

Application

Part *II*

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MAGNUM HUNTER PRODUCTION INC
600 EAST LAS COLINAS BLVD, STE 1100
IRVING TX 75039

1927 WALKER SWD #1



9590 9402 4693 8323 9923 30

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1176

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total Po

\$

Sent To

Street or

City, Sta

MAGNUM HUNTER PRODUCTION INC
600 EAST LAS COLINAS BLVD, STE 1100
IRVING TX 75039

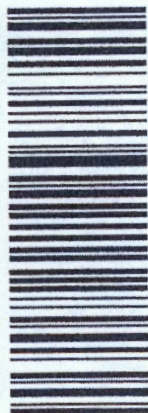
1927 WALKER SWD #1

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

See Reverse for Instructions

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

CERTIFIED MAIL®



7018 1130 0001 5497 1176
 7018 1130 0001 5497 1176

Postmark
 Here

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">OXY Y-1 COMPANY PO BOX 27570 HOUSTON TX 77227-7570</p> <p style="text-align: center;">1927 WALKER SWD #1</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 1130 0001 5497 1183</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
<p>For delivery information, visit our website at www.usps.com®.</p> <p style="text-align: center;">OFFICIAL USE</p>	
<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	<p>Postmark Here</p>
<p>Postage \$ _____</p> <p>Total Price \$ _____</p> <p>Sent To _____</p> <p>Street & _____</p> <p>City, St _____</p>	<p style="text-align: center;">OXY Y-1 COMPANY PO BOX 27570 HOUSTON TX 77227-7570</p> <p style="text-align: center;">1927 WALKER SWD #1</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

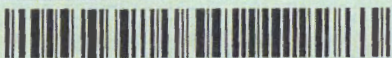
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**PARROT HEAD PROPERTIES LLC
PO BOX 429
ROSWELL NM 88202**

1927 WALKER SWD #1



9590 9402 4693 8323 9923 16

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1190

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total Pos

\$

Sent To

Street and

City, State

**PARROT HEAD PROPERTIES LLC
PO BOX 429
ROSWELL NM 88202**

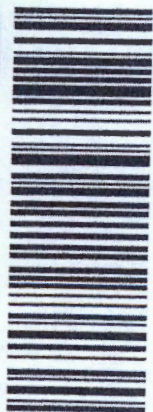
1927 WALKER SWD #1

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

See Reverse for Instructions

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

CERTIFIED MAIL®



7018 1130 0001 5497 1190
7018 1130 0001 5497 1190

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**PHOENIX FOUR LLC
4455 CAMP BOWIE BLVD STE 114-PMB 98
FT WORTH TX 76107**

1927 WALKER SWD #1



9590 9402 4693 8323 9923 09

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1206

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

Street

City, State

Zip

Country

Postmark Here

PHOENIX FOUR LLC

**4455 CAMP BOWIE BLVD STE 114-PMB 98
FT WORTH TX 76107**

1927 WALKER SWD #1

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

See Reverse for Instructions

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

CERTIFIED MAIL®



7018 1130 0001 5497 1206
7018 1130 0001 5497 1206

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**PROSPECTOR LLC
PO BOX 429
ROSWELL NM 88202**

1927 WALKER SWD #1



9590 9402 4693 8323 9922 93

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1213

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postmark
Here

Postage

\$

Total Postage

\$

Sent To

Street and

City, State

**PROSPECTOR LLC
PO BOX 429
ROSWELL NM 88202**

1927 WALKER SWD #1

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

See Reverse for Instructions

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

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7018 1130 0001 5497 1213
7018 1130 0001 5497 1213

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**SCRATCH PROPERTIES LLC
PO BOX 1287
ARTESIA NM 88211

1927 WALKER SWD #1**



9590 9402 4694 8323 0118 56

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1220

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total P

\$

Sent To

Street a

City, Sta

SCRATCH PROPERTIES LLC

PO BOX 1287

ARTESIA NM 88211

1927 WALKER SWD #1

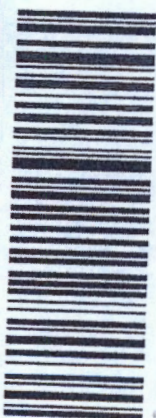
Postmark
Here

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


See Reverse for Instructions

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

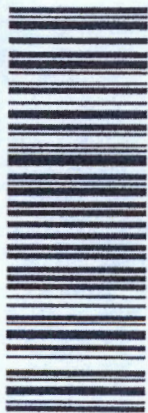
CERTIFIED MAIL®



**7018 1130 0001 5497 1220
7018 1130 0001 5497 1220**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">SOUTHWESTERN ENERGY PRODUCTION CO 2350 N SAM HOUSTON HOUSTON TX 77032</p> <p style="text-align: center;">1927 WALKER SWD #1</p> <div style="text-align: center;">  9590 9402 4694 8323 0118 49 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 1130 0001 5497 1237</p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt </div>																	

