

# Initial Application Part I

*This application is placed in file for record. It MAY or MAY NOT have been  
reviewed to be determined Administratively Complete*

Revised March 23, 2017

|                               |           |                     |                                  |
|-------------------------------|-----------|---------------------|----------------------------------|
| RECEIVED:<br><b>3/12/2019</b> | REVIEWER: | TYPE:<br><b>SWD</b> | APP NO:<br><b>PHAM1907/46621</b> |
|-------------------------------|-----------|---------------------|----------------------------------|

ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

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



**ADMINISTRATIVE APPLICATION CHECKLIST**

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

**Applicant:** Solaris Water Midstream, LLC **OGRID Number:** 371643  
**Well Name:** Clara Allen SWD #1 **API:** 30-015-Pending  
**Pool:** SWD; Silurian-Devonian **Pool Code:** 97869

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

**1) TYPE OF APPLICATION:** Check those which apply for [A]

A. Location - Spacing Unit - Simultaneous Dedication

☐ NSL ☐ NSP (PROJECT AREA) ☐ NSP (PRORATION UNIT) ☐ SD

B. Check one only for [I] or [II]

[I] Commingling - Storage - Measurement

☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[II] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☒ SWD ☐ IPI ☐ EOR ☐ PPR

**2) NOTIFICATION REQUIRED TO:** Check those which apply.

A. ☒ Offset operators or lease holders

B. ☐ Royalty, overriding royalty owners, revenue owners

C. ☒ Application requires published notice

D. ☐ Notification and/or concurrent approval by SLO

E. ☐ Notification and/or concurrent approval by BLM

F. ☒ Surface owner

G. ☒ For all of the above, proof of notification or publication is attached, and/or,

H. ☐ No notice required

**FOR OCD ONLY**

☐ Notice Complete  
☐ Application  
 Content  
 Complete

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

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

**Ramona Hovey - Agent of Solaris Water Midstream**

Print or Type Name

*Ramona K Hovey*

Signature

**March 7, 2019**

Date

**(512) 600-1777**

Phone Number

**ramona@lonquist.com**

e-mail Address



March 7, 2019

New Mexico Energy, Minerals, and Natural Resources Department  
Oil Conservation Division District IV  
1220 South St. Francis Drive  
Santa Fe, New Mexico 87505  
(505) 476-3440

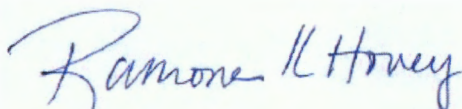
**RE: CLARA ALLEN SWD NO. 1 AUTHORIZATION TO INJECT**

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 (Solaris") Clara Allen SWD No. 1. In addition, Forms C-101 and C-102 have also been included with this package. Notices have been sent to offset, operators, leaseholders and the surface owner. Proof of notice will be sent to the OCD upon receipt.

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

Regards,



Ramona K. Hovey  
Sr. Petroleum Engineer  
Lonquist & Co., LLC

(512) 600-1777  
[ramona@lonquist.com](mailto:ramona@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: 701 Tradewinds Blvd., Suite C, 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 K Hovey DATE: 3/7/2019  
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.

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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: Clara Allen SWD No. 1WELL LOCATION: 500 FNL 2,200 FWL  
FOOTAGE LOCATIONC  
UNIT LETTER7  
SECTION20S  
TOWNSHIP29E  
RANGEWELLBORE SCHEMATICWELL CONSTRUCTION DATASurface CasingHole Size: 18.125"Cemented with: 393 sx.Top of Cement: surfaceCasing Size: 16.00"or \_\_\_\_\_ ft<sup>3</sup>Method Determined: circulationIntermediate CasingHole Size: 14.750"Cemented with: 439 sx.Top of Cement: surfaceCasing Size: 13.375"or \_\_\_\_\_ ft<sup>3</sup>Method Determined: circulationProduction CasingHole Size: 12.250"Cemented with: 2,952 sx.Top of Cement: surfaceCasing Size: 9.625"or \_\_\_\_\_ ft<sup>3</sup>Method Determined: circulationLinerHole Size: 8.500"Cemented with: 411 sx.Top of Cement: 10,000'Total Depth: 14,275'Casing Size: 7.625"or \_\_\_\_\_ ft<sup>3</sup>Method Determined: calculationInjection Interval12,475 feet to 14,275 feet

(Open Hole)



INJECTION WELL DATA SHEET

Tubing Size: 5.5", 20 lb/ft, HCL-80, BTC from 0' - 9,950' and 5", 18 lb/ft, HCL-80 LTC from 9,950' - 12,425'  
 Lining Material: Duoline

Type of Packer: 7-5/8" X 5-1/2" Permanent Packer with High Temp Elastomer and Full Inconel 925 trim

Packer Setting Depth: 12,425'

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

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:

Delaware: 3,520'

Bone Spring: 5,360'

Wolfcamp: 9,100'

Strawn: 10,220'

Atoka: 10,500'



**Solaris Water Midstream, LLC**

**Clara Allen SWD No. 1**

**FORM C-108 Supplemental Information**

**III. Well Data**

**A. Wellbore Information**

1.

| Well information |                       |
|------------------|-----------------------|
| Lease Name       | Clara Allen SWD       |
| Well No.         | 1                     |
| Location         | S-7 T-20S R-29E       |
| Footage Location | 500' FNL & 2,200' FWL |

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          | 805'     | 2,412'          | 10,200'     | 10,000'-12,475' |



b. Cementing Program

| Cement Information             |                      |                      |                      |  |         |
|--------------------------------|----------------------|----------------------|----------------------|--|---------|
| Casing String                  | Conductor            | Surface              | Intermediate         | Production   | Liner   |
| Lead Cement                    | EXTENDACEM™          | HALCEM™              | HALCEM™              | HALCEM™  | NeoCem™ |
| Lead Cement Volume (sacks)     | 249                  | 356                  | 439                  | Stage 1: 1,342<br>Stage 2: 1,024<br>Stage 3: 586   | 411     |
| Lead Cement Density (ft3/sack) | 1.694                | 1.342                | 1.685                | Stage 1: 1.232<br>Stage 2: 1.713<br>Stage 3: 1.777 | 1.418   |
| Tail Cement                    | -                    | HALCEM™              | -                    | -  | -       |
| Tail Cement Volume (sacks)     | -                    | 37                   | -                    | -  | -       |
| Tail Cement Density (ft3/sack) | -                    | 1.342                | -                    | -  | -       |
| Cement Excess                  | 0%                   | 50%                  | 30%                  | 50%, 50%, 50%                                      | 50%     |
| Total Sacks                    | 249                  | 393                  | 439                  | 2,952  | 411     |
| TOC                            | Surface              | Surface              | Surface              | Surface  | 10,000' |
| Method                         | Circulate to Surface | Circulate to Surface | Circulate to Surface | Circulate to Surface                               | Logged  |

3. Tubing Description

| Tubing Information |                                |
|--------------------|--------------------------------|
| OD                 | 5.5"<br>5"                     |
| WT                 | 0.361"<br>0.362"               |
| ID                 | 4.778"<br>4.276"               |
| Drift ID           | 4.653"<br>4.151"               |
| COD                | 6.050"<br>5.563"               |
| Weight             | 20 lb/ft<br>18 lb/ft           |
| Grade              | HCL-80 BTC<br>HCL-80 LTC       |
| Depth Set          | 0 - 9,950'<br>9,950' - 12,425' |

Tubing will be lined with Duoline.

4. Packer Description

7-5/8" x 5-1/2" TCPC Permanent Packer with High Temp Elastomer and Full Inconel 925 trim

B. Completion Information

1. Injection Formation: Devonian

2. Gross Injection Interval: 12,475'-14,275'

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   |
|-------------|---------|
| Delaware    | 3,520'  |
| Bone Spring | 5,360'  |
| Wolfcamp    | 9,100'  |
| Strawn      | 10,220' |
| Atoka       | 10,500' |

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: 1,871 PSI (surface pressure)

Maximum Injection Pressure: 2,495 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 and Wolfcamp formations. Attached are produced water sample analyses taken from the closest wells that feature samples from the Artesia, Bone Spring, Delaware, Morrow, Strawn, 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.

### A. Injection Zone: Siluro-Devonian Formation

| Formation                        | Depth   |
|----------------------------------|---------|
| Salado (Top of Salt)             | 470'    |
| Salado (Bottom of Salt)          | 785'    |
| Yates                            | 995'    |
| Seven Rivers                     | 1,330'  |
| San Andreas                      | 2,362'  |
| Delaware                         | 3,520'  |
| Bone Spring                      | 5,360'  |
| Bone Spring 1 <sup>st</sup> Sand | 6,215'  |
| Bone Spring 2 <sup>nd</sup> Sand | 6,825'  |
| Bone Spring 3 <sup>rd</sup> Sand | 8,350'  |
| Wolfcamp                         | 9,100'  |
| Cisco                            | 9,880'  |
| Strawn                           | 10,220' |
| Atoka                            | 10,500' |
| Morrow                           | 10,730' |
| Barnett                          | 11,450' |
| Devonian                         | 12,475' |

## **B. Underground Sources of Drinking Water**

Two (2) water wells exist within one-mile of the proposed well. Across the area, fresh water wells are usually drilled between 50' and 300' in depth. Water depths range from 22' – 140'. The Rustler is known to exist in this general area and may also be another USDW and will be protected by setting the surface casing through the Salado salt at 805'.

## **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 two (2) water wells that exist within one-mile of the well location. Samples from the well have been 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 CP-00926-POD1 and the CP-01201-POD1 water wells.



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: (505) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Artesia, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

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

Form C-101  
Revised July 18, 2013

☐ AMENDED REPORT

**APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

|  |   |                                       |
|--|---|---------------------------------------|
| <sup>1</sup> Operator Name and Address<br>SOLARIS WATER MIDSTREAM, LLC<br>701 TRADEWINDS BLVD., SUITE C<br>MIDLAND, TX 79706 |   | <sup>2</sup> OGRID Number<br>371643   |
|  |   | <sup>3</sup> API Number<br>30-025-TBD |
| <sup>4</sup> Property Code   | <sup>5</sup> Property Name<br>CLARA ALLEN SWD | <sup>6</sup> Well No.<br>1            |

**7. Surface Location**

| UL - Lot | Section | Township | Range | Lot Idn | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|---------|----------|-------|---------|-----------|----------|-----------|----------|--------|
| C        | 7       | 20S      | 29E   |         | 500       | N        | 2,200     | W        | 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<br>SWD: Silurian-Devonian | Pool Code<br>97869 |
|-------------------------------------|--------------------|

**Additional Well Information**

|                               |   |  |                                     |  |
|-------------------------------|---|--|-------------------------------------|--|
| <sup>11</sup> Work Type<br>N  | <sup>12</sup> Well Type<br>SWD          | <sup>13</sup> Cable/Rotary<br>R                  | <sup>14</sup> Lease Type<br>Private | <sup>15</sup> Ground Level Elevation<br>3,282' |
| <sup>16</sup> Multiple<br>N   | <sup>17</sup> Proposed Depth<br>14,275' | <sup>18</sup> Formation<br>Silurian-Devonian     | <sup>19</sup> Contractor<br>TBD     | <sup>20</sup> Spud Date<br>ASAP                |
| Depth to Ground water<br>100' |   | Distance from nearest fresh water well<br>4,911' |                                     | Distance to nearest surface water<br>> 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            | 805'                           | 393             | Surface       |
| Intermediate | 14.75"    | 13.375"     | 68 lb/ft            | 2,412'                         | 439             | Surface       |
| Production   | 12.25"    | 9.625"      | 53.5 lb/ft          | 10,200'                        | 2,952           | Surface       |
| Liner        | 8-1/2"    | 7-5/8"      | 39 lb/ft            | 10,000'-12,475'                | 411             | 10,000'       |
| Tubing       |           | 5-1/2" & 5" | 20 lb/ft & 18 lb/ft | 0' - 9,950' & 9,950' - 12,425' | 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 |

<sup>23</sup> 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: *Ramona Hovey*

Printed name: Ramona Hovey

Title: Consulting Engineer

E-mail Address: ramona@lonquist.com

Date: March 7, 2018

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 (575) 393-8161 Fax: (575) 393-0720

DISTRICT II  
811 S. First St., Artesia, NM 88210  
Phone (505) 748-1283 Fax: (505) 748-0720

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 478-3460 Fax: (505) 478-3468

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-102  
Revised August 1, 2011

Submit one copy to appropriate  
District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

|               |  |                    |
|---------------|--|--------------------|
| API Number    | Pool Code                                | Pool Name          |
| Property Code | Property Name<br>CLARA ALLEN SWD         | Well Number<br>1   |
| OGRID No.     | Operator Name<br>SOLARIS WATER MIDSTREAM | Elevation<br>3282' |

Surface Location

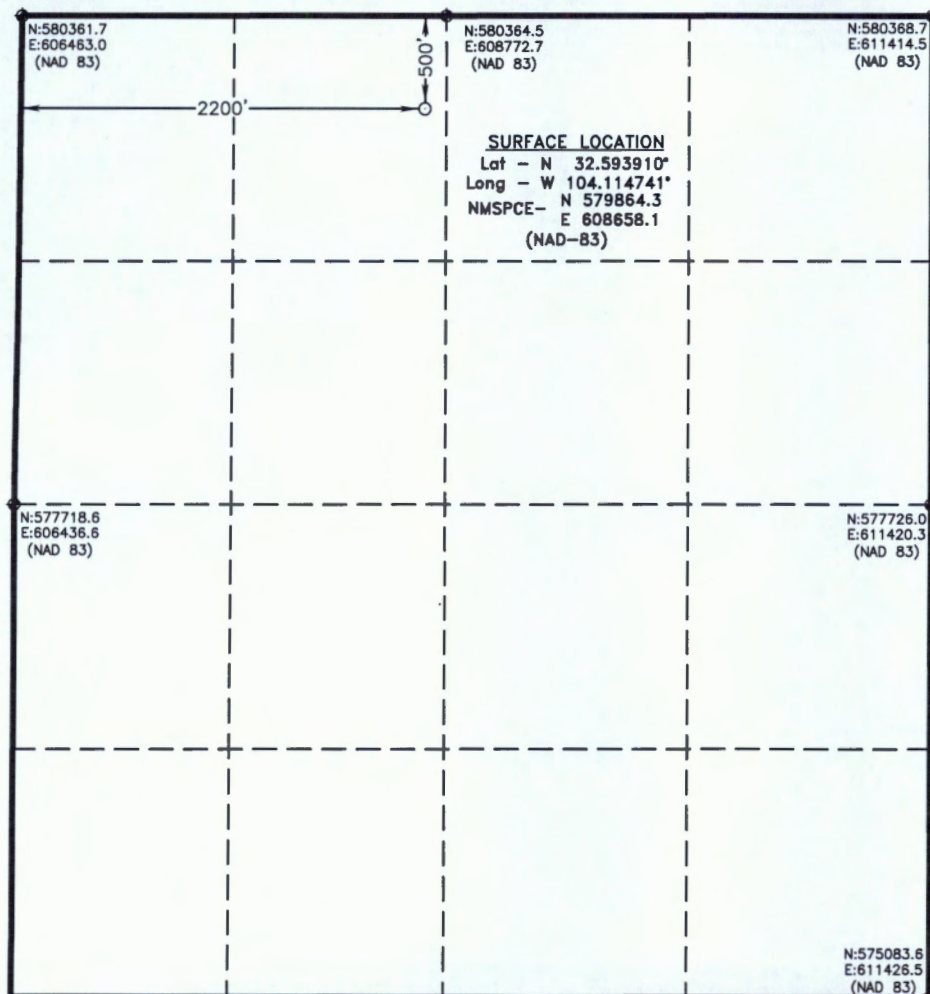
|               |         |          |       |         |               |                  |               |                |        |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
| C             | 7       | 20 S     | 29 E  |         | 500           | NORTH            | 2200          | WEST           | EDDY   |

Bottom Hole Location If Different From Surface

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

Dedicated Acres Joint or Infill Consolidation Code Order No.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



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* 3/7/2019

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.

