	WEST	LEA

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
N	27	17S	35E		1015	SOUTH	2250	WEST	LEA
¹² Dedicated Acres		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			
40						WFX-Pending			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



¹⁷ OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or 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.

Susan B. Maunder 12/17/14
Signature Date

Susan B. Maunder
Printed Name

Susan.B.Maunder@cop.com
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.

February 17, 2014

Date of Survey
Signature and Seal of Professional Surveyor:



Certificate Number:

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	
		62180	Vacuum; Grayburg, San Andres	
⁴ Property Code	⁵ Property Name		⁶ Well Number	
31172	EAST VACUUM GBSA UNIT 2738		523	
⁷ OGRID No.	⁸ Operator Name		⁹ Elevation	
217817	ConocoPhillips Company		3934.2'	

¹⁰ Surface Location

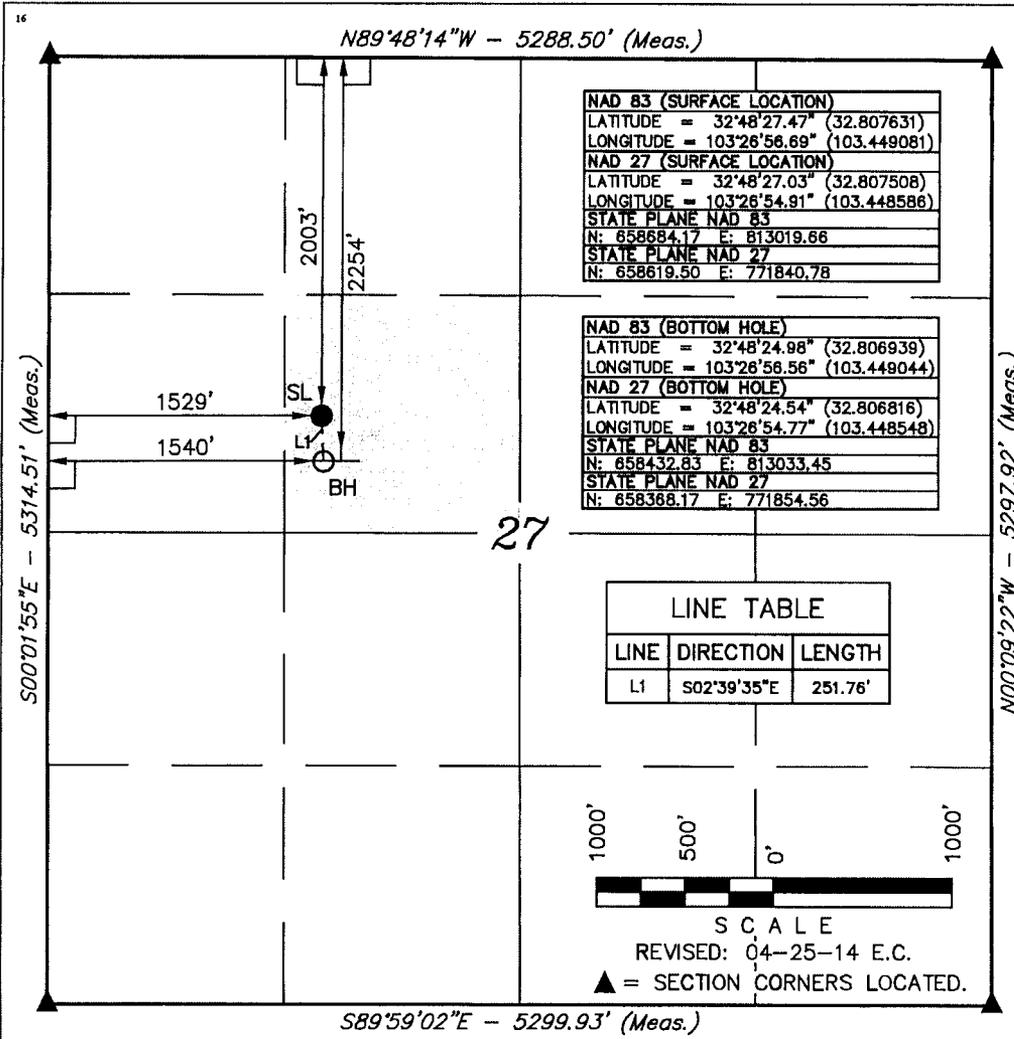
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	27	17S	35E		2003	NORTH	1529	WEST	LEA

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
F	27	17S	35E		2254	NORTH	1540	WEST	LEA

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
40			WFX-Pending

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.



¹⁶ 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.

Susan B. Maunders 12/17/14
Signature Date

Susan B. Maunders
Printed Name

Susan.B.Maunders@cop.com
E-mail Address

¹⁷ 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.

February 17, 2014

Date of Survey

Signature and Seal of Professional Surveyor:

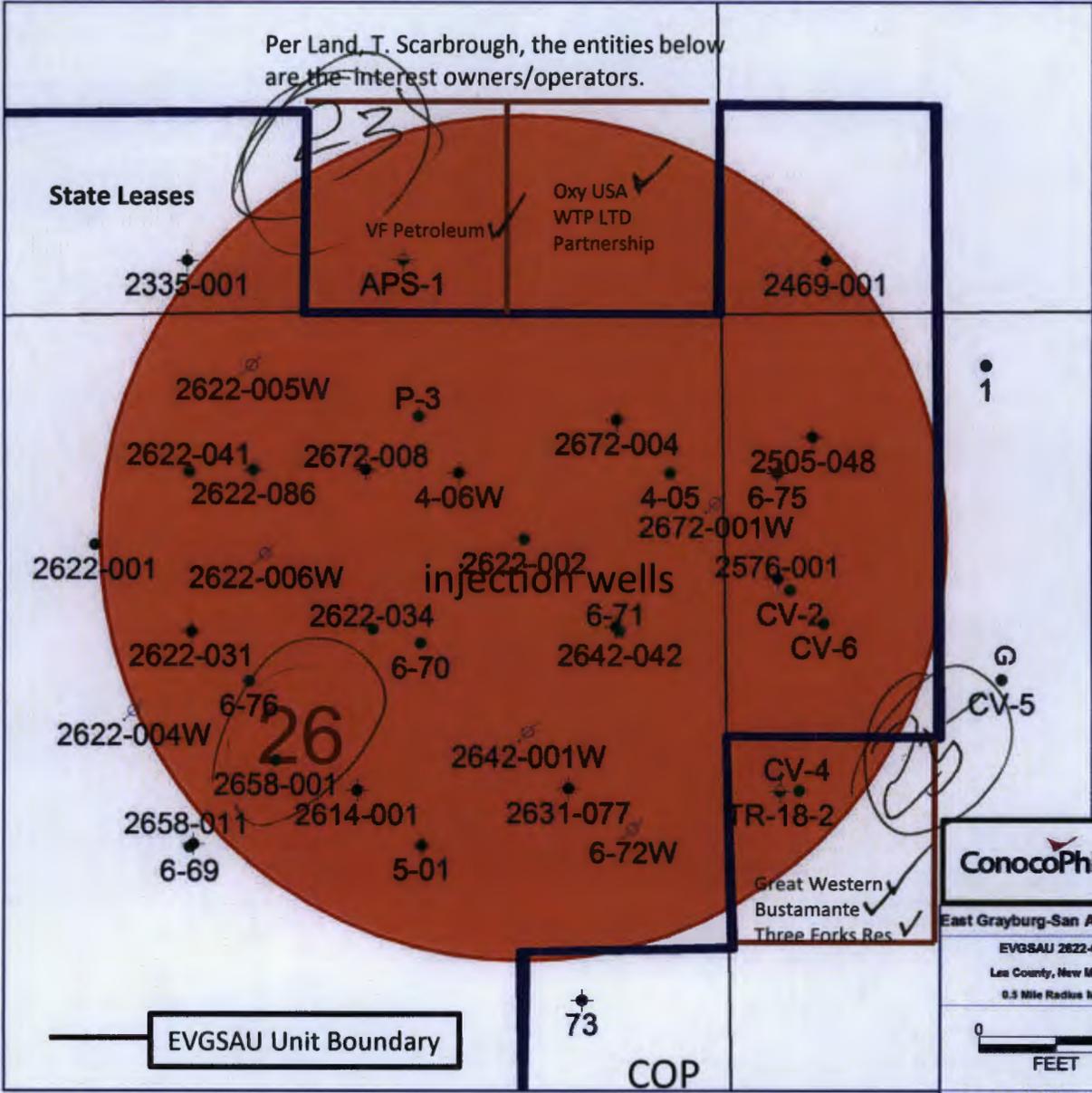


Certificate Number:

Half-Mile Radius



Per Land, T. Scarbrough, the entities below are the interest owners/operators.



ConocoPhillips

East Grayburg-San Andres Unit

EVGSAU 2622-002

Lea County, New Mexico

0.3 Mile Radius Map

0 967

FEET

WELL SYMBOLS

- Oil Well
- Injection Well
- ⊕ Plugback Well
- ⊕ Dry Hole, With Show of Oil

By Don Jones, Geologist

October 11, 2011

Attachment 7

Proof of Publication of Legal Notice

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

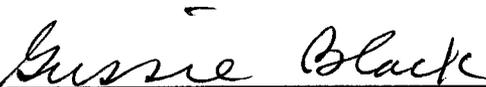
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
October 26, 2014
and ending with the issue dated
October 26, 2014.



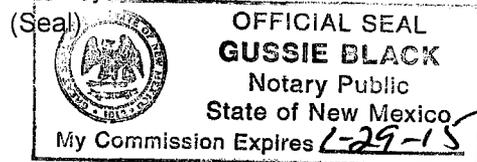
Publisher

Sworn and subscribed to before me this
26th day of October 2014.



Business Manager

My commission expires
January 29, 2015



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGALS

East Vacuum GBSA 2622 #002, API #30-025-26573, Sec. 26, 1430' FNL & 1330' FEL unitized injection interval 4150' to 5150' TVD. Initial perforated interval is 4400' to 4808' TVD.

The maximum injection rate will be about 5,000 barrels of produced water per day. Maximum injection pressure will be 1350 psi at the surface for the well mentioned above. Interested parties must file objections or request for hearing with the New Mexico Oil Conservation Division, 1220 South Saint Francis Drive, Santa Fe, New Mexico 87504 within 15 days of this notice.
#29510

LEGALS

Legal Notice
October 26, 2014

ConocoPhillips Company, 600 N. Dairy Ashford Road, Houston, TX 77079-11075, Contact: Susan B. Maunder (281) 206-5281, is seeking administrative approval from the New Mexico Oil Conservation Division to inject produced water into one additional well in the East Vacuum Unit, in the Grayburg and San Andres formations.

The well is located in Township 17S, Range 35E, Lea County, NM:

67111011

00146504

SUSAN MAUNDER
CONOCOPHILLIPS (HOUSTON)
600 N. DAIRY ASHFORD ROAD
ATTN: P10-4-4054
HOUSTON, TX 77079

Attachment 8

Verification of Notification of Interested Parties

List Interested of Parties:

ZPZ Delaware I LLC
Attn: Michelle Hanson
303 Veterans Airpark Lane, Suite
3000
Midland, TX 79705-4561

Boyd Laughlin Management Trust
Nicholas C. Taylor Succ. Trustee
214 W. Texas Ave.
Midland, TX 79701-4600

OBO, Inc.
c/o Lowell S. Dunn II
P. O. Box 22577
Hialeah, FL 33002-2577

Mary Leonard Children's Trust
JPMorgan Chase Bank, N.A.
Oil & Gas Management
Mail Code TX1-1315
420 Throckmorton, Suite 900
Fort Worth, TX 76102

XTO Energy
Attn: Steve Cobb
810 Houston Street
Fort Worth, TX 76102

C. W. Seely
815 W. 10th Street
Fort Worth, TX 76102

The Josephine Laughlin Living
Trust
Josephine Laughlin, Trustee
13505 McCall Court, N.E.
Albuquerque, NM 87123-1468

Larry O. Hulsey
220 Oak Street
P. O. Box 1143
Graham, TX 76450

AYCO Energy, L.L.C.
2909 Hillcroft Ave., Suite 103
Houston, Texas 77057

Miranda Leonard Revocable Trust
JPMorgan Chase Bank, N.A.
Oil & Gas Management
Mail Code TX1-1315
420 Throckmorton, Suite 900
Fort Worth, TX 76102

Mary D. Fleming Walsh
Attn: Gary F. Goble
500 West Seventh St., Suite 1007
Fort Worth, TX 76102

Martha Leonard Revocable Trust
JPMorgan Chase Bank, N.A.
Oil & Gas Management
Mail Code TX1-1315
420 Throckmorton, Suite 900
Fort Worth, TX 76102

John R. Bryant
C/O John Thomas Bryant POA
PO Box 655
Addison, TX 75001

Magnum Hunter Production, Inc.
c/o Cimarex Energy Co.
Attn: Manager – Outside Operated
202 S. Cheyenne Ave., Suite 1000
Tulsa, OK 74103

Bright Hawk Burkard Venture 0.00
C/O FROST NATIONAL BANK
P.O. Box 79790
Houston, TX 77279-9790