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



7018 1130 0001 5497 1237

7018 1130 0001 5497 1237

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OFFICIAL USE

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

2350 N SAM HOUSTON

HOUSTON TX 77032

1927 WALKER SWD #1

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**TULAROSA MINERAL COMPANY
PO BOX 471349
FT WORTH TX 76147**

1927 WALKER SWD #1



9590 9402 4694 8323 0118 32

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1244

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

CERTIFIED MAIL®



7018 1130 0001 5497 1244
7018 1130 0001 5497 1244

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total

\$

Sent

Street

City

State

Zip

**TULAROSA MINERAL COMPANY
PO BOX 471349
FT WORTH TX 76147**

1927 WALKER SWD #1

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

See Reverse for Instructions

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

VANGUARD OPERATING LLC
5847 SAN FELIPE ST STE 3000
HOUSTON TX 77057-3399

1927 WALKER SWD #1



9590 9402 4694 8323 0118 25

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1251

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postmark
Here

Postage

\$

Total Postage

\$

Sent To

Street or

City, State

VANGUARD OPERATING LLC
5847 SAN FELIPE ST STE 3000
HOUSTON TX 77057-3399

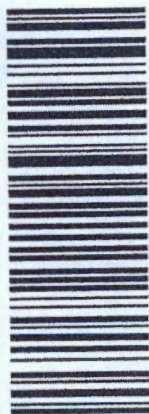
1927 WALKER SWD #1

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

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

CERTIFIED MAIL®



7018 1130 0001 5497 1251

7018 1130 0001 5497 1251

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**WHITE CITY RESORT NM LLC
1501 MOUNTAIN SHADOW
CARLSBAD NM 88220**

1927 WALKER SWD #1



9590 9402 4694 8323 0118 18

2. Article Number (Transfer from service label)

7018 1130 0001 5497 1268

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

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☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

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Street

City, S

**WHITE CITY RESORT NM LLC
1501 MOUNTAIN SHADOW
CARLSBAD NM 88220**

1927 WALKER SWD #1

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

See Reverse for instructions

LONQUIST & CO. LLC

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WICHITA
CALGARY

www.lonquist.com

April 10, 2019

OIL CONSERVATION DIVISION DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210

Subject: Walker SWD No. 1 Authorization to Inject

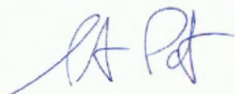
To Whom It May Concern:

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Any questions should be directed towards Solaris Water Midstream LLC's agent, Lonquist & Co., LLC.

Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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April 10, 2019

OIL CONSERVATION DIVISION DISTRICT IV
1220 S ST FRANCIS DR, SANTA FE, NM 87505

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's Walker SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

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Regards,



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Regulatory Manager
Lonquist & Co., LLC

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steve@lonquist.com

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April 10, 2019

David R. and Eva Laverne Maley
P.O. Box 519, Carlsbad, NM 88221-0519

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

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April 10, 2019

John & Susan Scott
1830 N Canal, Carlsbad, NM 88220

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regulatory Manager
Lonquist & Co., LLC

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steve@lonquist.com

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April 10, 2019

Alan David Gregory
1830 N Canal, Carlsbad, NM 88220

Subject: Walker SWD No. 1 Authorization to Inject

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Regards,



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steve@lonquist.com

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ADVISORS

WICHITA
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April 10, 2019

David & Lavern (JT) Maley
P.O. Box 519, Carlsbad, NM 88221-0519

Subject: Walker SWD No. 1 Authorization to Inject

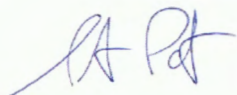
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steve@lonquist.com

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April 10, 2019

Bureau of Land Management
620 E Greene Street Carlsbad, NM 88220

Subject: Walker SWD No. 1 Authorization to Inject

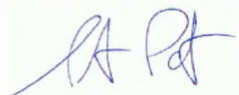
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Regards,