DECEMBER 6, 2018

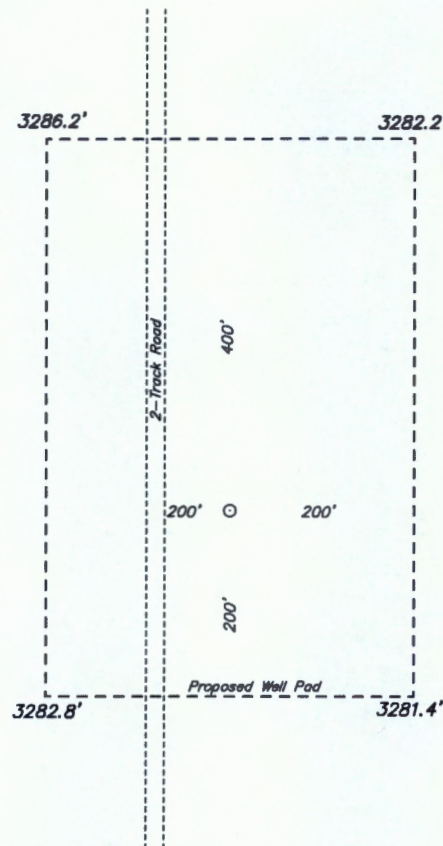
Date Surveyed  
Signature & Seal of  
Professional Surveyor

Certificate No. Gary L. Jones 7977  
State of New Mexico

0' 500' 1000' 1500' 2000'  
SCALE: 1" = 1000'  
WO Num.: 34225



SECTION 7, TOWNSHIP 20 SOUTH, RANGE 29 EAST, N.M.P.M.,  
EDDY COUNTY, NEW MEXICO.

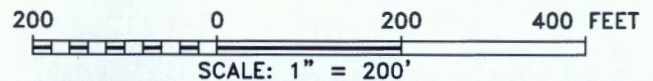


CLARA ALLEN SWD #1  
ELEV. - 3282'

Lat - N 32.593910°  
Long - W 104.114741°  
NMSPCE- N 579864.3  
E 608658.1  
(NAD-83)



CARLSBAD, NM IS ±30 MILES TO THE NORTH OF LOCATION.



**SOLARIS WATER MIDSTREAM**

REF: CLARA ALLEN SWD #1 / WELL PAD TOPO

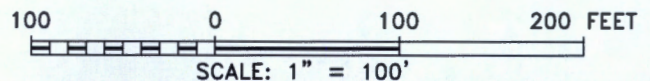
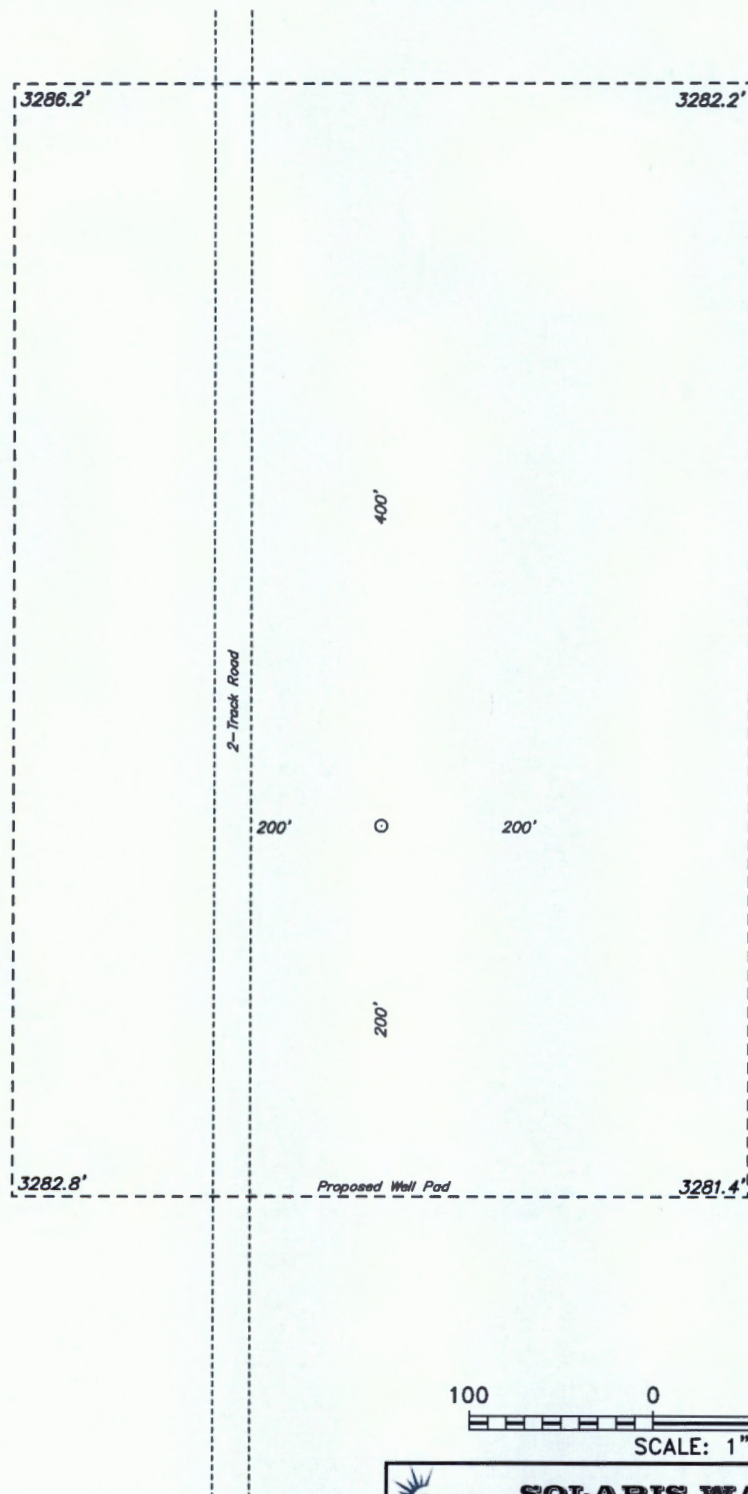
THE CLARA ALLEN SWD #1 LOCATED 500' FROM  
THE NORTH LINE AND 2200' FROM THE WEST LINE OF  
SECTION 7, TOWNSHIP 20 SOUTH, RANGE 29 EAST,  
N.M.P.M., EDDY COUNTY, NEW MEXICO.




P.O. Box 1786  
1120 N. West County Rd.  
Hobbs, New Mexico 88241  
(575) 393-7316 - Office  
(575) 392-2206 - Fax  
basinsurveys.com



**SECTION 7, TOWNSHIP 20 SOUTH, RANGE 29 EAST, N.M.P.M.,  
EDDY COUNTY, NEW MEXICO.**



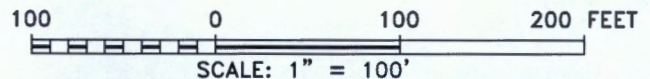
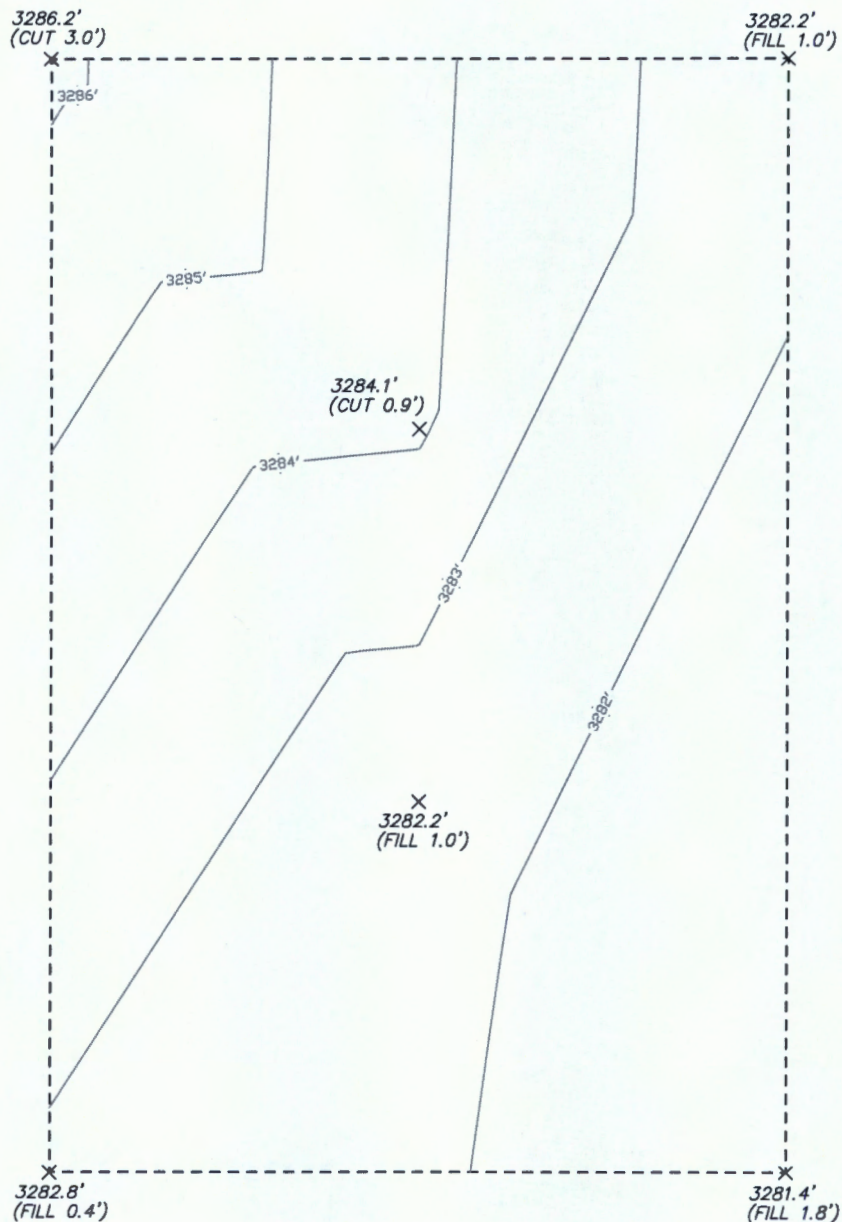
|   |  |
|---|--|
|  | <b>SOLARIS WATER MIDSTREAM</b>   |
|   | REF: CLARA ALLEN SWD #1 / WELL-PAD TOPO  |
|   | THE CLARA ALLEN SWD #1 LOCATED 500' FROM<br>THE NORTH LINE AND 2200' FROM THE WEST LINE OF<br>SECTION 7, TOWNSHIP 20 SOUTH, RANGE 29 EAST,<br>N.M.P.M., EDDY COUNTY, NEW MEXICO. |
|   |  |

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1120 N. West County Rd.  
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(575) 392-2206 - Fax  
basinsurveys.com



**SECTION 7, TOWNSHIP 20 SOUTH, RANGE 29 EAST, N.M.P.M.,  
EDDY COUNTY, NEW MEXICO.**



**SOLARIS WATER MIDSTREAM**

REF: CLARA ALLEN SWD #1 / CUT & FILL

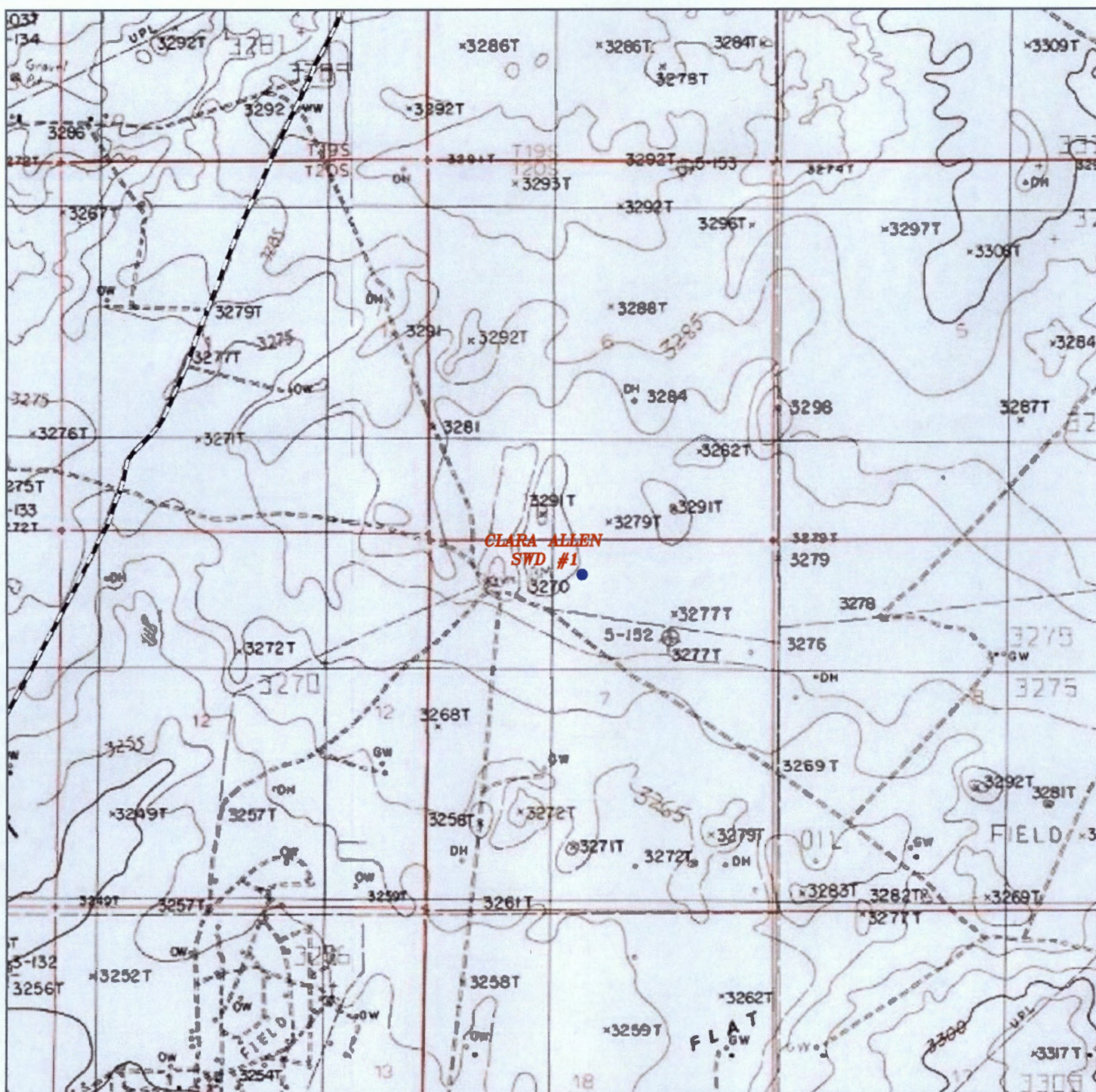
THE CLARA ALLEN SWD #1 LOCATED 500' FROM  
THE NORTH LINE AND 2200' FROM THE WEST LINE OF  
SECTION 7, TOWNSHIP 20 SOUTH, RANGE 29 EAST,  
N.M.P.M., EDDY COUNTY, NEW MEXICO.