Davoil, Inc.
P. O. Box 122269
Fort Worth, TX 76121-2269

Patricia Penrose Schieffer Test. Tr.
Bank of America, N.A., Agent
P. O. Box 2546
Fort Worth, TX 76113-2546

Belva Little
P.O. Box 279
Cross Plains, TX 76443

Nancy Payne Stacks
1614 W Pine
Midland, TX 79705

Stovall Energy LTD
Attn: Norman D. Stovall, Jr.
P. O. Box 10
Graham, TX 76046

Marathon Oil Company
ATTN: Permian OBO
P.O. BOX 3128
Mail Stop 35:01
Houston, TX 77253-3128

McRae Management Trust
P. O. Box 5401
Midland, TX 79704

Betelgeuse Production
Box 1937
Fredericksburg, TX 78624

Development Oil & Gas LLC
Attn: Frances M Gray
PO Box 55809
Jackson, MS 39296-5809

Madelon L. Bradshaw
2120 Ridgmar Blvd., Suite 12
Fort Worth, TX 76116

S. B. Street & Company
P. O. Box 206
Graham, TX 76046

Great Western Drilling Co.
Attn: Donald Knipe
P. O. Box 1659
Midland, TX 79701

Rachel Kathleen Williams
2797 E. Washington ST.
Stephenville, TX 76401



ConocoPhillips Company
600 North Dairy Ashford
Houston, TX 77079-1175

November 25, 2014

VIA CERTIFIED RETURN RECEIPT

ATTACHED LIST OF INTERESTED PARTIES

SUBJECT: APPLICATION FOR AUTHORIZATION TO INJECT INTO EAST VACUUM GRAYBURG
SAN ANDRES UNIT WELL 2622-002 (API 30-025-26573)

Dear Sir or Madam:

ConocoPhillips Company is seeking administrative approval from the New Mexico Oil Conservation Division to inject produced water into an additional, existing well in the East Vacuum Grayburg San Andres Unit, in the unitized formations (Grayburg and San Andres formations). You are receiving this package because you have been identified as having, past or current, interest in acreage near the vicinity of our proposed activity.

The well is located in Section 26, Township 17S, Range 35E, Lea County, NM at 1430' FNL and 1330' FEL.

According to Rule 701C the State of New Mexico, Oil Conservation Division, Engineering Bureau (1220 South St. Francis Drive, Santa Fe, NM 87505) can make a decision on our application after 15 days, if no objection is received.

If you have any questions regarding the enclosed application, I can be reached at the address above, phone number (281) 206-5281, or email Susan.B.Maunders@conocophillips.com.

Sincerely,

A handwritten signature in cursive script that reads "Susan B. Maunders".

Susan B. Maunders
Senior Regulatory Specialist

Enclosures

RECEIVED
2014
DEC 17 10 11 AM



Susan B. Maunder
Sr. Regulatory Specialist
Phone: (281) 206-5281

ConocoPhillips Company
600 N. Dairy Ashford Rd., Office P10-3-3096
Houston, TX 77079-1175

December 17, 2014

State of New Mexico
Oil Conservation Division
Attn: Mr. Phillip Goetze
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

SUBJECT: EAST VACUUM GRAYBURG SAN ANDRES UNIT C-108 APPLICATION, ADDITIONAL
INFORMATION SUBMITTAL

Dear Mr. Goetze:

ConocoPhillips Company submitted the subject application in August 2014. Additional information was requested to complete our application for the eleven well expansion project. Our planning for this project is progressing with first injection planned for third quarter 2015, following NMOCD approval. The following is provided:

- Verification of Publication
- Verification of Notification of Interested Parties
- Copy of the New Mexico Form C-102 for each well

If you have questions regarding this request, I can be reached at 281-206-5281, 432-269-4378, or via email at Susan.B.Maunder@conocophillips.com.

Sincerely,

A handwritten signature in black ink that reads "Susan B. Maunder".

Susan B. Maunder
Senior Regulatory Specialist
ConocoPhillips Company

Cc: w/Enclosures

Affidavit of Publication

State of New Mexico,
County of Lea.

I, DANIEL RUSSELL
PUBLISHER

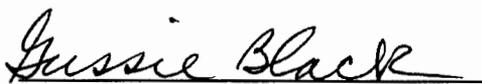
of the Hobbs News-Sun, a
newspaper published at Hobbs, New
Mexico, do solemnly swear that the
clipping attached hereto was
published in the regular and entire
issue of said newspaper, and not a
supplement thereof for a period

of 1 issue(s).
Beginning with the issue dated
August 27, 2014
and ending with the issue dated
August 27, 2014



PUBLISHER

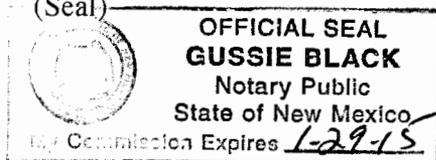
Sworn and subscribed to before me
this 27th day of
August, 2014



Notary Public

My commission expires
January 29, 2015

(Seal)



This newspaper is duly qualified to
publish legal notices or
advertisements within the meaning of
Section 3, Chapter 167, Laws of
1937 and payment of fees for said
publication has been made.



LEGAL NOTICE
August 27, 2014

BEFORE THE OIL CONSERVATION DIVISION OF THE STATE OF NEW MEXICO

APPLICANT: CONOCOPHILLIPS COMPANY)
)
RELIEF SOUGHT: ADMINISTRATIVE)
APPROVAL FOR A WATERFLOOD EXPANSION)
TO INJECT CARBON DIOXIDE AND PRODUCED)
WATER INTO THE PROPOSED EVGBSAU UNIT)
(SECONDARY RECOVERY))

NOTICE OF APPLICATION

STATE OF NEW MEXICO: To all persons, owners, producers, operators, purchasers and takers of oil and gas and all other interested persons, particularly in Lea County, New Mexico; and if any of the named individuals or entities be deceased or a dissolved partnership, corporation or other association, then the unknown heirs, executors, administrators, devisees, trustees, successors, trustees and assigns of any such deceased individual or dissolved partnership, corporation or other association.