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Regulatory Manager
Lonquist & Co., LLC

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April 10, 2019

New Mexico State Land Office
310 Old Sante Fe Trail Sante Fe, NM 87501

Subject: Walker SWD No. 1 Authorization to Inject

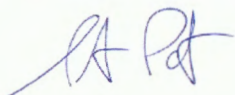
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steve@lonquist.com

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April 10, 2019

Chevron USA Inc.
6301 Deauville, Midland, TX, 79706-2964

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's Walker SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

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April 10, 2019

Cimarex Energy Company of Colorado
600 N. Marienfield St., Suite 600, Midland, TX, 79701-4405

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



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Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

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April 10, 2019

COG Operating, LLC
600 W. Illinois Ave, Midland, TX 79701-4882

Subject: Walker SWD No. 1 Authorization to Inject

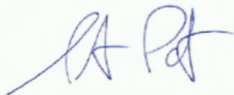
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Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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CALGARY

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April 10, 2019

Concho Oil & Gas, LLC
600 W. Illinois Ave, Midland, TX 79701-4882

Subject: Walker SWD No. 1 Authorization to Inject

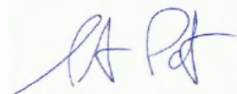
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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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WICHITA
CALGARY

www.lonquist.com

April 10, 2019

EOG A Resources, Inc.
105 S. 4th St., Artesia, NM 88210-2177

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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CALGARY

www.lonquist.com

April 10, 2019

EOG M Resources, Inc.
105 S. 4th St., Artesia, NM 88210-2177

Subject: Walker SWD No. 1 Authorization to Inject

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Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

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April 10, 2019

EOG Y Resources, Inc.
105 S. 4th St., Artesia, NM 88210-2177

Subject: Walker SWD No. 1 Authorization to Inject

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Lonquist & Co., LLC

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steve@lonquist.com

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April 10, 2019

Featherstone Development Corporation
P.O. Box 429, Roswell, NM 88202-0429

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

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steve@lonquist.com

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CALGARY

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April 10, 2019

Franklin Resources, LP
4880 S. Franklin St., Englewood, CO 80113

Subject: Walker SWD No. 1 Authorization to Inject

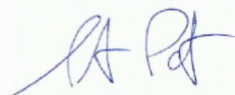
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April 10, 2019

Gerald and Connie Fugate
205 W. Peach Lane, Carlsbad, NM 88220

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

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April 10, 2019

Magnum Hunter Production, Inc.
600 East Las Colinas Blvd., Suite 1100, Irving, TX 75039

Subject: Walker SWD No. 1 Authorization to Inject

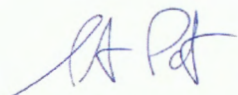
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April 10, 2019

OXY Y-1 Company
P.O. Box 27570, Houston, TX 77227-7570

Subject: Walker SWD No. 1 Authorization to Inject

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April 10, 2019

Parrot Head Properties, LLC
P.O. Box 429, Roswell, NM 88202

Subject: Walker SWD No. 1 Authorization to Inject


To Whom It May Concern:

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April 10, 2019

Phoenix Four, LLC
4455 Camp Bowie Blvd., Suite 114-PMB 98, Fort Worth, TX 76107

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's Walker SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

According to the New Mexico Oil Conservation Division, surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date in which this application was mailed to them.

Any questions should be directed towards Solaris Water Midstream LLC's agent, Lonquist & Co., LLC.

Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

LONQUIST & CO. LLC

AUSTIN
HOUSTON

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

WICHITA
CALGARY

www.lonquist.com

April 10, 2019

Prospector, LLC
P.O. Box 429, Roswell, NM 88202

Subject: Walker SWD No. 1 Authorization to Inject

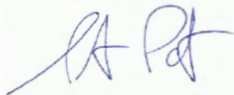
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April 10, 2019

Scratch Properties LLC
P.O. Box 1287, Artesia, NM 88211

Subject: Walker SWD No. 1 Authorization to Inject

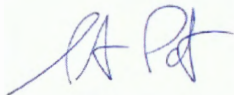
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www.lonquist.com

April 10, 2019

Southwestern Energy Production Company
2350 N Sam Houston, Houston, TX 77032

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

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April 10, 2019

Tularosa Mineral Company
P.O. Box 471349, Fort Worth, TX 76147

Subject: Walker SWD No. 1 Authorization to Inject

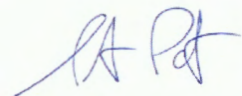
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CALGARY

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April 10, 2019

Vanguard Operating, LLC
5847 San Felipe St., Suite 3000, Houston, TX 77057-3399

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for Solaris Water Midstream LLC's Walker SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application. The notice of application has been extended to a one-mile radius.