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(575) 392-2206 - Fax  
basinsurveys.com

W.O. Number: 34225 | Drawn By: K. GOAD | Date: 12-17-2018 | Survey Date: 12-06-2018 | Sheet 1 of 1 Sheets





### CLARA ALLEN SWD #1

Located 500' FNL & 2200' FWL  
 Section 7, Township 20 South, Range 29 East,  
 N.M.P.M., Eddy County, New Mexico.



P.O. Box 1786  
 1120 N. West County Rd.  
 Hobbs, New Mexico 88241  
 (575) 393-7316 - Office  
 (575) 392-2206 - Fax  
 basinsurveys.com

0' 1000' 2000' 3000' 4000'

SCALE: 1" = 2000'

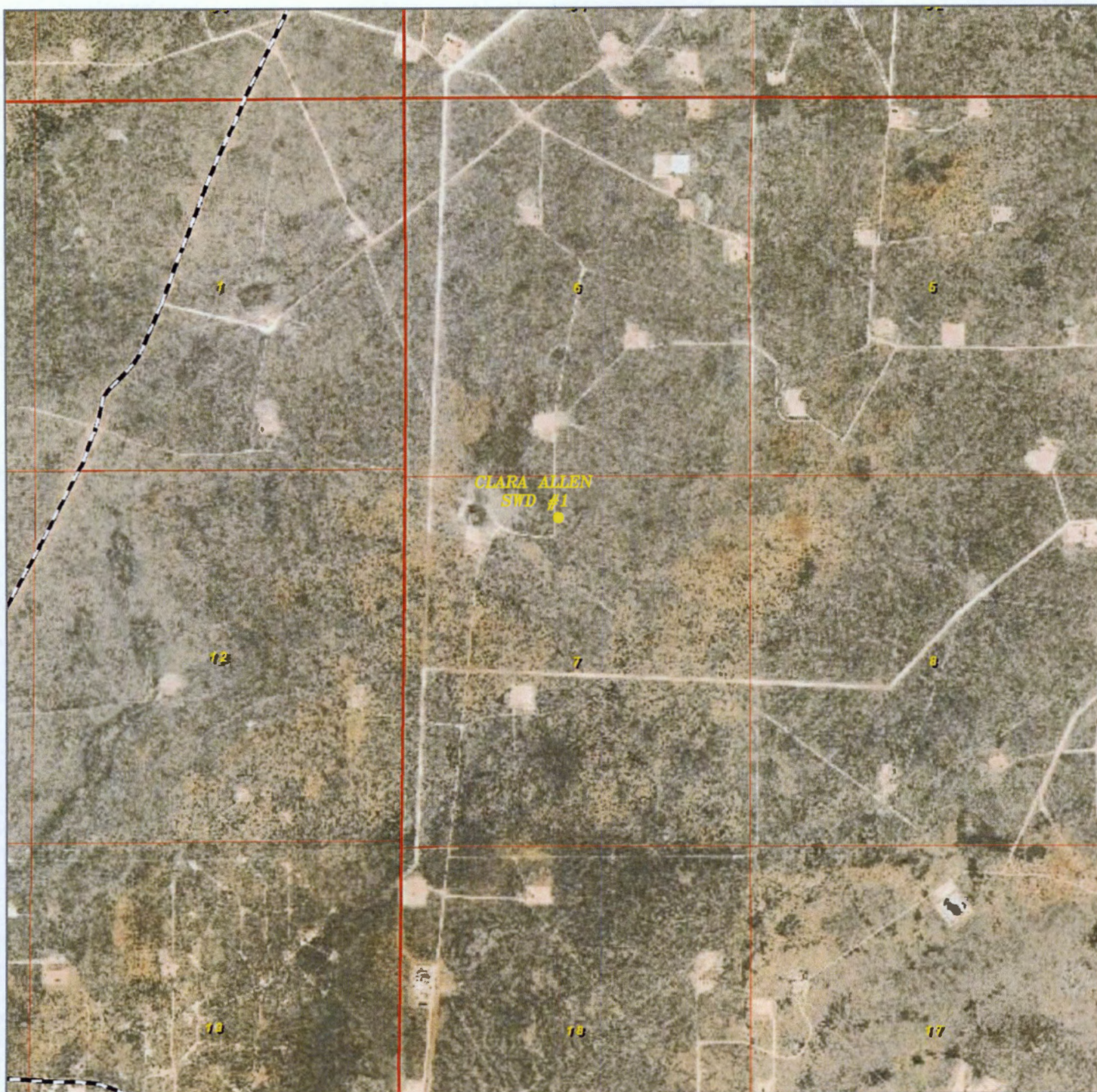
W.O. Number: KJG - 34225

Survey Date: 12-06-2018

YELLOW TINT - USA LAND  
 BLUE TINT - STATE LAND  
 NATURAL COLOR - FEE LAND







### CLARA ALLEN SWD #1

Located 500' FNL & 2200' FWL  
 Section 7, Township 20 South, Range 29 East,  
 N.M.P.M., Eddy County, New Mexico.



P.O. Box 1786  
 1120 N. West County Rd.  
 Hobbs, New Mexico 88241  
 (575) 393-7316 - Office  
 (575) 392-2206 - Fax  
[basinsurveys.com](http://basinsurveys.com)

0' 1000' 2000' 3000' 4000'

SCALE: 1" = 2000'

W.O. Number: KJG - 34225

Survey Date: 12-06-2018

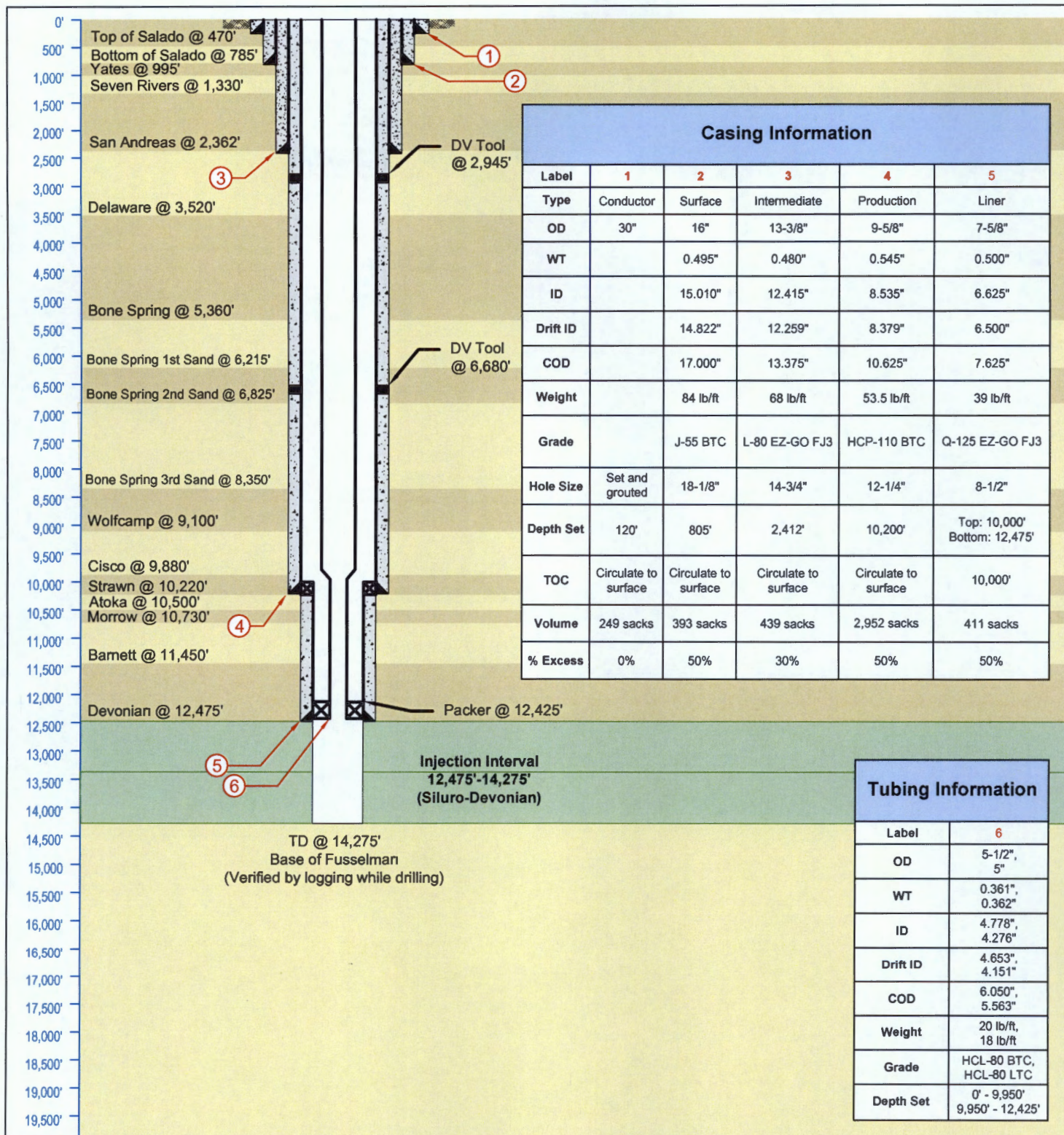
YELLOW TINT - USA LAND  
 BLUE TINT - STATE LAND  
 NATURAL COLOR - FEE LAND











|   |                              |  |  |                       |
|---|------------------------------|--|--|-----------------------|
| <b>LONGQUIST &amp; CO. LLC</b><br><b>PETROLEUM ENGINEERS ENERGY ADVISORS</b><br>HOUSTON   CALGARY<br>AUSTIN   WICHITA   DENVER<br>Texas License F-9147<br>12912 Hill Country Blvd. Ste F-200<br>Austin, Texas 78738<br>Tel: 512.732.9812<br>Fax: 512.732.9816 | Solaris Water Midstream, LLC |  | Clara Allen SWD No. 1                  |                       |
|   | Country: USA                 |  | State/Province: New Mexico             | County/Parish: Eddy   |
|   | Location:                    |  | Site: 500' FNL, 2,200' FWL             | Survey: S7-T20S-R29E  |
|   | API No: NA                   |  | Field: Silurian-Devonian (Code: 97869) | Well Type/Status: SWD |
|   | NMOCD District No: 2         |  | Project No: 1916                       | Date: 3/5/2019        |
|   | Drawn: TFM                   |  | Reviewed:                              | Approved:             |
|   | Rev No: 1                    |  | Notes:                                 |                       |



**Clara Allen SWD No. 1**  
**2 Mile Area of Review**  
**Solaris Water Midstream**  
**Eddy County, NM**

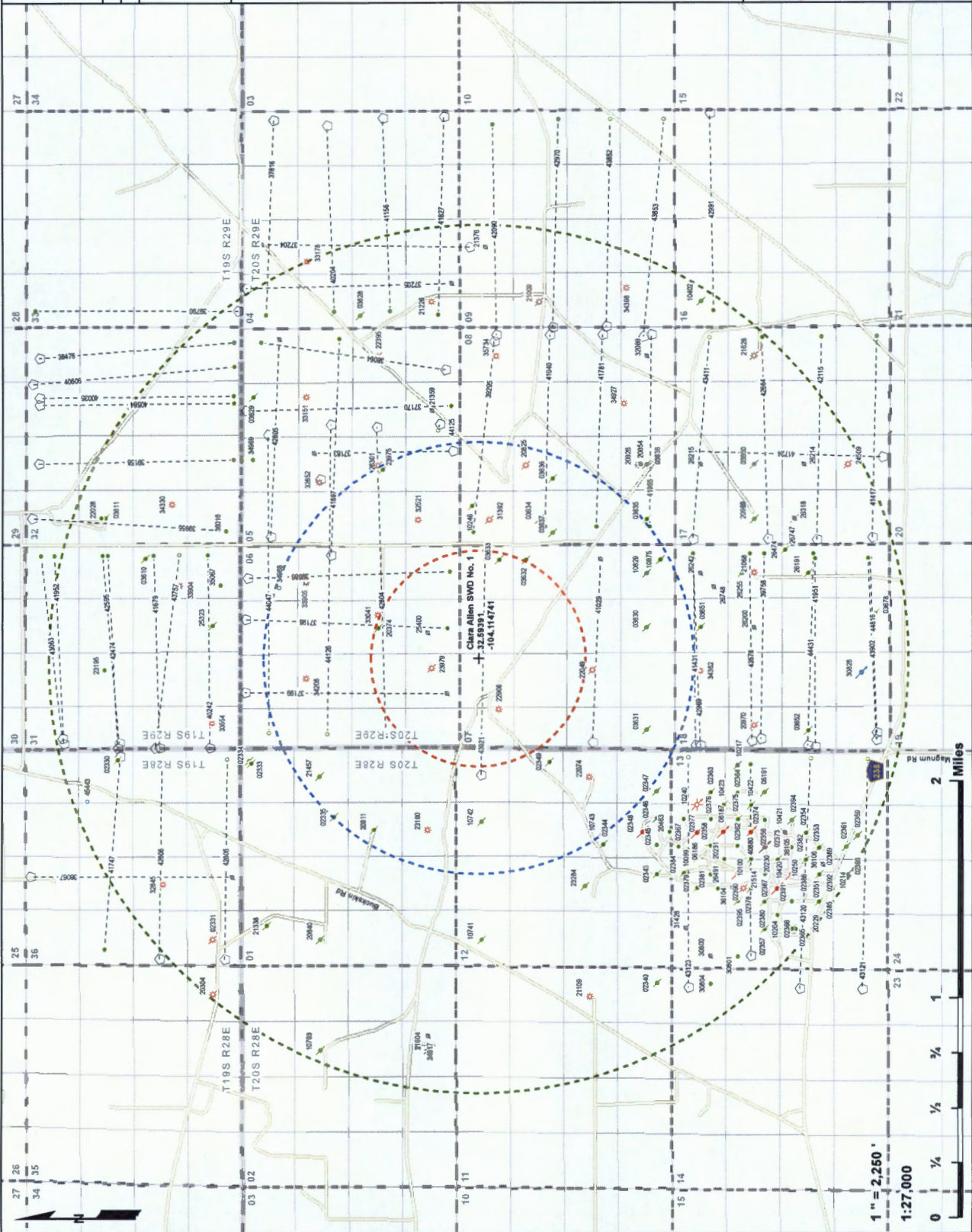
PCS: NAD 1983 SPCS NME FPS 3001 (US FT.)  
 Drawn by: SJL Date: 2/28/2019 Approved by: CBW