NOTICE IS HERBY GIVEN THAT the applicant in this cause is requesting that the OCD, pursuant to New Mexico Administration CODR-NUMAC 19.15.26.1, authorize the approval of a waterflood expansion (WFX) with the injection of carbon dioxide and produced water in the following wells:

Name and Address of Applicant: ConocoPhillips Company, P.O. Box 51810; Midland, TX 79710, Contact party: Susan Maunder (281) 206-5281

Name, Location and Injection Interval of Proposed Wells:

EVGBSAU 2738-W523 - Surface Hole Location: 2,009' FNL & 1,529' FWL and Bottom Hole Location: 2,254' FNL & 1,540' FWL of Section 27, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,545' - 5,045'

EVGBSAU 2739-W522 - Surface Hole Location: 2,310' FSL & 1,120' FWL and Bottom Hole Location: 2,338' FSL & 895' FWL of Section 27, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,540' - 5,037'

EVGBSAU 2739-W525 - Surface Hole Location: 1,690' FSL & 2,230' FEL and Bottom Hole Location: 1,690' FSL & 2,230' FEL of Section 27, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,570' - 5,030'

EVGBSAU 3202-W512 - Surface Hole Location: 1,587' FNL & 186' FEL and Bottom Hole Location: 1,587' FNL & 186' FEL of Section 32, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,557' - 5,058'

EVGBSAU 3202-W513 - Surface Hole Location: 2,455' FNL & 442' FEL and Bottom Hole Location: 2,332' FNL & 1,054' FEL of Section 32, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,555' - 5,041'

EVGBSAU 3308-W511 - Surface Hole Location: 1,073' FNL & 418' FWL and Bottom Hole Location: 1,073' FNL & 418' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,585' - 5,039'

EVGBSAU 3328-W520 - Surface Hole Location: 471' FSL & 1,759' FWL and Bottom Hole Location: 471' FSL & 1,759' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,634' - 5,140'

EVGBSAU 3345-W521 - Surface Hole Location: 991' FSL & 2,290' FWL and Bottom Hole Location: 991' FSL & 2,290' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,633' - 5,120'

EVGBSAU 3374-W516 - Surface Hole Location: 2,321' FSL & 940' FWL and Bottom Hole Location: 2,321' FSL & 940' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,560' - 5,047'

EVGBSAU 3374-W517 - Surface Hole Location: 1,815' FSL & 405' FWL and Bottom Hole Location: 1,660' FSL & 300' FWL of Section 33, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,578' - 5,022'

EVGBSAU 2721-W527 - Surface Hole Location: 1,168' FSL & 2,141' FWL and Bottom Hole Location: 1,015' FSL & 2,250' FWL of Section 27, Township 17 South, Range 35 East, Lea County, NM; Injection Interval: 4,580' - 5,040'

Formation Name and Depth of Top of Formation: Grayburg formation where the top of the formation can be found at a depth between 4,030' and 4,059' and the San Andres formation where the top of the formation can be found at a depth between 4,348' and 4,470'.

Maximum Injection Pressure and Rate: The maximum injection pressure of 1,800 psi (CO2) and 1,350 psi (H2O) and maximum injection rate of 2,500 MCFD (CO2) and 3,500 BWPD (H2O).

NOTICE IS FURTHER GIVEN THAT interested parties may file objections or request for hearing with the Oil Conservation Division within fifteen (15) days after publication of this Notice. Objections should be mailed to 1220 South St. Francis Dr. Santa Fe, New Mexico 87505.

#29325

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Stovall Energy LTD
Attn: Norman D. Stovall, Jr
PO Box 10
Graham, TX 76046

2. Article Number **7014 1200 0000 7813 5120**
(Transfer from service label)
PS Form **3811**, February 2004 Domestic Return Receipt
102595-02-M-1540

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

A. Signature Agent Addressee
Lila Clarke
B. Received by (Printed Name) *LILA CLARKE* C. Date of Delivery *8/29/14*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

ZPZ Delaware I LLC
Attn: Michelle Hanson
303 Veterans Airpark Lane, Suite 3000
Midland, TX 79705-4561

2. Article Number **7014 1200 0000 7813 5106**
(Transfer from service label)
PS Form **3811**, February 2004 Domestic Return Receipt
102595-02-M-1540

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

A. Signature Agent Addressee
Stephanie Perez
B. Received by (Printed Name) *Stephanie Perez* C. Date of Delivery *8/28*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Mary D. Fleming Walsh
Attn: Gary F. Goble
500 West Seventh St., Suite 1007
Fort Worth, TX 76102

2. Article Number **7014 1200 0000 7813 5113**
(Transfer from service label)
PS Form **3811**, February 2004 Domestic Return Receipt
102595-02-M-1540

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

A. Signature Agent Addressee
Mary D. Fleming Walsh
B. Received by (Printed Name) *Mary D. Fleming Walsh* C. Date of Delivery *8/28*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

Boyd Laughlin Management Trust
Nicholas C. Taylor Succ. Trustee
214 W. Texas Ave.
Midland, TX 79701-4600

2. Article Number **7014 1200 0000 7813 5137**
(Transfer from service label)
PS Form **3811**, February 2004 Domestic Return Receipt
102595-02-M-1540

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

A. Signature Agent Addressee
Stephanie Perez
B. Received by (Printed Name) *Stephanie Perez* C. Date of Delivery *8/28*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OBO, Inc.
 % Lowell S. Dunn II
 PO Box 22577
 Hialeah, FL 33002-2577

2. Article Number **7014 1200 0000 7813 5151**
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Michelle Mann* Agent Addressee
 B. Received by (Printed Name) *Michelle Mann* C. Date of Delivery *2/2/04*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Martha Leonard Revocable Trust
 Bank One Texas, NA, Trustee
 PO Box 2605
 Fort Worth, TX 76113

2. Article Number **7014 1200 0000 7813 5373**
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Robert Boyle* Agent Addressee
 B. Received by (Printed Name) *ROBERT BOYLE* C. Date of Delivery *2/2/04*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John R. Bryant
 % John Thomas Bryant POA
 PO Box 655
 Addison, TX 75001

2. Article Number **7014 1200 0000 7813 5168**
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Michelle Mann* Agent Addressee
 B. Received by (Printed Name) *Michelle Mann* C. Date of Delivery *2/2/04*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marathon Oil Company
 ATTN: Permian OBO
 PO Box 3128
 Mail Stop 35:01
 Houston, TX 77253-3128

2. Article Number **7014 1200 0000 7813 5144**
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *James Felder* Agent Addressee
 B. Received by (Printed Name) *JAMES FELDER* C. Date of Delivery *2/2/04*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Magnum Hunter Production, Inc.
 % Cimarex Energy Co.
 ATTN: Manager - Outside Operated
 202 S. Cheyenne Ave., Suite 1000
 Tulsa, OK 74103

2. Article Number **7014 1200 0000 7813 5199**
 (Transfer from service label)
 PS Form **3811**, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Justin Wallace** Agent Addressee
 B. Received by (Printed Name) **JUSTIN WALLACE** C. Date of Delivery **8/28/04**

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

87814

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

McRae Management Trust
 PO Box 5401
 Midland, TX 79704

Article Number **7014 1200 0000 7813 5175**
 (Transfer from service label)
 PS Form **3811**, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Ferril Wiger** Agent Addressee
 B. Received by (Printed Name) **Ferril Wiger** C. Date of Delivery **9/8/04**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