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Regards,



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Regulatory Manager
Lonquist & Co., LLC

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April 10, 2019

White City Resort NM, LLC
1501 Mountain Shadow, Carlsbad, NM 88220

Subject: Walker SWD No. 1 Authorization to Inject

To Whom It May Concern:

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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No
- II. OPERATOR: Solaris Water Midstream, LLC
ADDRESS: 907 Tradewinds Blvd., Suite B, Midland, TX 79706
CONTACT PARTY: Whitney McKee PHONE: 432-203-9020
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Ramona Hovey TITLE: Consulting Engineer – Agent for Solaris Water Midstream
SIGNATURE: Ramona Hovey DATE: 4/4/2019
E-MAIL ADDRESS: ramona@lonquist.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.

INJECTION WELL DATA SHEET

OPERATOR: Solaris Water Midstream, LLCWELL NAME & NUMBER: Walker SWD No. 1WELL LOCATION: 20' FSL 1,000' FEL
FOOTAGE LOCATIONP
UNIT LETTER25
SECTION24S
TOWNSHIP25E
RANGEWELLBORE SCHEMATICWELL CONSTRUCTION DATASurface CasingHole Size: 18.125"Cemented with: 675 sx.Top of Cement: surfaceCasing Size: 16.00"or _____ ft³Method Determined: circulationIntermediate CasingHole Size: 14.750"Cemented with: 290 sx.Top of Cement: surfaceCasing Size: 13.375"or _____ ft³Method Determined: circulationProduction CasingHole Size: 12.250"Cemented with: 1,740 sx.Top of Cement: surfaceCasing Size: 9.625"or _____ ft³Method Determined: circulationLinerHole Size: 8.500"Cemented with: 480 sx.Top of Cement: 8,275'Total Depth: 14,439'Casing Size: 7.625"or _____ ft³Method Determined: calculationInjection Interval12,639 feet to 14,439 feet

(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 5.5", 20 lb/ft, HCL-80, BTC from 0' - 8,075' and 5", 18 lb/ft, HCL-80, LTC from 8,075' - 12,589'

Lining Material: Duoline

Type of Packer: Nickel Plated Double Grip Retrievable Packer or Equivalent

Packer Setting Depth: 12,589'

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

Additional Data

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

If no, for what purpose was the well originally drilled?

2. Name of the Injection Formation: Devonian, Fusselman

3. Name of Field or Pool (if applicable): SWD; Devonian-Silurian 97869

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, new drill.

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Bone Spring: 5,285'

Wolfcamp: 8,375'

Strawn: 10,190'

Atoka: 10,422'

Morrow: 10,965'



Solaris Water Midstream, LLC

Walker SWD No. 1

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1.

Well information	
Lease Name	Walker SWD
Well No.	1
Location	S-25 T-24S R-25E
Footage Location	20' FSL & 1,000' FEL

2.

a. Wellbore Description

Casing Information				
Type	Surface	Intermediate	Production	Liner
OD	16"	13.375"	9.625"	7.625"
WT	0.495"	0.48"	0.545"	0.500"
ID	15.010"	12.415"	8.535"	6.625"
Drift ID	14.822"	12.259"	8.379"	6.500"
COD	17.000"	13.375"	10.625"	7.625"
Weight	84 lb/ft	68 lb/ft	53.5 lb/ft	39 lb/ft
Grade	J-55 BTC	L-80, EZ-GO FJ3	HCP-110 BTC	Q-125 EZ-GO FJ3
Hole Size	18.125"	14.75"	12.25"	8.5"
Depth Set	1,048'	1,615'	8,475'	8,275'-12,639'

b. Cementing Program

Cement Information					
Casing String	Conductor	Surface	Intermediate	Production	Liner
Lead Cement	EXTENDACEM™	HALCEM™	HALCEM™	HALCEM™	-
Lead Cement Volume (sacks)	249	425	155	Stage 1: 1,015 Stage 2: 150	-
Lead Cement Density (ft3/sack)	1.694	1.664	1.664	Stage 1: 2.731 Stage 2: 2.732	-
Tail Cement	-	HALCEM™	HALCEM™	NeoCem™	VERSACEM™
Tail Cement Volume (sacks)	-	250	135	Stage 1: 475 Stage 2: 100	480
Tail Cement Density (ft3/sack)	-	1.332	1.332	1.336	1.223
Cement Excess	0%	50%	30%	50%, 50%	50%
Total Sacks	249	675	290	1,740	480
TOC	Surface	Surface	Surface	Surface	8,275'
Method	Circulate to Surface	Circulate to Surface	Circulate to Surface	Circulate to Surface	Logged