**LONQUIST & CO. LLC**

**PETROLEUM  
ENGINEERS**  
**ENERGY  
ADVISORS**  
 AUSTIN HOUSTON WICHITA DENVER CALGARY

- + Clara Allen SWD No. 1
- 1/2 Mile Radius
- 1 Mile Radius
- 2 Mile Radius
- OO-Section (NM-PLSS 2nd Div.)
- Section (NM-PLSS 1st Div.)
- TownshipRange (NM-PLSS)
- Laterals
- API (30-015-...) SHL Status - Type (Count)
- Horizontal Surface Location (65)
- Active - Oil (23)
- Active - Gas (21)
- Active - Salt Water Disposal (1)
- Active - Injection (8)
- Permitted - Oil (1)
- Permitted - Salt Water Disposal (1)
- Plugged (Site Released) - Oil (78)
- Plugged (Site Released) - Gas (14)
- Plugged (Site Released) - Injection (1)
- Expired TA - Oil (1)
- Canceled Location (17)
- API (30-015-...) BHL Status - Type (Count)
- Active - Gas (1)
- Permitted - Oil (12)
- Canceled Location (9)

Well Data Source: NM-OCED, DrillingInfo (2019)





Clara Allen SWD No 1  
1 Mile Area of Review List

| API (30-015-...) | WELL NAME                        | WELL TYPE | STATUS | OPERATOR                            | TVD (FT.) | LATITUDE (NAD83 DD) | LONGITUDE (NAD83 DD) | SPUD DATE  | FIELD  |
|------------------|----------------------------------|-----------|--------|-------------------------------------|-----------|---------------------|----------------------|------------|--|
| 02335            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | NR        | 32.6037254000       | -104.127904100       | NR         |  |
| 02349            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | NR        | 32.5891418000       | -104.1279893000      | NR         |  |
| 03630            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | 1055      | 32.5825729000       | -104.112781800       | 4/15/1961  |  |
| 03631            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | NR        | 32.5825729000       | -104.120414700       | NR         |  |
| 03632            | PRE-ONGARD WELL #002             | O         | P      | PRE-ONGARD WELL OPERATOR            | 1195      | 32.5907272000       | -104.106918300       | 5/27/1952  |  |
| 03633            | PRE-ONGARD WELL #002             | O         | P      | PRE-ONGARD WELL OPERATOR            | NR        | 32.5925484000       | -104.106918300       | NR         |  |
| 03634            | PRE-ONGARD WELL #002             | O         | P      | PRE-ONGARD WELL OPERATOR            | 1597      | 32.5898209000       | -104.103706400       | NR         |  |
| 03636            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | NR        | 32.5898209000       | -104.100486800       | NR         |  |
| 03637            | PRE-ONGARD WELL #003             | O         | P      | PRE-ONGARD WELL OPERATOR            | 1190      | 32.5898209000       | -104.104774500       | NR         |  |
| 10246            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | 1201      | 32.5943527000       | -104.102630600       | 8/24/1963  |  |
| 10742            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | 940       | 32.5937276000       | -104.127731300       | 2/28/1966  |  |
| 10743            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | 895       | 32.5855293000       | -104.128501100       | 2/29/1966  |  |
| 10829            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | 3890      | 32.5825691000       | -104.107994100       | 5/24/1966  |  |
| 10875            | PRE-ONGARD WELL #002             | O         | P      | PRE-ONGARD WELL OPERATOR            | 1172      | 32.5816612000       | -104.106926200       | 10/6/1966  |  |
| 20374            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | 1352      | 32.6007195000       | -104.112742000       | 12/29/1971 |  |
| 20825            | SUPERIOR FEDERAL COM #001        | G         | P      | MAXIMATION OIL CO                   | 11700     | 32.5907135000       | -104.099418600       | 3/28/1973  | [73200] BURTON FLAT, ATOKA, EAST (GAS)   |
| 20911            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | 1174      | 32.6010170000       | -104.128493000       | 7/28/1973  |  |
| 21457            | PRE-ONGARD WELL #001             | O         | P      | PRE-ONGARD WELL OPERATOR            | 11415     | 32.6046867000       | -104.124061600       | 2/9/1975   |  |
| 22049            | WILLIAMSON BC #004               | G         | P      | EDG Y RESOURCES, INC.               | 11640     | 32.5862045000       | -104.115631100       | 6/28/1977  | [87680] WINCHESTER, UPPER PENN (GAS)   |
| 22074            | MARALO H. FEDERAL COM #001       | G         | A      | EDG Y RESOURCES, INC.               | 11700     | 32.5864410000       | -104.124198900       | 3/24/1977  | [73200] BURTON FLAT, MORROW, EAST (GAS)  |
| 22908            | SUPERIOR RJ FEDERAL COM #001     | G         | A      | EDG Y RESOURCES, INC.               | 11586     | 32.5925598000       | -104.118751500       | 11/21/1994 | [73200] BURTON FLAT, ATOKA, EAST (GAS); [73400] BURTON FLAT, STRAWN, EAST (GAS)  |
| 23180            | ANTONGIOVANNI NJ FEDERAL #001    | G         | A      | EDG Y RESOURCES, INC.               | 11663     | 32.5973854000       | -104.128493000       | 3/7/1980   | [73200] BURTON FLAT, ATOKA, EAST (GAS); [87600] WINCHESTER, MORROW (GAS)   |
| 23979            | SUPERIOR FEDERAL #006            | G         | P      | CIMAREX ENERGY CO. OF COLORADO      | 11600     | 32.5970917000       | -104.115493900       | 12/19/1981 | [73200] BURTON FLAT, ATOKA, EAST (GAS); [73300] BURTON FLAT, MORROW, EAST (GAS); [73400] BURTON FLAT, STRAWN, EAST (GAS) |
| 25400            | PRE-ONGARD WELL #007             | O         | C      | PRE-ONGARD WELL OPERATOR            | 0         | 32.5973668566       | -104.121631596       | -          |  |
| 26301            | PRE-ONGARD WELL #007             | O         | P      | PRE-ONGARD WELL OPERATOR            | 3600      | 32.6003914000       | -104.099746700       | 3/26/1980  |  |
| 31302            | RUSSELL B FEDERAL #001           | G         | P      | DEVON ENERGY PRODUCTION COMPANY, LP | 11700     | 32.5931740000       | -104.103706400       | 12/27/2000 | [65010] WINCHESTER, BONE SPRING; [73200] BURTON FLAT, ATOKA, EAST (GAS); [73300] BURTON FLAT, MORROW, EAST (GAS)         |
| 32521            | GATUNA CANYON S FEDERAL COM #001 | G         | A      | MEMBOURNE OIL CO                    | 11630     | 32.5979643000       | -104.103698700       | 1/18/2002  | [73200] BURTON FLAT, ATOKA, EAST (GAS); [73300] BURTON FLAT, MORROW, EAST (GAS)  |
| 33041            | COLT S FEDERAL #001              | G         | A      | MEMBOURNE OIL CO                    | 11670     | 32.6007195000       | -104.111206100       | 12/13/2003 | [73200] BURTON FLAT, ATOKA, EAST (GAS); [73300] BURTON FLAT, MORROW, EAST (GAS)  |
| 33905            | RUGER 6 FEDERAL #001             | G         | A      | MEMBOURNE OIL CO                    | 11570     | 32.6054500000       | -104.108634900       | 2/23/2005  | [73200] BURTON FLAT, ATOKA, EAST (GAS); [73300] BURTON FLAT, MORROW, EAST (GAS)  |
| 34208            | RUGER 6 FEDERAL #002             | G         | A      | MEMBOURNE OIL CO                    | 11500     | 32.6055756000       | -104.116133800       | 9/27/2005  | [73200] BURTON FLAT, ATOKA, EAST (GAS); [73300] BURTON FLAT, MORROW, EAST (GAS)  |
| 34968            | RUGER 6 FEDERAL #003             | G         | A      | MEMBOURNE OIL CO                    | 0         | 32.6073647000       | -104.109062200       | -          | [65010] WINCHESTER, BONE SPRING  |
| 37183            | GATUNA CANYON S FEDERAL #004E    | O         | C      | MEMBOURNE OIL CO                    | 0         | 32.59566312900      | -104.09830820000     | -          | [65010] WINCHESTER, BONE SPRING  |
| 37198            | RUGER 6 FEDERAL COM #003H        | O         | A      | MEMBOURNE OIL CO                    | 8979      | 32.60968400000      | -104.11154170000     | 4/15/2011  | [65010] WINCHESTER, BONE SPRING  |
| 37199            | RUGER 6 FEDERAL COM #003H        | O         | C      | MEMBOURNE OIL CO                    | 0         | 32.6097133392       | -104.117454597       | -          | [65010] WINCHESTER, BONE SPRING  |
| 39295            | THOMPSON S FEDERAL #002H         | O         | A      | MEMBOURNE OIL CO                    | 7883      | 32.59288070000      | -104.08966830000     | 4/18/2012  | [65010] WINCHESTER, BONE SPRING  |
| 39686            | RUGER 6 FEDERAL COM #004H        | O         | A      | MEMBOURNE OIL CO                    | 9000      | 32.60953140000      | -104.10827640000     | 1/24/2012  | [65010] WINCHESTER, BONE SPRING  |
| 41029            | WILLIAMSON KC FEDERAL #004H      | O         | A      | EDG Y RESOURCES, INC.               | 0         | 32.5862081000       | -104.121414200       | -          | [65010] WINCHESTER, BONE SPRING  |
| 41040            | THOMPSON S FEDERAL #003H         | O         | A      | MEMBOURNE OIL CO                    | 7852      | 32.5890923000       | -104.089157100       | 2/16/2013  | [65010] WINCHESTER, BONE SPRING  |
| 41781            | HENRY B II FEDERAL #001H         | O         | A      | MEMBOURNE OIL CO                    | 7877      | 32.5855179000       | -104.089157100       | 1/12/2013  | [65010] WINCHESTER, BONE SPRING  |
| 41897            | SAVAGE S EN FEDERAL #001H        | O         | A      | MEMBOURNE OIL CO                    | 6922      | 32.60388995000      | -104.106491100       | 2/9/2014   | [65010] WINCHESTER, BONE SPRING  |
| 42804            | SIG 5 S BXL FEDERAL #003H        | O         | C      | MEMBOURNE OIL CO                    | 0         | 32.6007978187       | -104.096381800       | -          | [65010] WINCHESTER, BONE SPRING  |
| 43921            | WILLIAMSON BC FEDERAL COM #007H  | O         | N      | EDG Y RESOURCES, INC.               | 0         | 32.3537580000       | -104.072650000       | -          | [65010] WINCHESTER, BONE SPRING  |
| 44047            | SIG 5 S BXC FEDERAL COM #007H    | O         | N      | MEMBOURNE OIL CO                    | 0         | 32.6081352800       | -104.096945100       | -          | [65010] WINCHESTER, BONE SPRING  |
| 44126            | SIG 5 S B7FE FEDERAL COM #001H   | O         | N      | MEMBOURNE OIL CO                    | 0         | 32.6039010600       | -104.096187833       | -          | [65010] WINCHESTER, BONE SPRING  |



**Clara Allen SWD No. 1**  
**1 Mile Offset Operators**  
 Solaris Water Midstream  
 Eddy County, NM

PCS: NAD 1983 SPCS NM-E FPS 3001 (US FL)

Drawn by: SJL Date: 3/6/2019 Approved by: CBW

**LONGQUIST & CO. LLC**

PETROLEUM  
ENGINEERS

ENERGY  
ADVISORS

AUSTIN HOUSTON WICHITA DENVER CALGARY

+ Clara Allen SWD No. 1

1 Mile Radius

□ QQ-Section (NM-PLSS 2nd Div.)

□ Section (NM-PLSS 1st Div.)

□ TownshipRange (NM-PLSS)

□ Surface Owner Property (BALLARD, HARLEY W & CAROL J (JT))

--- Laterals

API (30-015-...) SHL Status - Type (Count)

○ Horizontal Surface Location (13)

○ Active - Gas (7)

○ Permitted - Oil (1)

○ Plugged (Site Released) - Oil (18)

○ Plugged (Site Released) - Gas (4)

○ Canceled Location (1)

API (30-015-...) BHL Status - Type (Count)

○ Active - Oil (6)

○ Permitted - Oil (3)

○ Canceled Location (4)