XTO Energy
 Attn: Steve Cobb
 810 Houston Street
 Fort Worth, TX 76102

2. Article Number **7014 1200 0000 7813 5212**
 (Transfer from service label)
 PS Form **3811**, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Steve Cobb** Agent Addressee
 B. Received by (Printed Name) **Steve Cobb** C. Date of Delivery **AUG 28 2004**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Mary Leonard Children's Trust
 Bank One Texas, NA, Trustee
 PO box 2605
 Fort Worth, TX 76113

Article Number **7014 1200 0000 7813 5182**
 (Transfer from service label)
 PS Form **3811**, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Robert** Agent Addressee
 B. Received by (Printed Name) **Robert** C. Date of Delivery **9/2/04**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Development Oil & Gas LLC
 ATTN: Frances M Gray
 PO Box 55809
 Jackson, MS 39296-5809

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Frances M Gray* Agent Addressee

B. Received by (Printed Name) *A. Toombs* C. Date of Delivery *8/29/14*

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Miranda Leonard Revocable Trust
 Bank One Texas, NA, Trustee
 PO Box 2605
 Fort Worth, TX 76113-2605

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Robert Boyd* Agent Addressee

B. Received by (Printed Name) *Robert Boyd* C. Date of Delivery *8/28*

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number **7014 1200 0000 7813 5243**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Frost National Bank FAO
 % Bright Hawk Resources, Inc.
 PO Box 79790
 Houston, TX 77279-9790

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Susan Little* Agent Addressee

B. Received by (Printed Name) *Susan Little* C. Date of Delivery *8/28*

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

C.W. Seely
 815 W. 10th Street
 Fort Worth, TX 76102

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number **7014 1200 0000 7813 5229**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Frost National Bank FAO
 % Bright Hawk Resources, Inc.
 PO Box 79790
 Houston, TX 77279-9790

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Robert Boyd* Agent Addressee

B. Received by (Printed Name) *Robert Boyd* C. Date of Delivery *9-4-2014*

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

C.W. Seely
 815 W. 10th Street
 Fort Worth, TX 76102

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number **7014 1200 0000 7813 5250**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

C.W. Seely
 815 W. 10th Street
 Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Robert Boyd* Agent Addressee

B. Received by (Printed Name) *Robert Boyd* C. Date of Delivery *9-4-2014*

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

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

C.W. Seely
 815 W. 10th Street
 Fort Worth, TX 76102

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Josephine Laughlin Living Trust
 Josephine Laughlin, Trustee
 13505 McCall Court, N.E.
 Albuquerque, N.M. 87123-1468

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

7014 1200 0000 7813 5359

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name)
 Steve McCallin 8/30/14
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Davoil, Inc.
 PO Box 122269
 Fort Worth, TX 76121-2269

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

7014 1200 0000 7813 5267

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name)
 Ron Caffrey 8-29-14
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patricia Penrose Schieffer Test. Tr.
 Bank of America, N.A., Agent
 P.O. Box 2546
 Fort Worth, TX 76113-2546

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

7014 1200 0000 7813 5342

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name)
 Patricia Schieffer 8/28/14
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Madelon L. Bradshaw
 2120 Ridgmar Blvd., Suite 12
 Fort Worth, TX 76116

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

7014 1200 0000 7813 5274

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name)
 Madelon L. Bradshaw 8/28/14
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Belva Little
 PO Box 279
 Cross Plains, TX 76443

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Belva Little Addressee

B. Received by (Printed Name) Date of Delivery
 8/28/14

C. Date of Delivery 8/28/14

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

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7014 1200 0000 7813 5311

(Transfer from service label)
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

S.B. Street & Company
 PO Box 206
 Graham, TX 76046

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
ST Bryant Addressee

B. Received by (Printed Name) Date of Delivery
 ST Bryant 8/29/14

C. Date of Delivery 8/29/14

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

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7014 1200 0000 7813 5335

(Transfer from service label)
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Great Western Drilling Co.
 Attn: Donald Knipe
 PO Box 1659
 Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
W Cooper Addressee

B. Received by (Printed Name) Date of Delivery
 W Cooper 8/28/14

C. Date of Delivery 8/28/14

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

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7014 1200 0000 7813 5304

(Transfer from service label)
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Larry O. Husley
 220 Oak Street
 PO box 1143
 Graham, TX 76450

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Larry O. Husley Addressee

B. Received by (Printed Name) Date of Delivery
 Larry O. Husley 8/29/14

C. Date of Delivery 8/29/14

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

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7014 1200 0000 7813 5328

(Transfer from service label)
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rachel Kathleen Williams
 2901 FM 205
 Stephenville, TX 76401

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Rachel Williams* Agent Addressee
 B. Received by (Printed Name) *RACHEL WILLIAMS* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number

7014 1200 0000 7813 5281

(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AYCO Energy, LLC
 2909 Hillcroft Ave., Suite 103
 Houston, TX 77057

2. Article Number

7014 1200 0000 7813 5366

(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *J. Williams* Agent Addressee
 B. Received by (Printed Name) *J. WILLIAMS* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nancy Payne Stacks
 1514 W. Pine
 Midland, TX 79705

2. Article Number

7014 1200 0000 7813 5298

(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Nancy Payne* Agent Addressee
 B. Received by (Printed Name) *NANCY PAYNE STACKS* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

*Setelgate Production
 did not return card
 and package did not
 come back.*

*Simon
 -maunier*

We will re-send.

ConocoPhillips
MCBU Environmental - Regulatory Dept
600 N. Dairy Ashford
Houston TX 77079

ConocoPhillips



7002 3150 0001 5931 1776



UNCLAIMED

Bright Hawk Burkard Venture 0.00
c/o FROST NATIONAL BANK
P.O. Box 79790
Houston, TX 77279-9790

*Stream
Mander
P 1003 3096*

Dep 3061

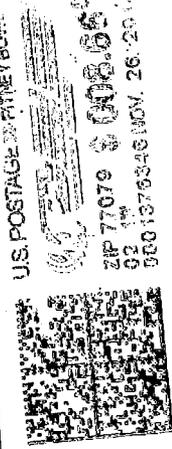
1/21

onocoPhillips
ICBU Environmental - Regulatory Dept
30 N. Dairy Ashford
Houston TX 77079

ConocoPhillips



7002 3150 0001 5931 1721



*Drop
3061*

4/a

12-1



The Josephine Laughlin Living Trust
Josephine Laughlin, Trustee
13505 McCall Court, N.E.
Albuquerque, NM 87123-1468