3. Tubing Description

Tubing Information	
OD	5.5" 5.0"
WT	0.361" 0.362"
ID	4.778" 4.276"
Drift ID	4.653" 4.151"
COD	6.050" 5.563"
Weight	20 lb/ft 18 lb/ft
Grade	HCL-80 BTC HCL-80 LTC
Depth Set	0-8,075' 8,075'-12,589'

Tubing will be lined with Duoline.

4. Packer Description

Nickel Plated Double Grip Retrievable Packer or Equivalent

B. Completion Information

1. Injection Formation: Devonian, Fusselman
2. Gross Injection Interval: 12,639'-14,439'

Completion Type: Open Hole

3. Drilled for injection.
4. See the attached wellbore schematic.
5. Oil and Gas Bearing Zones within area of well:

Formation	Depth
Bone Spring	5,285'
Wolfcamp	8,375'
Strawn	10,190'
Atoka	10,422'
Morrow	10,965'

VI. Area of Review

No wells within the area of review penetrate the proposed injection zone.

VII. Proposed Operation Data

1. Proposed Daily Rate of Fluids to be Injected:

Average Volume: 30,000 BPD
Maximum Volume: 40,000 BPD

2. Closed System
3. Anticipated Injection Pressure:

Average Injection Pressure: 1,874 PSI (surface pressure)
Maximum Injection Pressure: 2,528 PSI (surface pressure)

4. The injection fluid is to be locally produced water. It is expected that the source water will predominantly be from the Bone Spring, Morrow, and Wolfcamp formations. Attached are produced water sample analyses taken from the closest wells that feature samples from the

Atoka, Bone Spring, Delaware, Delaware-Brushy Canyon, Devonian, Morrow, Pennsylvanian, San Andreas, and Wolfcamp formations.

5. The disposal interval is non-productive. No water samples are available from the surrounding area.

VIII. Geological Data

Devonian Formation Lithology:

The Devonian formation is a dolomitic ramp carbonate that occurs below the Woodford shale and above the Fusselman formation. Strata found in the Devonian formation include two major groups, the Wristen Buildups and the Thirtyone Deepwater Chert, with the Wristen being more abundant. The Wristen Groups is composed of mixed limestone and dolomites with mudstone to grainstone and boundstone textures. Porosity in the Wristen group is a result of both primary and secondary development. Present are moldic, vugular, karstic (including collapse breccia) features that allow for higher porosities and permeabilities. The Thirtyone Formation contains two end-member reservoir facies, skeletal packstones/grainstones and spiculitic chert, with most of the porosity and permeability found in the coarsely crystalline cherty dolomite. These particular characteristics allow for this formation to be a tremendous Salt Water Disposal horizon.

Fusselman Formation Lithology:

The Silurian/Ordovician Fusselman Formation is stratigraphically below the Wristen Group and is above and separated from the Montoya Formation by the Sylvan Shale. The Sylvan Shale is the lower confining layer for the proposed Walker SWD No. 1 well. Fusselman facies include a laminated skeletal wackestone in the upper part and a buildup complex in the lower part composed of ooid and bryozoan grainstones. These grainstones can also be potentially prolific zones for disposal.

A. Injection Zone: Devonian-Silurian Formation

Formation	Depth
Rustler	578'
Salado (Top of Salt)	1,073'
Salado (Bottom of Salt)	1,557'
Bell Canyon	1,635'
Cherry Canyon	2,415'
Brushy Canyon	2,925'
Bone Spring	5,285'
Bone Spring 1 st Sand	6,186'
Bone Spring 2 nd Sand	7,522'
Bone Spring 3 rd Sand	8,023'
Wolfcamp	8,375'
Cisco	9,837'
Strawn	10,190'
Atoka	10,422'
Morrow	10,965'
Barnett	11,852'
Devonian	12,639'

B. Underground Sources of Drinking Water

Five (5) water wells exist within a one-mile radius of the proposed well. Water wells in the surrounding area have an average depth of 388 feet and an average water depth of 192 feet generally producing from the Carlsbad Basin. The upper Rustler may also be another USDW and will be protected.