Operators

■ EOG RESOURCES INC

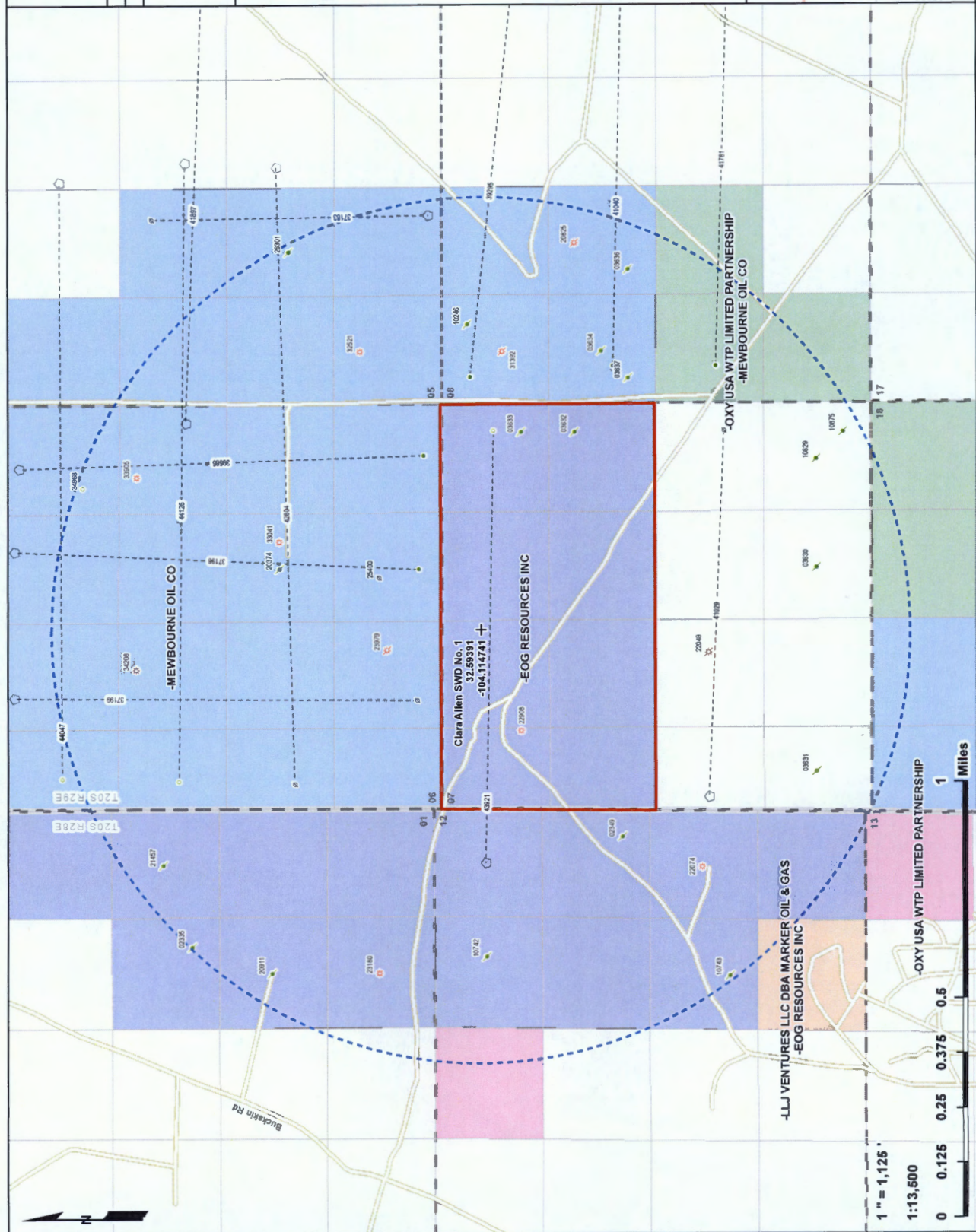
■ LLJ VENTURES LLC DBA MARKER OIL & GAS - EOG RESOURCES INC

■ MEWBOURNE OIL CO

■ -OXY USA WTP LIMITED PARTNERSHIP

■ -OXY USA WTP LIMITED PARTNERSHIP - MEWBOURNE OIL CO

Well Data Source: NM-OCO, DrillingInfo (2019)





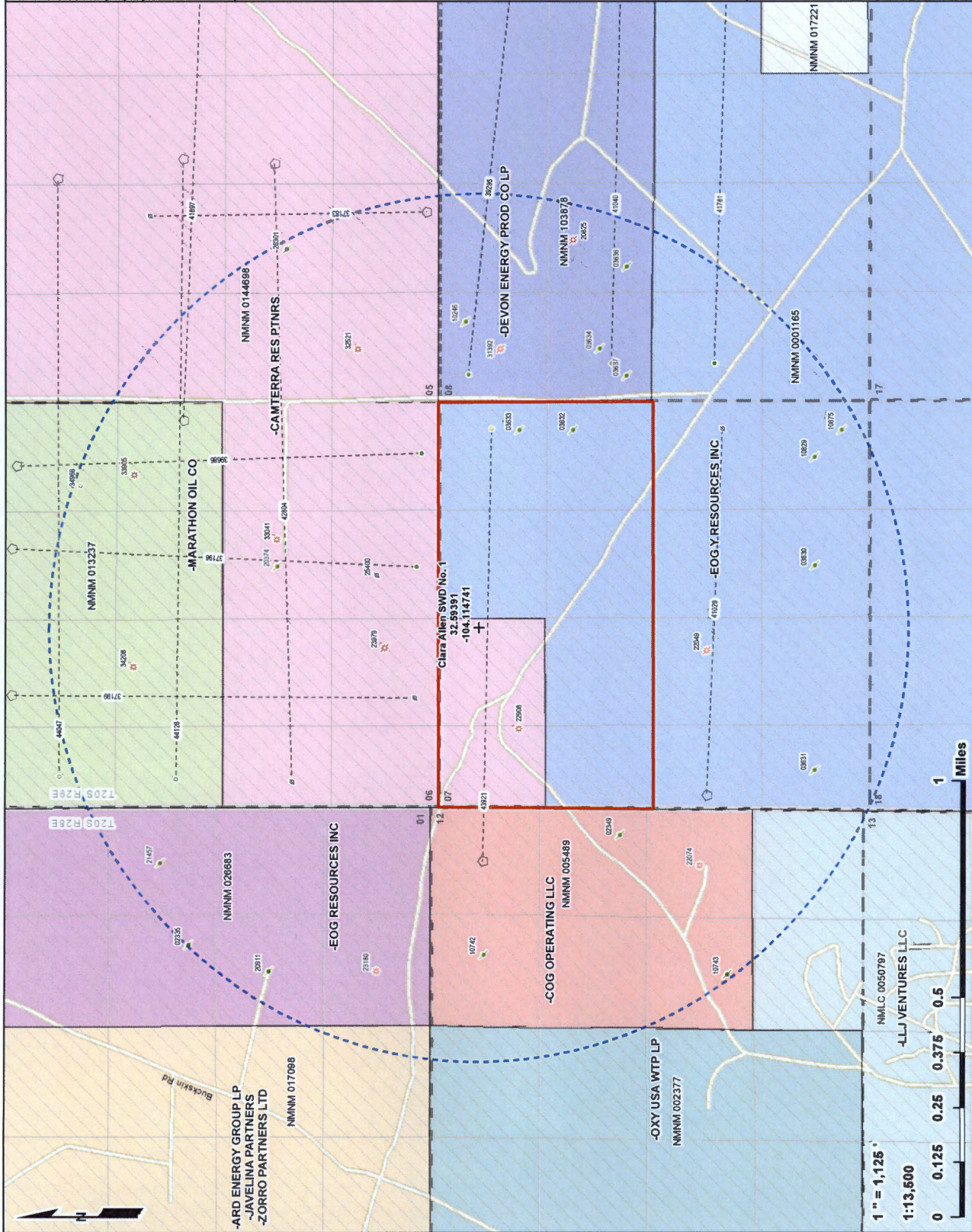
**Clara Allen SWD No. 1**  
**1 Mile Offset Lessees**  
**Solaris Water Midstream**  
**Eddy County, NM**

PCS: NAD 1983 SPCS NAD EPS 3001 (US Ft.)  
 Drawn by: SJL Date: 3/6/2019 Approved by: CBW

**LONGQUEST & CO. LLC**

**PETROLEUM ENGINEERS ENERGY ADVISORS**  
 AUSTIN HOUSTON WICHITA DENVER CALGARY

- Clara Allen SWD No. 1**  
 1 Mile Radius  
 QQ-Section (NM-PLSS 2nd Div.)  
 Section (NM-PLSS 1st Div.)  
 Township/Range (NM-PLSS)  
 Surface Owner Property (BALLARD, HARLEY W & CAROL J (JT))  
 NM - BLM (O&G Leases)  
 Lateral  
 API (30-015-...) SHL Status - Type (Count)  
 Horizontal Surface Location (13)  
 Active - Gas (7)  
 Permitted - Oil (1)  
 Plugged (Site Released) - Oil (18)  
 Plugged (Site Released) - Gas (4)  
 Canceled Location (1)  
 API (30-015-...) BHL Status - Type (Count)  
 Active - Oil (6)  
 Permitted - Oil (3)  
 Canceled Location (4)
- Lessees**  
 -ARD ENERGY GROUP LP, JAVELINA PARTNERS, -  
 ZORRO PARTNERS LTD  
 -CAMTERRA RES PTNRS  
 -COG OPERATING LLC  
 -DEVON ENERGY PROD CO LP  
 -EOG RESOURCES INC  
 -EOG Y RESOURCES INC  
 -LLJ VENTURES LLC  
 -MARATHON OIL CO  
 -OXY USA WTP LP
- Well Data Source: NM-OC, DrillingInfo (2019)**





Clara Allen SWD No. 1  
1 Mile Offset Operators and Lessees List

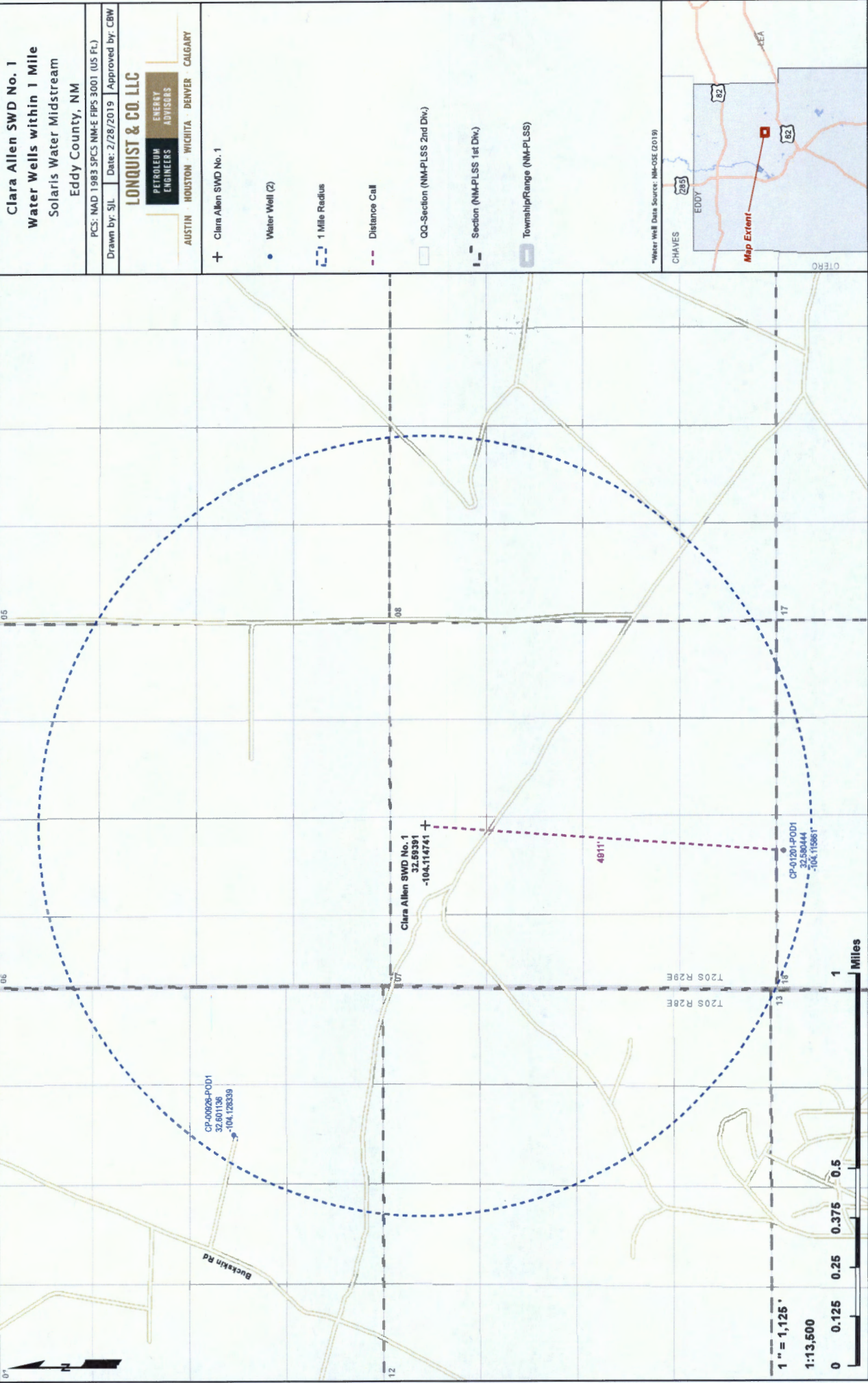
| S/T/R            | QQ UNIT LETTER(S)                  | OPERATOR   | MINERAL LESSEE      | MINERAL OWNER             | SURFACE OWNER                    | ADDRESS 1  | ADDRESS 2   |
|------------------|------------------------------------|--|---------------------|---------------------------|----------------------------------|--|---|
| 1/2005/20E       | A,G,H,I,J,O,P<br>K,N               | EOG RESOURCES INC  | -                   | -                         | -                                | PO BOX 2287<br>222 W 4TH ST PH 5<br>616 TEXAS ST<br>616 TEXAS ST | MIDLAND, TX 79702<br>FORT WORTH, TX 76102<br>FORT WORTH, TX 76102<br>FORT WORTH, TX 76102 |
| 6/2005/20E       | Entire Section                     | MEWBOURNE OIL CO   | -                   | -                         | -                                | PO BOX 5270  | HOBBES, NM 88241  |
| 5/2005/20E       | D,E,F,K,L,M,N                      | MEWBOURNE OIL CO   | -                   | -                         | -                                | PO BOX 5270  | HOBBES, NM 88241  |
| 8/2005/20E       | C,D,E,F<br>K,L,M                   | MEWBOURNE OIL CO   | -                   | -                         | -                                | PO BOX 5270  | HOBBES, NM 88241  |
| 7/2005/20E       | A,B,C,D,E,F,G,H<br>I,J,K,L,M,N,O,P | EOG RESOURCES INC  | -                   | -                         | -                                | PO BOX 4294<br>PO BOX 2287                                       | HOUSTON, TX 77210<br>MIDLAND, TX 79702  |
| 12/2005/20E      | A,B,G,H,I,J,P<br>C                 | EOG RESOURCES INC  | EOG Y RESOURCES INC | -                         | -                                | 106 S 4TH ST   | ARTESIA, NM 88210   |
|                  | O                                  | OXY USA WTP LIMITED PARTNERSHIP<br>LLJ VENTURES LLC DBA MARKER OIL & GAS | -                   | -                         | -                                | PO BOX 2287  | MIDLAND, TX 79702   |
|                  | F                                  | EOG RESOURCES INC  | -                   | -                         | -                                | PO BOX 4294  | HOUSTON, TX 77210   |
| 13/2005/20E      | A                                  | OXY USA WTP LIMITED PARTNERSHIP  | OXY USA WTP LP      | -                         | -                                | 6 DESTA DR #6000   | MIDLAND, TX 79705   |
| 18/2005/20E      | A,B                                | MEWBOURNE OIL CO   | -                   | -                         | -                                | PO BOX 5270  | HOBBES, NM 88241  |
|                  | C,D                                | OXY USA WTP LIMITED PARTNERSHIP<br>MEWBOURNE OIL CO                      | -                   | -                         | -                                | PO BOX 4294<br>PO BOX 5270                                       | HOUSTON, TX 77210<br>HOBBES, NM 88241   |
| Surface Location | -                                  | -  | -                   | BUREAU OF LAND MANAGEMENT | BALLARD, HARLEY W & CAROL J (JT) | 18 16-2 N CANAL  | CARLSBAD, NM 88220  |