NIXIE

871233032-1N

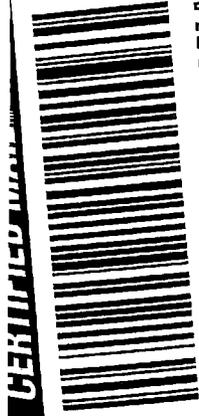
12/20/14

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER



12-20-14

Phillips Company
Environmental - Regulatory Dept
Dairy Ashford
TX 77079



7002 3150 0001 5931 1316

Mary Leonard Children's Trust
J.P. Morgan Chase Bank, N.A.
Oil & Gas Management
Mail Code TX1-1315
420 Throckmorton, Ste 900
Ft. Worth TX 76102

Note: This was re-sent 1/22/15.
SBM

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

State of New Mexico
 Oil Conservation Division
 1624 N. French Drive
 Hobbs, NM 88240

2. Article Number
 (Transfer from service label)

7012 3460 0003 2134 4084

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *8-1-14*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ZPZ Delaware LLC
 Attn: Michelle Hanson
 303 Veterans Airpark Lane, Suite 3000
 Midland, TX 79705-4561

2. Article Number
 (Transfer from service label)

7012 3460 0003 2134 4145

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2022-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *12/11/14*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

State of New Mexico
 Oil Conservation Division
 1220 South Saint Francis Drive
 Santa Fe, New Mexico 87505

2. Article Number
 (Transfer from service label)

7012 3460 0003 2134 4077

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *DEC 01 2014*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary D. Fleming Walsh
 Attn: Gary F. Goble
 500 West Seventh St., Suite 1007
 Fort Worth, TX 76102

2. Article Number
 (Transfer from service label)

7012 3460 0003 2134 4121

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *12/1*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Stovall Energy LTD
 Attn: Norman D. Stovall, Jr.
 P. O. Box 10
 Graham, TX 76046

2. Article Number

7012 3460 0003 2134 4114

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt EUGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Norman D. Stovall Agent
 Addressee
- B. Received by (Printed Name)
Norman D. Stovall
- C. Date of Delivery
11/28/14
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Martha Leonard Revocable Trust
 IP Morgan Chase Bank, N.A.
 Jil & Gas Management
 Mail Code TX1-1315
 420 Throckmorton, Suite 900
 Fort Worth, TX 76102

2. Article Number

7012 3460 0003 2134 4091

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt EUGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 James C. Taylor Agent
 Addressee
- B. Received by (Printed Name)
James C. Taylor
- C. Date of Delivery
11-28-14
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Boyd Laughlin Management Trust
 Nicholas C. Taylor Succ. Trustee
 214 W. Texas Ave.
 Midland, TX 79701-4600

2. Article Number

7012 3460 0003 2134 4107

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt EUGSAU-2622-002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marathon Oil Company
 ATTN: Permian OBO
 P.O. BOX 3128
 Mail Stop 35:01
 Houston, TX 77253-3128

2. Article Number

7012 3460 0003 2134 4541

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt EUGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 James C. Taylor Agent
 Addressee
- B. Received by (Printed Name)
James C. Taylor
- C. Date of Delivery
11-28-14
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OBO, Inc.
 c/o Lowell S. Dunn II
 P. O. Box 22577
 Hialeah, FL 33002-2577

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Michelle R. S. Addressee
- B. Received by (Printed Name) Date of Delivery
MICHELLE R. S.
- C. Date of Delivery
 Yes
 No

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) 7012 3460 0003 2134 4527

Domestic Return Receipt EVGSAU-2622-002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

McRae Management Trust
 P. O. Box 5401
 Midland, TX 79704

2. Article Number (Transfer from service label) 7012 3460 0003 2134 4510

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Kati Korner Addressee
- B. Received by (Printed Name) Date of Delivery
KATI KORNER 12/9/14
- C. Date of Delivery
 Yes
 No

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John R. Bryant
 c/o John Thomas Bryant POA
 PO Box 655
 Addison, TX 75001

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Vukle Mann Addressee
- B. Received by (Printed Name) Date of Delivery
Vickie Mann 12/1/14
- C. Date of Delivery
 Yes
 No

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) 7012 3460 0003 2134 4534

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Magnum Hunter Production, Inc.
 c/o Cimarex Energy Co.
 Attn: Manager - Outside Operated
 202 S. Cheyenne Ave., Suite 1000
 Tulsa, OK 74103

2. Article Number (Transfer from service label) 7002 3150 0001 5931 0939

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Michelle W. Mann Addressee
- B. Received by (Printed Name) Date of Delivery
Michelle W. Mann 12/1/14
- C. Date of Delivery
 Yes
 No

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Beteiguse Production
Box 1937
Fredericksburg, TX 78624

2. Article Number
(Transfer from service label)
7002 3150 0001 5931 0922

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2022-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
XL [Signature] Addressee

B. Received by (Printed Name) Date of Delivery
FREDERICKSBURG Yes No

C. Date of Delivery Yes No

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

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

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

C. W. Seely
815 W. 10th Street
Fort Worth, TX 76102

2. Article Number
(Transfer from service label)
7002 3150 0001 5931 1752

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2022-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Susan Little Addressee

B. Received by (Printed Name) Date of Delivery
Susan Little Yes No

C. Date of Delivery Yes No

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

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

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Development Oil & Gas LLC
Attn: Frances M Gray
PO Box 55809
Jackson, MS 39296-5809

2. Article Number
(Transfer from service label)
7002 3150 0001 5931 1769

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2022-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Withers Addressee

B. Received by (Printed Name) Date of Delivery
WITHERS Yes No

C. Date of Delivery Yes No

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

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

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Davoil, Inc.
P. O. Box 122269
Fort Worth, TX 76121-2269

2. Article Number
(Transfer from service label)
7002 3150 0001 5931 1745

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2022-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X [Signature] Addressee

B. Received by (Printed Name) Date of Delivery
[Signature] Yes No

C. Date of Delivery Yes No

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

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

4. Restricted Delivery? (Extra Fee) Yes No



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Madelon L. Bradshaw
2120 Ridgmar Blvd., Suite 12
Fort Worth, TX 76116

2. Article Number

7002 3150 0001 5931 1738

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt **EUGSAU-2022-002**

COMPLETE THIS SECTION ON DELIVERY

- Agent
- Addressee

B. Received by (Printed Name)

Terri Littlefield

C. Date of Delivery

12/11/14

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

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

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

S. B. Street & Company
P. O. Box 206
Graham, TX 76046

2. Article Number

7002 3150 0001 5931 1707

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt **EUGSAU-2022-002**

COMPLETE THIS SECTION ON DELIVERY

- Agent
- Addressee

B. Received by (Printed Name)

M. Bryant

C. Date of Delivery

12/2/14

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

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

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Patricia Penrose Schieffer Test. Tr.
Bank of America, N.A., Agent
P. O. Box 2546
Fort Worth, TX 76113-2546