IX. Proposed Stimulation Program

50,000 gallon acid job

X. Logging and Test Data on the Well

There are no logs or test data on the well. During the process of drilling and completion resistivity, gamma ray, and density logs will be run.

XI. Chemical Analysis of Fresh Water Wells

Attached is a map of the five (5) water wells that exist within one-mile of the well location. Samples from the nearest two wells with recoverable samples present are being obtained and analysis results will be provided as soon as possible. A Water Right Summary from the New Mexico Office of the State Engineer is attached for the five (5) water wells within a 1-mile radius.

District I1625 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**Form C-101
Revised July 18, 2013**Energy Minerals and Natural Resources****Oil Conservation Division**☐ AMENDED REPORT**1220 South St. Francis Dr.****Santa Fe, NM 87505****APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

¹ Operator Name and Address SOLARIS WATER MIDSTREAM, LLC 907 TRADEWINDS BLVD., SUITE B MIDLAND, TX 79706		² OGRID Number 371643
		³ API Number TBD
⁴ Property Code	⁵ Property Name WALKER SWD	⁶ Well No. 1

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
P	25	24S	25E		20	S	1,000	E	EDDY

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
-	-	-	-	-	-	-	-	-	-

⁹ Pool Information

Pool Name SWD; Devonian-Silurian	Pool Code 97869
-------------------------------------	--------------------

Additional Well Information

¹¹ Work Type N	¹² Well Type SWD	¹³ Cable/Rotary R	¹⁴ Lease Type Private	¹⁵ Ground Level Elevation 3,535'
¹⁶ Multiple N	¹⁷ Proposed Depth 14,439'	¹⁸ Formation Devonian-Silurian	¹⁹ Contractor TBD	²⁰ Spud Date ASAP
Depth to Ground water 540		Distance from nearest fresh water well 1,334'		Distance to nearest surface water >1 mile

☒ We will be using a closed-loop system in lieu of lined pits**²¹ Proposed Casing and Cement Program**

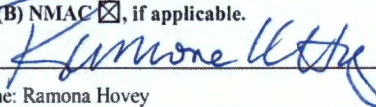
Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	18.125"	16"	84 lb/ft	1,048'	675	Surface
Intermediate	14.75"	13.375"	68 lb/ft	1,615'	290	Surface
Production	12.25"	9.625"	53.5 lb/ft	8,475'	1,740	Surface
Liner	8.5"	7.625"	39 lb/ft	8,275'-12,639'	480	8,275'
Tubing		5.5" & 5"	20 lb/ft & 18 lb/ft	0' - 8,075' & 8,075' - 12,589'	N/A	

Casing/Cement Program: Additional Comments

See attached schematic.

²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Hydraulic/Blinds, Pipe	8,000 psi	10,000 psi	TBD - Schaffer/Cameron

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
I further certify that I have complied with 19.15.14.9 (A) NMAC ☐ and/or 19.15.14.9 (B) NMAC ☒, if applicable.
Signature: 

Printed name: Ramona Hovey

Title: Consulting Engineer

E-mail Address: ramona@lonquist.com

Date: April 4, 2019

Phone: 512-600-1777

OIL CONSERVATION DIVISION

Approved By:

Title:

Approved Date:

Expiration Date:

Conditions of Approval Attached

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
Phone (505) 393-8161 Fax: (505) 393-0720
DISTRICT II
811 S. First St., Artesia, NM 88210
Phone (505) 748-1283 Fax: (505) 748-9720

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 478-3480 Fax: (505) 478-3482

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised August 1, 2011

Submit one copy to appropriate
District Office

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code 96101	Pool Name SWD; Devonian
Property Code	Property Name WALKER SWD	Well Number 1
OGRID No. 371643	Operator Name SOLARIS WATER MIDSTREAM, LLC	Elevation 3535'