Clara Allen SWD No. 1  
Offsetting Produced Water Analysis

| Well Name                                | API        | Section | Township | Range | Unit | County | Formation            | ph   | tds_mgl  | sodium_mgl | calcium_mgl | iron_mgl | magnesium_mgl | manganese_mgl | chloride_mgl | bicarbonate_mgl | sulfate_mgl | co2_mgl |
|--|------------|---------|----------|-------|------|--------|----------------------|------|----------|------------|-------------|----------|---------------|---------------|--------------|-----------------|-------------|---------|
| MCKEE #001                               | 3001503642 | 11      | 205      | 29E   | K    | EDDY   | ARTESIA              |      | 7941.1   |            |             |          |               |               |              | 14350           | 1378        | 2808    |
| MCKEE #001                               | 3001503642 | 11      | 205      | 29E   | K    | EDDY   | ARTESIA              |      | 28684    |            |             |          |               |               |              | 17030           | 61          | 612     |
| TRIGG AC FED #001                        | 3001503645 | 13      | 205      | 29E   | C    | EDDY   | ARTESIA              |      | 26017    |            |             |          |               |               |              | 17160           | 1672        | 3042    |
| TRIGG OOD ST #001                        | 3001510002 | 2       | 205      | 29E   | E    | EDDY   | ARTESIA              |      | 23528    |            |             |          |               |               |              | 8526            | 2416        | 4466    |
| COLT FEDERAL #001                        | 3001527288 | 4       | 205      | 28E   | P    | EDDY   | BONE SPRING          | 6.58 | 1594.98  |            | 1286        | 8        | 127           | 0.5           | 65           | 3352.36         | 93          | 5       |
| COLT FEDERAL #001                        | 3001527288 | 4       | 205      | 28E   | P    | EDDY   | BONE SPRING          | 7.22 | 6037.86  |            | 2217.84     | 36.144   | 6.024         |               |              | 220.88          | 141.564     |         |
| STONEWALL DS FEDERAL COM #002            | 3001521640 | 29      | 205      | 28E   | J    | EDDY   | BONE SPRING          | 8.1  | 131898   |            | 6407.17     | 5.465    | 1394.67       |               |              | 85953.5         | 635.033     | 2418.81 |
| STONEWALL DS FEDERAL COM #002            | 3001521640 | 29      | 205      | 28E   | J    | EDDY   | BONE SPRING          | 8    | 142444   |            | 45649.6     | 10949.3  | 1820.88       |               |              | 93828.2         | 678.602     | 1878.7  |
| BURTON FLAT DEEP UNIT #047H              | 3001540517 | 28      | 205      | 28E   | J    | EDDY   | BONE SPRING 1ST SAND | 7.1  | 192409.6 |            | 72267.4     | 1344.2   | 365.9         |               | 0            | 114048.2        | 3074        | 0       |
| BURTON FLAT DEEP UNIT #047H              | 3001540518 | 28      | 205      | 28E   | I    | EDDY   | BONE SPRING 1ST SAND | 7    | 197408.9 |            | 76634.4     | 24       | 397.1         |               | 0            | 114242.9        | 2196        | 0       |
| BURTON FLAT DEEP STATE FEDERAL COM #048H | 3001540517 | 28      | 205      | 28E   | J    | EDDY   | BONE SPRING 1ST SAND | 7.7  | 184770.2 |            | 71077.4     | 1425.2   | 390.9         |               | 0            | 108741          | 719.8       | 0       |
| BURTON FLAT DEEP STATE FEDERAL COM #048H | 3001540518 | 28      | 205      | 28E   | I    | EDDY   | BONE SPRING 1ST SAND | 7.8  | 187016.7 |            | 72900.5     | 14.5     | 391.9         |               | 0            | 109200          | 695.4       | 0       |
| BURTON FLAT DEEP STATE FEDERAL COM #048H | 3001540518 | 28      | 205      | 28E   | I    | EDDY   | BONE SPRING 1ST SAND | 6.4  | 185448.1 |            | 61572       | 1308     | 344           |               | 0.4          | 119363          | 683.2       | 680     |
| AVALLON DELAWARE UNIT #262               | 3001524414 | 30      | 205      | 28E   | O    | EDDY   | DELAWARE             | 10   | 110018   |            | 67321       | 1064     | 566           |               |              | 105500          | 1320        | 1368    |
| AVALLON DELAWARE UNIT #227               | 3001524710 | 30      | 205      | 28E   | F    | EDDY   | DELAWARE             | 10   | 131032   |            | 75440       | 1400     | 2600          |               |              | 125000          | 456         | 1320    |
| AVALLON DELAWARE UNIT #262               | 3001524414 | 30      | 205      | 28E   | O    | EDDY   | DELAWARE             | 10   | 13918    |            | 66125       | 1420     | 1880          |               |              | 108500          | 358         | 1600    |
| AVALLON DELAWARE UNIT #258               | 3001524546 | 30      | 205      | 28E   | M    | EDDY   | DELAWARE             | 10   | 100084   |            | 56097       | 2440     | 3660          |               |              | 100500          | 460         | 792     |
| AVALLON DELAWARE UNIT #242               | 3001524637 | 30      | 205      | 28E   | L    | EDDY   | DELAWARE             | 9.5  | 123556   |            | 71737       | 1840     | 0             |               |              | 118000          | 392         | 1128    |
| STONEWALL EP STATE #003                  | 3001522235 | 19      | 205      | 28E   | N    | EDDY   | DELAWARE             | 8.5  | 37852    |            | 74405       | 2120     | 17            |               |              | 330000          | 228         | 1152    |
| DOOLEY #001                              | 3001510044 | 24      | 205      | 29E   | M    | EDDY   | MORROW               |      | 11718    |            |             |          |               |               |              | 4466            | 1634        | 1411    |
| DOOLEY #001                              | 3001503625 | 2       | 205      | 29E   | M    | EDDY   | MORROW               |      | 31191    |            |             |          |               |               |              | 18540           | 188         | 1318    |
| STATE #001                               | 3001503625 | 2       | 205      | 29E   | O    | EDDY   | MORROW               |      | 31170    |            |             |          |               |               |              |                 |             |         |
| SLINKARD UR FEDERAL COM #002             | 3001524722 | 11      | 205      | 29E   | F    | EDDY   | STRAWN               | 6.2  | 117276   |            |             | 11480    | 43.8          |               |              | 77532           | 244         | 12.5    |
| SLINKARD UR FEDERAL #001                 | 3001523698 | 11      | 205      | 29E   | H    | EDDY   | STRAWN               | 6.1  | 90200.5  |            | 9200        | 5        | 1949.2        |               |              | 72846           | 146         | 50      |
| TRIGG AIN FEDERAL #001                   | 3001526697 | 28      | 205      | 29E   | C    | EDDY   | STRAWN               | 6.1  | 90200.5  |            | 8440        | 15       | 248.5         |               |              | 55380           | 244         | 12.5    |
| SLINKARD UR FEDERAL COM #004             | 3001526762 | 12      | 205      | 29E   | C    | EDDY   | STRAWN               | 6.2  | 113541   |            | 8520        | 23.8     | 734.3         |               |              | 69864           | 171         | 12.5    |
| SLINKARD UR FEDERAL #001                 | 3001520008 | 32      | 205      | 29E   | P    | EDDY   | STRAWN               | 5.9  | 108466   |            |             |          |               |               |              | 66700           | 146         | 270     |
| YATES FEDERAL #001                       | 3001520008 | 32      | 205      | 29E   | P    | EDDY   | STRAWN               | 5.9  | 99199    |            |             |          |               |               |              | 61300           | 146         | 180     |
| STATE AC COM #001                        | 3001527299 | 21      | 205      | 28E   | J    | EDDY   | WOLF CAMP            | 6.2  | 41597    |            |             |          |               |               |              | 25000           | 449         | 76      |
| STATE AC COM #001                        | 3001527299 | 21      | 205      | 28E   | J    | EDDY   | WOLF CAMP            | 6.2  | 43441    |            |             |          |               |               |              | 26100           | 446         | 100     |
| FED UNION #001                           | 3001502416 | 22      | 205      | 28E   | O    | EDDY   | WOLF CAMP            | 6.7  | 55965    |            |             |          |               |               |              | 32400           | 252         | 2260    |
| FED UNION #001                           | 3001502416 | 22      | 205      | 28E   | O    | EDDY   | WOLF CAMP            | 6.7  | 55965    |            |             |          |               |               |              | 32400           | 252         | 2260    |









# New Mexico Office of the State Engineer

## Water Right Summary



[get image list](#)

**WR File Number:** CP 01260      **Subbasin:** CP      **Cross Reference:-**  
**Primary Purpose:** PRO 72-12-1 PROSPECTING OR DEVELOPMENT OF NATURAL RESOURCE  
**Primary Status:** PMT PERMIT  
**Total Acres:**      **Subfile:** -  
**Total Diversion:** 0      **Cause/Case:** -  
**Agent:** GRR, INC  
**Contact:** SCOTT GREGORY  
**Owner:** DEVON ENERGY CO  
**Contact:** SCOTT GREGORY

### Documents on File

| Trn #                             | Doc   | File/Act   | Status |     | Transaction Desc. | From/<br>To | Acres | Diversion | Consumptive |
|-----------------------------------|-------|------------|--------|-----|-------------------|-------------|-------|-----------|-------------|
|                                   |       |            | 1      | 2   |                   |             |       |           |             |
| <a href="#">get images</a> 603552 | 72121 | 2013-11-15 | PMT    | APR | CP 01260          | T           |       | 3         |             |

### Current Points of Diversion

| POD Number                    | Well Tag | Source  | Q Q Q |    |   |             | X      | Y       | Other Location Desc |
|-------------------------------|----------|---------|-------|----|---|-------------|--------|---------|---------------------|
|                               |          |         | 64    | 16 | 4 | Sec Tws Rng |        |         |                     |
| <a href="#">CP 01201 POD1</a> |          | Shallow | 2     | 2  | 1 | 18 20S 29E  | 582983 | 3605121 |                     |





# New Mexico Office of the State Engineer Water Right Summary



**WR File Number:** CP 00926      **Subbasin:** CP      **Cross Reference:** -  
**Primary Purpose:** PRO 72-12-1 PROSPECTING OR DEVELOPMENT OF NATURAL RESOURCE  
**Primary Status:** PMT PERMIT  
**Total Acres:**      **Subfile:** -  
**Total Diversion:** 0      **Cause/Case:** -  
**Owner:** MOC  
**Contact:** JASON MALEY

## Documents on File

|                            | Trn #  | Doc   | File/Act   | Status |     | Transaction Desc. | From/<br>To | Acres | Diversion | Consumptive |
|----------------------------|--------|-------|------------|--------|-----|-------------------|-------------|-------|-----------|-------------|
|                            |        |       |            | 1      | 2   |                   |             |       |           |             |
| <a href="#">get images</a> | 476969 | 72121 | 2006-08-21 | EXP    | EXP | CP 00926          | T           |       | 1         |             |
| <a href="#">get images</a> | 476968 | 72121 | 2005-09-19 | EXP    | EXP | CP 00926          | T           |       | 3         |             |
| <a href="#">get images</a> | 476967 | 72121 | 2005-03-07 | EXP    | EXP | CP 00926          | T           |       | 3         |             |
| <a href="#">get images</a> | 476966 | 72121 | 2005-03-07 | EXP    | EXP | CP 00926          | T           |       | 3         |             |
| <a href="#">get images</a> | 476965 | 72121 | 2004-10-08 | EXP    | EXP | CP 00926          | T           |       | 3         |             |

## Current Points of Diversion

(NAD83 UTM in meters)

| POD Number                    | Well Tag | Source  | Q | Q | Q | 64 | 16  | 4   | Sec | Tws | Rng | X      | Y       | Other Location Desc |
|-------------------------------|----------|---------|---|---|---|----|-----|-----|-----|-----|-----|--------|---------|---------------------|
| <a href="#">CP 00926 POD1</a> |          | Shallow | 1 | 1 | 3 | 01 | 20S | 28E |     |     |     | 581793 | 3607405 |                     |



CARLSBAD  
**CURRENT-ARGUS**

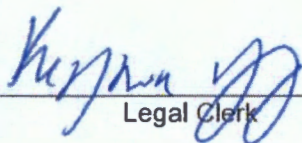
**AFFIDAVIT OF PUBLICATION**

Ad No.  
0001278778

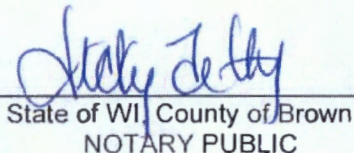
LONQUIST FIELD SERVICE  
1001 MCKINNEY ST., SUITE 1650  
HOUSTON TX 77002

I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

03/01/19

  
Legal Clerk

Subscribed and sworn before me this  
1st of March 2019.

  
State of WI, County of Brown  
NOTARY PUBLIC

9-19-21  
My Commission Expires

Ad#:0001278778  
P O : Clara Allen SWD  
# of Affidavits :0.00

**Legal Notice**

Solaris Water Midstream, LLC, 907 Tradewinds Blvd., Suite B, Midland, TX 79706, is filling Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division for administrative approval for its salt water disposal well Clara Allen SWD No. 1. The proposed well will be located 500' FNL & 2,200' FWL in Section 7, Township 20S, Range 29E in Eddy County, New Mexico. Disposal water will be sourced from area production, and will be injected into the Siluro-Devonian formation (determined by offset log analysis) through an open hole completion between a maximum applied for top of 12,475 feet to a maximum depth of 14,275 feet. The maximum surface injection pressure will not exceed 2,495 psi with a maximum rate of 40,000 BWPD. Interested parties opposing the action must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505, within 15 days. Additional information can be obtained from the applicant's agent, Lonquist & Co., LLC, at (512) 600-1774.