2. Article Number

7002 3150 0001 5931 1714

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt **EUGSAU-2022-002**

COMPLETE THIS SECTION ON DELIVERY

- Agent
- Addressee

B. Received by (Printed Name)

P. Penrose Schieffer

C. Date of Delivery

12/11/14

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

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

4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Larry O. Hulsey
220 Oak Street
P. O. Box 1143
Graham, TX 76450

2. Article Number

7002 3150 0001 5931 1691

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt **EUGSAU-2022-002**

COMPLETE THIS SECTION ON DELIVERY

- Agent
- Addressee

B. Received by (Printed Name)

L. Hulsey

C. Date of Delivery

11/28/11

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

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

4. Restricted Delivery? (Extra Fee) Yes No

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 11/28/14

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

1. Article Addressed to:
AYCO Energy, L.L.C.
2909 Hillcroft Ave., Suite 103
Houston, Texas 77057

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7002 3150 0001 5931 1660
(Transfer from service label)
Domestic Return Receipt EVGSAU-2622-002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
AYCO Energy, L.L.C.
2909 Hillcroft Ave., Suite 103
Houston, Texas 77057

2. Article Number 7002 3150 0001 5931 1660
(Transfer from service label)
PS Form 3811, July 2013
Domestic Return Receipt EVGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) B. Little C. Date of Delivery 11/28/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7002 3150 0001 5931 1664
(Transfer from service label)
Domestic Return Receipt EVGSAU-2622-002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Belva Little
P.O. Box 279
Cross Plains, TX 76443

2. Article Number 7002 3150 0001 5931 1664
(Transfer from service label)
PS Form 3811, July 2013
Domestic Return Receipt EVGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 12-8-14

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

1. Article Addressed to:
Vancy Payne Stacks
1614 W Pine
Midland, TX 79705

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7002 3150 0001 5931 1653
(Transfer from service label)
Domestic Return Receipt EVGSAU-2622-002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Vancy Payne Stacks
1614 W Pine
Midland, TX 79705

2. Article Number 7002 3150 0001 5931 1653
(Transfer from service label)
PS Form 3811, July 2013
Domestic Return Receipt EVGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 12-8-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7002 3150 0001 5931 1677
(Transfer from service label)
Domestic Return Receipt EVGSAU-2622-002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Great Western Drilling Co.
Attn: Donald Knipe
P.O. Box 1659
Midland, TX 79701

2. Article Number 7002 3150 0001 5931 1677
(Transfer from service label)
PS Form 3811, July 2013
Domestic Return Receipt EVGSAU-2622-002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rachel Kathleen Williams
 2797 E. Washington ST.
 Stephenville, TX 76401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Rachel Williams

C. Date of Delivery
 [Blank]

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

7002 3150 0001 5931 1646

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-022

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Leopold P Bustamante
 DBA Bustamante Oil Company
 P.O. Box 50394
 Midland TX 79710-0394

2. Article Number

7002 3150 0001 5931 0977

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-022

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 [Blank]

C. Date of Delivery
 [Blank]

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

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Miranda Leonard Revocable Trust
 JPMorgan Chase Bank, N.A.
 Oil & Gas Management
 Mail Code TX1-1315
 420 Throckmorton, Suite 900
 Fort Worth TX 76107

2. Article Number

7012 3460 0003 2134 4558

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Cynthia Allen

C. Date of Delivery
 12-14-13

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

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Three Forks Resources, LLC
 1515 Wazee, Suite 350
 Denver, CO 80202

2. Article Number

7002 3150 0001 5931 0946

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt EVGSAU-2622-022

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Irene Trajillo

C. Date of Delivery
 [Blank]

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

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

V-F Petroleum, Inc
 P.O. Box 1889
 midland TX 79702

2. Article Number

(Transfer from service label)

7002 3150 0001 5931 0953

PS Form 3811, July 2013

Domestic Return Receipt EV6SAU-2622-022

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
Candice Clement
- B. Received by (Printed Name) Date of Delivery
ANITA SMAY 12-27-14
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oxy USA WTP L+D Partnership
 6000
 Desta Drive, Ste 6000
 midland TX 79701

2. Article Number

(Transfer from service label)

7002 3150 0001 5931 0960

PS Form 3811, July 2013

Domestic Return Receipt EV6SAU-2622-022

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
Shirley M. Smith
- B. Received by (Printed Name) Date of Delivery
Shirley M. Smith
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes



ConocoPhillips Company
600 North Dairy Ashford, P10-3096
Houston, TX 77079-1175

January 6, 2015

VIA CERTIFIED RETURN RECEIPT

Nick Jaramillo
New Mexico State Land Office
P.O. Box 1148
Santa Fe, New Mexico 87504

SUBJECT: APPLICATION FOR AUTHORIZATION TO INJECT INTO EAST VACUUM
GRAYBURG SAN ANDRES UNIT WELL 2622-002 (API 30-025-26573)

Dear Mr. Jaramillo:

ConocoPhillips Company is seeking administrative approval from the New Mexico Oil Conservation Division (NMOCD) to inject produced water into an additional, existing well in the East Vacuum Grayburg San Andres Unit, in the unitized formations (Grayburg and San Andres formations). You are receiving this package because you have been identified as the surface owner. This letter is a notice only. No action is needed unless you have questions or objections.

The well is located in Section 26, Township 17S, Range 35E, Lea County, NM at 1430' FNL and 1330' FEL.

Application for authorization to inject has been filed with the NMOCD. If you have an objection, or wish to request a hearing, then it must be filed with the NMOCD within 15 days of receipt of this letter. The State of New Mexico, Oil Conservation Division, Engineering Bureau (1220 South St. Francis Drive, Santa Fe, NM 87505) can make a decision on our application after 15 days, if no objection is received. Their phone number is (505) 476-3440.

If you have any questions regarding the enclosed application, I can be reached at the address above, phone number (281) 206-5281, or email Susan.B.Maunders@conocophillips.com.

Sincerely,

Susan B. Maunders
Senior Regulatory Specialist

Enclosures

Note: re-sent 1/22/15 w/pkg

Jones, William V, EMNRD

From: Jones, William V, EMNRD
Sent: Friday, December 26, 2014 4:42 PM
To: 'susan.b.maunder@conocophillips.com'
Cc: Goetze, Phillip, EMNRD; Sanchez, Daniel J., EMNRD
Subject: ConocoPhillips Company (217817) application for PMX (Water only) for the East Vacuum Grayburg San Andres Unit Lea County Well: 30-025-26573

Hello Susan,

I just reviewed your application for an additional injection well and have a few questions as to "notice".