Surface Location

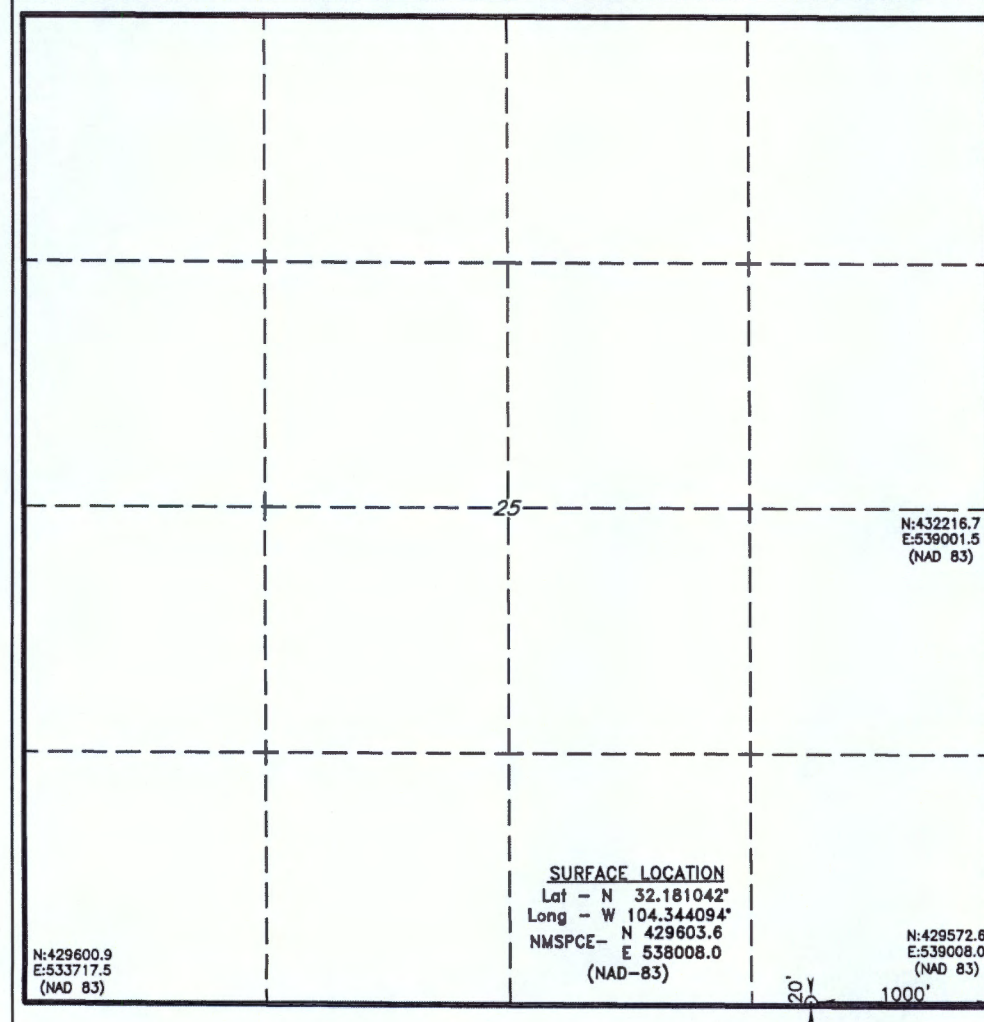
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	25	24 S	25 E		20	SOUTH	1000	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 5.50	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