March 1, 2019









|                                     |   |                                 |          |
|-------------------------------------|---|---------------------------------|----------|
| Petroleum Synergy Group, Inc.       | 1641 California Street Suite 410 Denver, CO 80202 | USPS - 7017 2400 0001 0599 4043 | 3/7/2019 |
| Richard M. Yates                    | 428 Sandoval Street Suite 200 Santa Fe, NM 87501  | USPS - 7017 2400 0001 0599 4050 | 3/7/2019 |
| Rimco Exploration Partners II       | P. O. Box 7698 Tyler, TX 75711                    | USPS - 7017 2400 0001 0599 4067 | 3/7/2019 |
| Rimco Exploration Partners LP       | P. O. Box 7698 Tyler, TX 75711                    | USPS - 7017 2400 0001 0599 4067 | 3/7/2019 |
| RKI Exploration and Production, LLC | 3500 One Williams Ctr. Tulsa, OK 74172            | USPS - 7017 2400 0001 0599 4074 | 3/7/2019 |
| Santo Legado, LLC                   | P. O. Box 1020 Artesia, NM 88211                  | USPS - 7017 2400 0001 0599 4081 | 3/7/2019 |
| Sharon W. Scott                     | 215 W. 3rd Street Roswell, NM 88201               | USPS - 7017 2400 0001 0599 4098 | 3/7/2019 |
| Siete Oil & Gas Corporation         | P. O. Box 2523 Roswell, NM 88202                  | USPS - 7017 2400 0001 0599 4104 | 3/7/2019 |
| St Devote, LLC                      | 919 Millam Street Suite 2475 Houston, TX 77002    | USPS - 7017 2400 0001 0599 4111 | 3/7/2019 |
| Staghorn Resources, LLC             | 406 S. Boulder Tulsa, OK 74103                    | USPS - 7017 2400 0001 0599 4128 | 3/7/2019 |
| Strata Production Company           | P. O. Box 1030 Roswell, NM 88202                  | USPS - 7017 2400 0001 0599 4135 | 3/7/2019 |
| Stratco Operating Company, Inc.     | 400 Buckeye Trail Austin, TX 78746                | USPS - 7017 2400 0001 0599 4142 | 3/7/2019 |
| Summit Exploration, LLC             | 525 S. Main Suite 1200 Tulsa, OK 74103            | USPS - 7017 2400 0001 0599 4159 | 3/7/2019 |
| Tandem Oil Company                  | 11759 San Vicente Suite 2 Los Angeles, CA 90049   | USPS - 7017 2400 0001 0599 4166 | 3/7/2019 |
| Tipperary Oil & Gas Corporation     | P. O. Box 3179 Midland, TX 79702                  | USPS - 7017 2400 0001 0599 4173 | 3/7/2019 |
| Unit Petro Company                  | P. O. Box 702500 Tulsa, OK 74170                  | USPS - 7017 2400 0001 0599 4180 | 3/7/2019 |
| Viadin, LLC                         | P. O. Box 100 Roswell, NM 88202                   | USPS - 7017 2400 0001 0599 4197 | 3/7/2019 |
| Whiting Petroleum Corporation       | 1700 Broadway Suite 2300 Denver, CO 80290         | USPS - 7017 2400 0001 0599 4293 | 3/7/2019 |
| Wildcat Energy, LLC                 | P. O. Box 13323 Odessa, TX 79768                  | USPS - 7017 2400 0001 0599 4210 | 3/7/2019 |
| XTO Holdings, LLC                   | 22777 Springwoods Village Pkwy. Spring, TX 77389  | USPS - 7017 2400 0001 0599 4227 | 3/7/2019 |
| Zorro Partners LTD                  | 616 Texas St. Fort Worth, TX 76102                | USPS - 7017 2400 0001 0599 4234 | 3/7/2019 |



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

1. Article Addressed to:

**OIL CONSERVATION DIVISION  
DISTRICT II  
811 S FIRST ST  
ARTESIA NM 88210  
1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9907 70

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3404

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

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☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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If YES, enter delivery address below: ☐ No

3. Service Type

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☒ Certified Mail®

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☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

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☐ Registered Mail™  
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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  
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Extra Services & Fees (check box, add fee as appropriate)

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☐ Return Receipt (electronic) \$  
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☐ Adult Signature Restricted Delivery \$

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**OIL CONSERVATION DIVISION  
DISTRICT II  
811 S FIRST ST  
ARTESIA NM 88210  
1916-CLARA ALLEN SWD #1**

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

See Reverse for Instructions



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1. Article Addressed to:

**OIL CONSERVATION DIVISION  
DISTRICT IV  
1220 S ST FRANCIS DR  
SANTA FE NM 87505  
1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9907 63

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3411**

**COMPLETE THIS SECTION ON DELIVERY**

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**X**

- ☐ Agent  
☐ Addressee

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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) |   |

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

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

**CERTIFIED MAIL®**



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

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

Postage

\$

Total Pk

\$

Sent To

Street a

City, St

**OIL CONSERVATION DIVISION  
DISTRICT IV  
1220 S ST FRANCIS DR  
SANTA FE NM 87505  
1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**HARLEY BALLARD  
1819-2 N CANAL  
CARLSBAD NM 88220**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9907 56

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3428**

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®

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

\$

Sent

\$

Sent

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Sent

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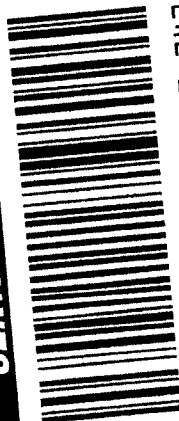
**HARLEY BALLARD  
1819-2 N CANAL  
CARLSBAD NM 88220**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3428  
7017 2400 0001 0599 3428

Postmark  
Here



**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:

**BUREAU OF LAND MANAGEMENT**  
**620 E GREENE STREET**  
**CARLSBAD NM 88220**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9907 49

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3435**

**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



7017 2400 0001 0599 3435  
 7017 2400 0001 0599 3435

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

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

Street

City

**BUREAU OF LAND MANAGEMENT**  
**620 E GREENE STREET**  
**CARLSBAD NM 88220**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**ARD ENERGY GROUP, LP  
ARD OIL, LP  
222 W 4<sup>TH</sup> STREET PH 5  
FT WORTH TX 76102  
1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9907 32

2. Article Number (Transfer from envelope label)

7017 2400 0001 0599 3442

**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

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

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sen

State

City

Postmark  
Here

**ARD ENERGY GROUP, LP  
ARD OIL, LP  
222 W 4<sup>TH</sup> STREET PH 5  
FT WORTH TX 76102  
1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3442  
7017 2400 0001 0599 3442



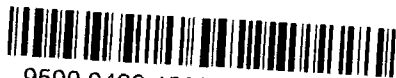
**SENDER: COMPLETE THIS SECTION**

- 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:

**AXIS ENERGY CORPORATION**  
**PO BOX 219303**  
**HOUSTON TX 77218**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9925 45

2 Article Number (Transfer from service label)

**7017 2400 0001 0599 3459**

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](http://www.usps.com)®.

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

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To

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St

City

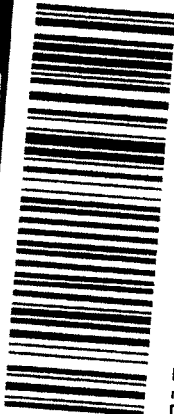
**AXIS ENERGY CORPORATION**  
**PO BOX 219303**  
**HOUSTON TX 77218**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3459  
 7017 2400 0001 0599 3459

Postmark  
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**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:

**CAMTERRA RESOURCES PARTNERS**  
**2615 E END BLVD. S**  
**MARSHALL TX 75670**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9927 29

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3466

**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

**U.S. Postal Service™**  
**CERTIFIED MAIL® 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

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Total

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State

City

**CAMTERRA RESOURCES PARTNERS**  
**2615 E END BLVD. S**  
**MARSHALL TX 75670**

**1916-CLARA ALLEN SWD #1**

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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®**



7017 2400 0001 0599 3466

7017 2400 0001 0599 3466



**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:

**CIMAREX ENERGY COMPANY**  
**1700 N LINCOLN STREET SUITE 3700**  
**DENVER CO 80230**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9927 12

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3473

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](http://www.usps.com)®.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services &amp; 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

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Total

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**CIMAREX ENERGY COMPANY**  
**1700 N LINCOLN STREET SUITE 3700**  
**DENVER CO 80230**

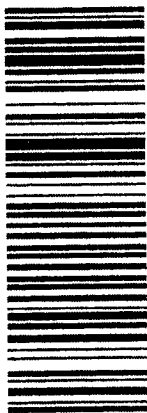
**1916-CLARA ALLEN SWD #1**

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®**



7017 2400 0001 0599 3473

7017 2400 0001 0599 3473

# SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

COG OPERATING LLC  
600 W ILLINOIS AVE  
MIDLAND TX 79701

1916-CLARA ALLEN SWD #1



9590 9402 4693 8323 9927 05

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3619

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

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

**X**

☐ 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

Postage

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Total

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COG OPERATING LLC  
600 W ILLINOIS AVE  
MIDLAND TX 79701

1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3619

7017 2400 0001 0599 3619

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**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:

**COLGATE PRODUCTION LLC  
306 W WALL STREET STE 500  
MIDLAND TX 79701**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9926 99

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3626**

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

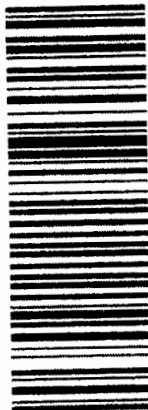
☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

**CERTIFIED MAIL®**



7017 2400 0001 0599 3626  
7017 2400 0001 0599 3626

**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

\$

Per

Str

City

**COLGATE PRODUCTION LLC  
306 W WALL STREET STE 500  
MIDLAND TX 79701**

**1916-CLARA ALLEN 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:

**CURTIS W MEWBOURNE**  
**CWM 2000-C, LTD**  
**PO BOX 7698**  
**TYLER TX 75711**  
**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9926 82

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3633

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent

**X**

☐ 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

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

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

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

Postage

\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Sent \$ \_\_\_\_\_

Street \_\_\_\_\_

City, State \_\_\_\_\_

**CURTIS W MEWBOURNE**  
**CWM 2000-C, LTD**  
**PO BOX 7698**  
**TYLER TX 75711**  
**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3633  
 7017 2400 0001 0599 3633



**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:

**DELMAR HUDSON LEWIS LIVING TRUST  
BY BANK OF AMERICA NA, TRUSTEE  
616 TEXAS ST  
FT WORTH TX 76102  
1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9926 75

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3640**

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](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

\$

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

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

Postage

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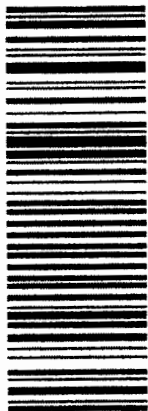
**DELMAR HUDSON LEWIS LIVING TRUST  
BY BANK OF AMERICA NA, TRUSTEE  
616 TEXAS ST  
FT WORTH TX 76102  
1916-CLARA ALLEN SWD #1**

Postmark  
Here

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

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



7017 2400 0001 0599 3640  
7017 2400 0001 0599 3640

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**DEVON ENERGY PRODUCTION CO, LP**  
**333 W SHERIDAN AVE**  
**OKLAHOMA CITY OK 73102**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9926 68

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3657

**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

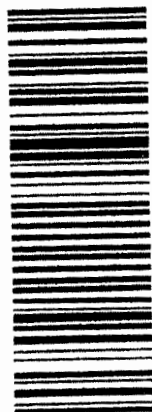
☐ Signature Confirmation™

☐ 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®**



7017 2400 0001 0599 3657  
 7017 2400 0001 0599 3657

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

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

**DEVON ENERGY PRODUCTION CO, LP**  
**333 W SHERIDAN AVE**  
**OKLAHOMA CITY OK 73102**

**1916-CLARA ALLEN SWD #1**

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

See Reverse for Instructions

Postmark  
 Here



**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:

**DOMINION OK TX EXPLORATION AND  
PRODUCTION INC  
14000 QUAIL SPRINGS PKY STE 600  
OKLAHOMA CITY OK 73134  
1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9926 51

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3664**

**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™

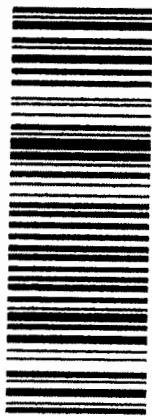
☐ Signature Confirmation Restricted Delivery

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®**



7017 2400 0001 0599 3664  
7017 2400 0001 0599 3664

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

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Service

Street

City

State

Zip

Country

Postmark Here

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

See Reverse for Instructions

DOMINION OK TX EXPLORATION AND  
PRODUCTION INC  
14000 QUAIL SPRINGS PKY STE 600  
OKLAHOMA CITY OK 73134  
1916-CLARA ALLEN SWD #1

**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:

**E G L EXPLORATION LP  
PO BOX 10886  
MIDLAND TX 79702**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9926 44

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3671**

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

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



7017 2400 0001 0599 3671  
7017 2400 0001 0599 3671

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

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

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

Postage

\$

Total

\$

Sent

State

City

**E G L EXPLORATION LP  
PO BOX 10886  
MIDLAND TX 79702**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**EDWARD R HUDSON JR  
616 TEXAS STREET  
FT WORTH TX 76102**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9926 37

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3688**

**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™

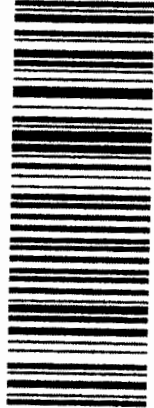
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

**CERTIFIED MAIL®**



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7017 2400 0001 0599 3688

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Tot:

\$

Ser

Str

City


**EDWARD R HUDSON JR  
616 TEXAS STREET  
FT WORTH TX 76102**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|---|--|---|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>                                    |  | A. Signature<br><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  |  |
| 1. Article Addressed to:<br><br><b>ENCANA OIL &amp; GAS (USA) INC</b><br><b>370 17<sup>TH</sup> STREET STE 1700</b><br><b>DENVER CO 80202</b><br><br><b>1916-CLARA ALLEN SWD #1</b><br><br><br>9590 9402 4693 8323 9926 20 |  | B. Received by (Printed Name)<br>C. Date of Delivery  |  |
| 2. Article Number (Transfer from service label)<br><b>7017 2400 0001 0599 3695</b>  |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |  |
|   |  | 3. Service Type<br><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |
| 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®**



7017 2400 0001 0599 3695  
7017 2400 0001 0599 3695

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only   |   |
|---|---|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.  |   |
| <b>OFFICIAL USE</b>   |   |
| Certified Mail Fee \$<br>Extra Services & Fees (check box, add fee as appropriate)<br><input type="checkbox"/> Return Receipt (hardcopy) \$<br><input type="checkbox"/> Return Receipt (electronic) \$<br><input type="checkbox"/> Certified Mail Restricted Delivery \$<br><input type="checkbox"/> Adult Signature Required \$<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ | Postmark Here   |
| Postage \$<br>Total \$<br>Sent \$<br>Sire \$<br>City,   | <b>ENCANA OIL &amp; GAS (USA) INC</b><br><b>370 17<sup>TH</sup> STREET STE 1700</b><br><b>DENVER CO 80202</b><br><br><b>1916-CLARA ALLEN SWD #1</b> |
| 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:

**ENERGEN RESOURCES COMPANY  
605 RICHARD ARRINGTON JR BLVD  
BIRMINGHAM, AL 35203**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9926 13

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3701**

**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®**



7017 2400 0001 0599 3701  
7017 2400 0001 0599 3701

**U.S. Postal Service™  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

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

Postage

\$

Tot

\$

Sei

Sir

Ch

**ENERGEN RESOURCES COMPANY  
605 RICHARD ARRINGTON JR BLVD  
BIRMINGHAM, AL 35203**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**ENERGEX COMPANY  
100 N PENNSYLVANIA  
ROSWELL NM 88201**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9933 13

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4241**

**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

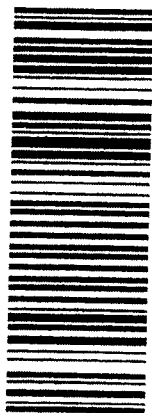
☐ Signature Confirmation™

☐ 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®**



7017 2400 0001 0599 4241

7017 2400 0001 0599 4241

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

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 Pos

\$

Sent To

Street and

City, State

**ENERGEX COMPANY  
100 N PENNSYLVANIA  
ROSWELL NM 88201**

**1916-CLARA ALLEN SWD #1**

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

Postmark  
Here



**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:

**EOG RESOURCES ASSETS, LLC  
5509 CHAMPIONS DRIVE  
MIDLAND TX 79706**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9926 06