- a. Would you let me know who owns the surface at this well location? And if they were notified and when.
- b. Would you please ask your Land Manager to send a detailed map of the injection well and surrounding areas – showing outlines of all separately owned tracts of the Grayburg San Andres within ½ mile of this proposed injection well - and show which entities own or control each of these separately identified tracts.
From your supplied map, it seems the four separately owned tracts within the Grayburg San Andres formations would be:
The EVGSAU - ConocoPhillips Company as operator;
NWSW of Section 25 (who is the owner(s)?)
SWSE of Section 23; (who is the owner(s)?)
SESE of Section 23(who is the owner(s)?) and were these notified?
- c. Send copies of the certified mailers you sent out.

I have the order R-5897-A controlling packer setting depths for all injection wells on this project.

And the previous permits were issued with maximum tubing pressure under water injection of 1350 psi – as you are asking here.

Let me know if you disagree with these two issues.

Happy Holidays,

Will

EMNRD/OCD District IV Supervisor William V. Jones PE
505.476.3477 Work (505.476.3462 Fax)
505.419.1995 Cell

(Alt. Leonard Lowe 505.476.3492W 505.930.6717Cell)
WilliamV.Jones@state.nm.us <http://www.emnrd.state.nm.us/OCD/about.html>

Jones, William V, EMNRD

From: Jones, William V, EMNRD
Sent: Friday, January 23, 2015 11:49 AM
To: 'Maunder, Susan B'
Cc: Goetze, Phillip, EMNRD; Sanchez, Daniel J., EMNRD
Subject: RE: ConocoPhillips Company (217817) application for PMX (Water only) for the East Vacuum Grayburg San Andres Unit Lea County Well: 30-025-26573

Hi Susan,

I see one party that is listed by Mr. Scarborough as an affected party, but not in the notice list:
WTP Limited Partnership – SESE of Sec 23.

If you have sent them a mailer, let me know and when?

If you still need to notice them, you could ask for a waiver from them or else we must wait another 15 days.

Thank You,

Will

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Leonard Children's Trust
1 Morgan Chase Bank, N.A.
Oil & Gas Management
mail Code TX1-1315
420 Thrackmorton, Ste 900
Ft. Worth TX 76102

2. Article Number
(Transfer from service label)

7002 3150 0001 5931 1318

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Handwritten Signature] Addressee

B. Received by (Printed Name)

C. Date of Delivery
1/26

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

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt EVGSAU-2622-002



C-108 Review Checklist: Received _____ Add. Request: _____ Reply Date: _____ Suspended: _____ [Ver 14]

PERMIT TYPE: WFX (PMX) / SWD Number: 274 Permit Date: 2/15/14 Legacy Permits/Orders: R-5897/10017

Well No. _____ Well Name(s): EVE SAN TRACT 2622 WELL # 202

API: 30-0 25-26573 Spud Date: _____ New or Old: _____ (UIC Class II Primacy 03/07/1982)

Footages 1430 ENL / 1330 FEL Lot _____ or Unit G Sec 26 Tsp 17S Rge 35E County LEA

General Location: _____ Pool: VACUUM G-SA Pool No.: 62180

BLM 100K Map: _____ Operator: CONOCO PHILLIPS CO. OGRID: 21817 Contact: SUSAN MAUNDER

COMPLIANCE RULE 5.9: Total Wells: 457 Inactive: 1 Fincl Assur: OK Compl. Order? _____ IS 5.9 OK? yes Date: 12/26/14

WELL FILE REVIEWED Current Status: Producer

WELL DIAGRAMS: NEW: Proposed or RE-ENTER: Before Conv. After Conv. Logs in Imaging: yes

Planned Rehab Work to Well: PRF ADDL. LOWER HOLES (Rvu TBG) injected water (NOT CO2)

Well Construction Details	Sizes (in) Borehole / Pipe	Setting Depths (ft)	Cement Sx or Cf	Cement Top and Determination Method
Planned ___ or Existing ___ Surface	<u>11 - 8 5/8</u>		<u>675 SX</u>	<u>Surf</u>
Planned ___ or Existing ___ Interm/Prod				
Planned ___ or Existing ___ Interm/Prod	<u>7 7/8 - 5 1/2</u>		<u>1345 SX</u>	<u>Surf.</u>
Planned ___ or Existing ___ Prod/Liner				
Planned ___ or Existing ___ Liner				
Planned ___ or Existing ___ OH / PERF				

Injection Lithostratigraphic Units:	Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details:
Adjacent Unit: Litho. Struc. Por.				Drilled TD _____ PBSD _____
Confining Unit: Litho. Struc. Por.				NEW TD _____ NEW PBSD _____
Proposed Inj Interval TOP:	<u>4,150' (4,459)</u>	<u>GBG</u>		NEW Open Hole <input type="checkbox"/> or NEW Perfs <input type="checkbox"/>
Proposed Inj Interval BOTTOM:	<u>5,150' (4,646)</u>	<u>SX</u>		Tubing Size <u>2 7/8</u> in. Inter Coated? <input checked="" type="checkbox"/>
Confining Unit: Litho. Struc. Por.				Proposed Packer Depth <u>4,438'</u> ft
Adjacent Unit: Litho. Struc. Por.				Min. Packer Depth _____ (100-ft limit)

AOR: Hydrologic and Geologic Information

POTASH: R-1 P Noticed? _____ BLM Sec Ord WFP Noticed? _____ SALT/SALADO T 1790 B: 2630 CLIFF HOUSE

FRESH WATER: Aquifer _____ Max Depth 140' HYDRO AFFIRM STATEMENT By Qualified Person

NMOSE Basin: _____ CAPITAN REEF: thru adj NA No. Wells within 1-Mile Radius? 8 FW Analysis

Disposal Fluid: Formation Source(s) Produced Water Analysis? _____ On Lease Operator Only or Commercial

Disposal Int: Inject Rate (Avg/Max BWPD): 3000 BWPD Protectable Waters? NO Source: _____ System: Closed or Open

HC Potential: Producing Interval? yes Formerly Producing? yes Method: Logs/DST/P&A/Other _____ 2-Mile Radius Pool Map

AOR Wells: 1/2-M Radius Map? Well List? Total No. Wells Penetrating Interval: 37 Horizontals? _____

Penetrating Wells: No. Active Wells 18 Num Repairs? 0 on which well(s)? _____ Diagrams? _____

Penetrating Wells: No. P&A Wells 19 Num Repairs? 0 on which well(s)? _____ Diagrams?

NOTICE: Newspaper Date 10/26/14 Mineral Owner _____ Surface Owner _____ N. Date _____

RULE 26.7(A): Identified Tracts? 110 Affected Persons: (Send COPY of Receipts) N. Date _____

Permit Conditions: use PKR Safety Dept per R-5897-A ;

Add Permit Cond: (NO CO2)