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

Ramona Hovey 4/3/2019
Signature Date

Ramona Hovey

Printed Name

ramona@lonquist.com

Email Address

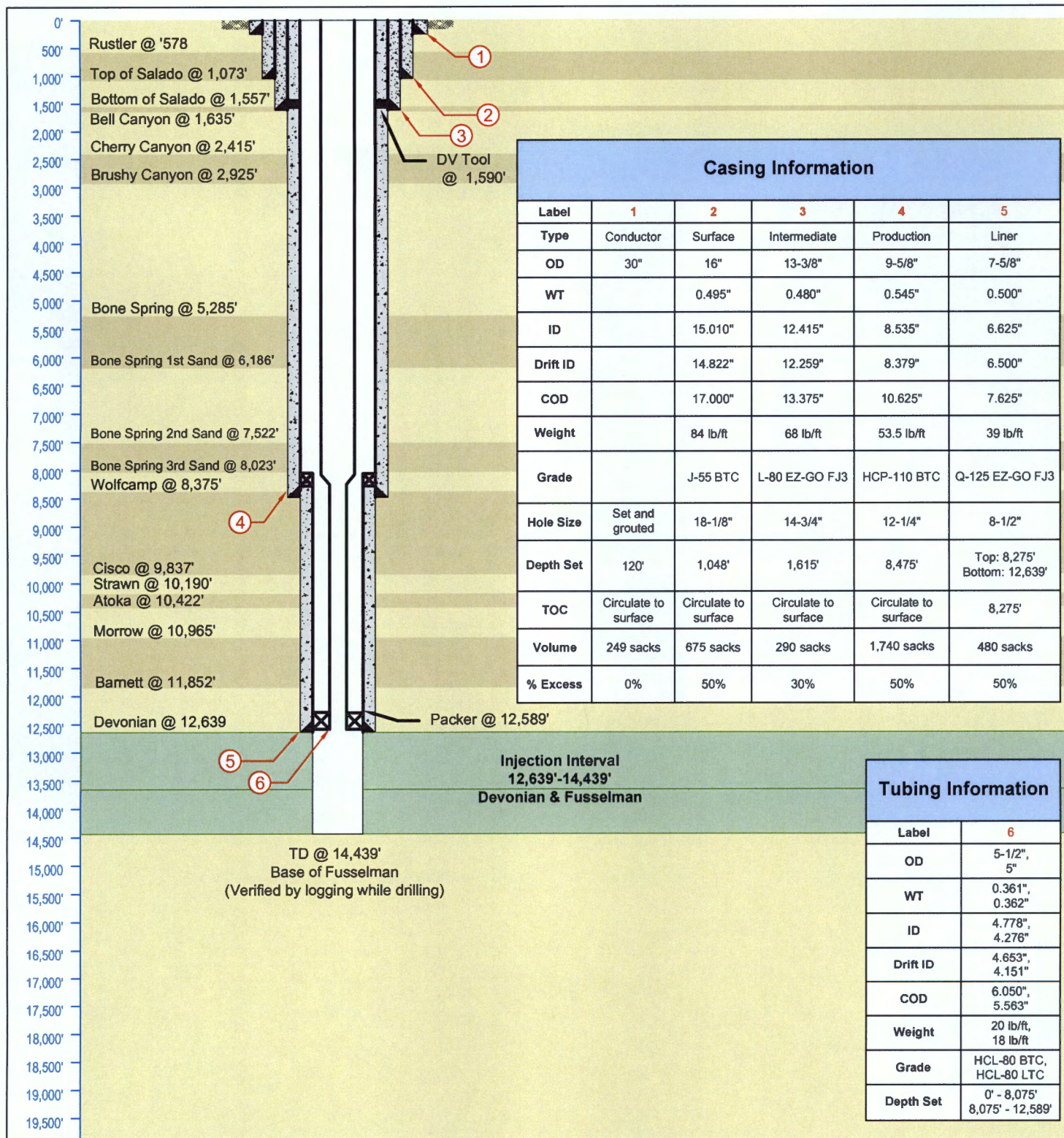
SURVEYOR CERTIFICATION

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

OCTOBER 3, 2018
Date Surveyed
Signature of Professional Surveyor

Certificate No. 7977
Professional Surveyor

SCALE: 1" = 1000'
WO Num.: 34093



LONGUIST & CO. LLC PETROLEUM ENGINEERS ENERGY ADVISORS HOUSTON CALGARY AUSTIN WICHITA DENVER Texas License F-9147 12912 Hill Country Blvd. Ste F-200 Austin, Texas 78738 Tel: 512.732.9812 Fax: 512.732.9816	Solaris Water Midstream, LLC		Walker SWD No. 1	
	Country: USA	State/Province: New Mexico	County/Parish: Eddy	
	Location:	Site: 20' FSL & 1,000' FEL	Survey: S25-T24S-R25E	
	API No: NA	Field: Silurian-Devonian (Code: 97869)	Well Type/Status: SWD	
	NMOCD District No: 2	Project No: 1927	Date: 4/1/2019	
	Drawn: TFM	Reviewed:	Approved:	
	Rev No: 1	Notes:		

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Monday, April 15, 2019 4:44 PM
To: Ramona Hovey
Subject: Solaris Water Midstream, LLC Walker SWD Well No. 1

Ramona;
Your application has been suspended.
The OCD did not receive the affidavit of publication

Mike

Michael McMillan
1220 South St. Francis
Santa Fe, New Mexico
505-476-3448
Michael.mcmillan@state.nm.us