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3718**

**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) |   |

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®**



7017 2400 0001 0599 3718  
7017 2400 0001 0599 3718

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

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Certified Mail Fee

\$

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

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

Postage

\$

Total

\$

Sent

Street

City

State

Zip

**EOG RESOURCES ASSETS, LLC  
5509 CHAMPIONS DRIVE  
MIDLAND TX 79706**

**1916-CLARA ALLEN SWD #1**

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

See Reverse for Instructions

Postmark  
Here

**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:

**EOG RESOURCES INC  
5000 N BIG SPRING STE 500  
MIDLAND TX 79705**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9925 83

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3725**

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

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CERTIFIED MAIL® RECEIPT  
Domestic Mail Only**

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

Certified Mail Fee

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

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

Postage

\$

Total

\$

Sen

State

City

**EOG RESOURCES INC  
5000 N BIG SPRING STE 500  
MIDLAND TX 79705**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3725  
7017 2400 0001 0599 3725

Postmark  
Here



**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:

**EOG RESOURCES INC  
333 CLAY STREET STE 4200  
HOUSTON TX 75711**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9925 76

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3749**

**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

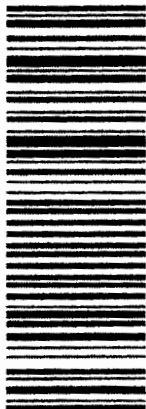
3. Service Type

- |  |   |
|--|---|
| <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) |   |

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®**



7017 2400 0001 0599 3749  
7017 2400 0001 0599 3749

**U.S. Postal Service™  
CERTIFIED MAIL® 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 | \$ |

Postage

\$

Total F

\$

Sent 7

Street

City, E

**EOG RESOURCES INC  
333 CLAY STREET STE 4200  
HOUSTON TX 75711**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**EOG Y RESOURCES INC  
105 S 4<sup>TH</sup> STREET  
ARTESIA NM 88210**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9925 69

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3732**

**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®**



7017 2400 0001 0599 3732  
7017 2400 0001 0599 3732

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

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$

Total \$

\$

Sent

Street

City, State

**EOG Y RESOURCES INC  
105 S 4<sup>TH</sup> STREET  
ARTESIA NM 88210**

**1916-CLARA ALLEN 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:

**FIDELITY OIL HOLDING INC  
918 E DIVIDE AVE STE 200  
BISMARCK ND 58501**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9925 52

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3756**

**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

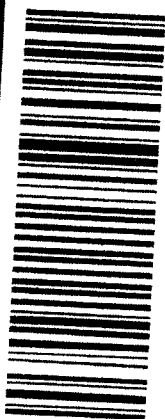
3. Service Type

- ☒ 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



7017 2400 0001 0599 3756  
7017 2400 0001 0599 3756

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

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

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

**FIDELITY OIL HOLDING INC  
918 E DIVIDE AVE STE 200  
BISMARCK ND 58501**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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

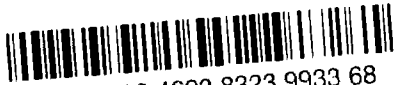
See Reverse for Instructions

**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:

**FIVE STATES 1991-A LTD  
FIVE STATES 1993-C, FIVE STATES 1994-B  
FIVE STATES CONSOLIDATED II  
4925 GREENVILLE AVE STE 1220  
DALLAS TX 75206  
1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9933 68

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3763**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent

☐ Addressee

**X**

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](http://www.usps.com)®.

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

\$

Sent

Street

City

**FIVE STATES 1991-A LTD  
FIVE STATES 1993-C, FIVE STATES 1994-B  
FIVE STATES CONSOLIDATED II  
4925 GREENVILLE AVE STE 1220  
DALLAS TX 75206  
1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3763  
7017 2400 0001 0599 3763



## 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:

**FROST BANK**  
**TRUSTEE FOR JT HUDSON FBO J.T.**  
**PO BOX 1600**  
**SAN ANTONIO TX 78296**  
**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9933 51

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3770

## 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®**



7017 2400 0001 0599 3770

7017 2400 0001 0599 3770

U.S. Postal Service™

**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services &amp; 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 to

Street

City, S

Postmark  
Here

**FROST BANK**  
**TRUSTEE FOR JT HUDSON FBO J.T.**  
**PO BOX 1600**  
**SAN ANTONIO TX 78296**  
**1916-CLARA ALLEN 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:

**GEORGE L SCOTT JR  
215 W 3<sup>RD</sup> STREET  
ROSWELL NM 88201**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9933 44

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3787**

**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®**



7017 2400 0001 0599 3787  
7017 2400 0001 0599 3787

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

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total \$

\$

Sent \$

Street

City, S

**GEORGE L SCOTT JR  
215 W 3<sup>RD</sup> STREET  
ROSWELL NM 88201**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**GREENVILLE TRADING COMPANY  
1220 ONE ENERGY SQUARE  
DALLAS TX 75206**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9933 20

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3794**

**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)

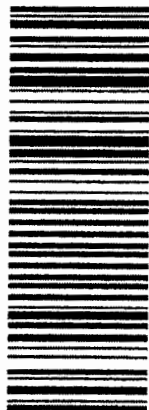
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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®**



7017 2400 0001 0599 3794

7017 2400 0001 0599 3794

**U.S. Postal Service™  
CERTIFIED MAIL® 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

State

City

**GREENVILLE TRADING COMPANY  
1220 ONE ENERGY SQUARE  
DALLAS TX 75206**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**HANLEY PETROLEUM LLC  
415 W WALL STREET STE 1500  
MIDLAND TX 79701**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9933 75

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3800**

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

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



7017 2400 0001 0599 3800  
7017 2400 0001 0599 3800

**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)

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

Postmark  
Here

Postage

\$

Total

\$

Sent

Street

City


**HANLEY PETROLEUM LLC  
415 W WALL STREET STE 1500  
MIDLAND TX 79701**

**1916-CLARA ALLEN SWD #1**

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

See Reverse for Instructions

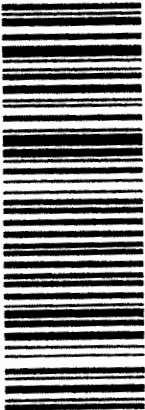


| SENDER: COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|---|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  |  | A. Signature<br><b>X</b> <div style="float: right;"> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee </div>  |  |
| 1. Article Addressed to:<br><br><p style="text-align: center;"><b>HUTCHINGS OIL COMPANY</b><br/> <b>PO BOX 1216</b><br/> <b>ALBUQUERQUE NM 87102</b></p> <p style="text-align: center;"><b>1916-CLARA ALLEN SWD #1</b></p> <br>9590 9402 4693 8323 9925 90 |  | B. Received by (Printed Name) _____ C. Date of Delivery _____<br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |  |
| 2. Article Number (Transfer from service label)<br><b>7017 2400 0001 0599 3817</b>  |  | 3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery<br/> <input type="checkbox"/> Insured Mail<br/> <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> |  |

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®**



7017 2400 0001 0599 3817  
7017 2400 0001 0599 3817

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

**OFFICIAL USE**

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


|  |    |
|--|----|
| Certified Mail Fee   |    |
| \$   |    |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage  |    |
| \$   |    |
| Total  | \$ |
| Sent   | 1  |
| Street   |    |
| City, S  |    |

**HUTCHINGS OIL COMPANY**  
**PO BOX 1216**  
**ALBUQUERQUE NM 87102**

**1916-CLARA ALLEN SWD #1**

PS Form 3800, April 2015 PSN 7530-02-000-8047


See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |                     |
|--|--|---|---------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br><b>X</b> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |                     |
| 1. Article Addressed to:<br><b>ISRAMCO ENERGY LLC</b><br><b>11767 KATY FWY STE 711</b><br><b>HOUSTON TX 77079</b><br><br><b>1916-CLARA ALLEN SWD #1</b>  |  | B. Received by (Printed Name)   | C. Date of Delivery |
| 2. Article Number (Transfer from service label)<br><b>7017 2400 0001 0599 3824</b>   |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                     |
| <br>9590 9402 4693 8323 9933 37   |  | 3. Service Type<br><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                     |

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.



7017 2400 0001 0599 3824  
7017 2400 0001 0599 3824

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

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

OFFICIAL USE

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

Postmark Here

**ISRAMCO ENERGY LLC**  
**11767 KATY FWY STE 711**  
**HOUSTON TX 77079**  
  
**1916-CLARA ALLEN 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:

**JAVELINA PARTNERS  
616 TEXAS STREET  
FT WORTH TX 76102**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9925 14

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3831**

**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®**



7017 2400 0001 0599 3831  
7017 2400 0001 0599 3831

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

**JAVELINA PARTNERS  
616 TEXAS STREET  
FT WORTH TX 76102**

**1916-CLARA ALLEN 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:

JETTA X2, LP  
777 TAYLOR STREET SUITE #PI D  
FT WORTH TX 76102

1916-CLARA ALLEN SWD #1



9590 9402 4693 8323 9930 16

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3848

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

☐ Signature Confirmation Restricted Delivery

☐ 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](http://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

\$

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\$

Sei

Sti

City

JETTA X2, LP

777 TAYLOR STREET SUITE #PI D

FT WORTH TX 76102

1916-CLARA ALLEN 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®



7017 2400 0001 0599 3848

7017 2400 0001 0599 3848

**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:

**JOYRAN CORPORATION**  
**63 WALL STREET 23<sup>RD</sup> FLOOR**  
**NEW YORK NY 10005**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9930 09

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3855**

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](http://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

\$

Sent

Street

City, State

**JOYRAN CORPORATION**  
**63 WALL STREET 23<sup>RD</sup> FLOOR**  
**NEW YORK NY 10005**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3855  
 7017 2400 0001 0599 3855

# 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:

LAGACY RESERVES OPERATING LP  
303 W WALL STREET STE 1800  
MIDLAND TX 79701

1916-CLARA ALLEN SWD #1



9590 9402 4693 8323 9929 96

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3862

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

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

**X**  
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](http://www.usps.com)®.

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

\$

Service

Street

City

LAGACY RESERVES OPERATING LP  
303 W WALL STREET STE 1800  
MIDLAND TX 79701

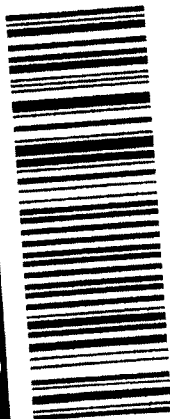
1916-CLARA ALLEN SWD #1

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®**



7017 2400 0001 0599 3862  
7017 2400 0001 0599 3862



**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:

**LIBERTY OG 1982-2  
PO BOX 430 JCT HWY 78  
LIVONIA LA 70755**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9929 89

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3879**

**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®**



7017 2400 0001 0599 3879  
7017 2400 0001 0599 3879

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

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

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

\$

Tot

\$

Se

St

City

**LIBERTY OG 1982-2  
PO BOX 430 JCT HWY 78  
LIVONIA LA 70755**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**LIBERTY OIL & GAS CORPORATION  
HC 78 BOX 430  
LIVONIA LA 70755**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9929 72

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3886**

**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

**U.S. Postal Service™**

**CERTIFIED MAIL® RECEIPT**

*Domestic Mail Only*

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$

Total

\$

Ser.

Str.

City

**LIBERTY OIL & GAS CORPORATION**

**HC 78 BOX 430**

**LIVONIA LA 70755**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3886

7017 2400 0001 0599 3886

## 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:

LINDY'S LIVING TRUST  
616 TEXAS ST  
FT WORTH TX 76102

1916-CLARA ALLEN SWD #1



9590 9402 4693 8323 9929 65

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3893

## 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? ☐ YesIf 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®**



7017 2400 0001 0599 3893  
7017 2400 0001 0599 3893

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

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

Certified Mail Fee

\$

Extra Services &amp; 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 to

Street

City, State

Zip

LINDY'S LIVING TRUST

616 TEXAS ST

FT WORTH TX 76102

1916-CLARA ALLEN SWD #1

Postmark  
Here

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:

**LLJ VENTURES LLC  
PO BOX 3188  
ROSWELL NM 88202**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9929 58

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3909**

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](http://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 P.

\$

Sent To

Street

City, St.

**LLJ VENTURES LLC  
PO BOX 3188  
ROSWELL NM 88202**

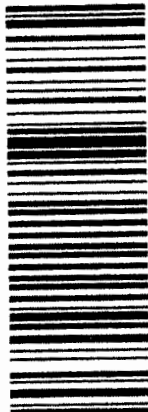
**1916-CLARA ALLEN SWD #1**

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®**



7017 2400 0001 0599 3909  
7017 2400 0001 0599 3909

**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**  
**202 S CHEYENNE AVE, ST 1000**  
**TULSA OK 74103**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9929 41

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3916**

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](http://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 \$

Postmark  
Here

Postage

\$

Total

\$

Sent

State

City

**MAGNUM HUNTER PRODUCTION INC**  
**202 S CHEYENNE AVE, ST 1000**  
**TULSA OK 74103**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3916  
 7017 2400 0001 0599 3916

**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:

MARATHON OIL COMPANY  
PO BOX 3128  
HOUSTON TX 77253

1916-CLARA ALLEN SWD #1



9590 9402 4693 8323 9929 34

2. Article Number (Transfer from service label)

7017 2400 0001 0599 3923

**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) |   |

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

Domestic Return Receipt

7017 2400 0001 0599 3923  
7017 2400 0001 0599 3923**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com)®.**OFFICIAL USE**

Certified Mail Fee

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

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

Postmark  
Here

Postage

\$  
Total  
\$  
\$6  
\$  
\$  
\$  
\$

MARATHON OIL COMPANY  
PO BOX 3128  
HOUSTON TX 77253

1916-CLARA ALLEN 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:

**MARATHON OIL PERMIAN, LLC**  
**5555 SAN FELIPE STREET**  
**HOUSTON TX 77056**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9929 27

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3930**

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

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

**CERTIFIED MAIL®**



7017 2400 0001 0599 3930  
 7017 2400 0001 0599 3930

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

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

Street

City

**MARATHON OIL PERMIAN, LLC**  
**5555 SAN FELIPE STREET**  
**HOUSTON TX 77056**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**MARY YATES-DAVIS  
207 S 4<sup>TH</sup> STREET  
ARTESIA NM 88210**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9929 10

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3947**

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](http://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 \$

Postmark  
Here

Postage

\$

Total

\$

Sent

Street

City

**MARY YATES-DAVIS  
207 S 4<sup>TH</sup> STREET  
ARTESIA NM 88210**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3947  
7017 2400 0001 0599 3947

**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:

**MEWBOURNE OIL COMPANY  
PO BOX 7698  
TYLER TX 75711**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9929 03

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3954**

**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) |   |

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

Domestic Return Receipt

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

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

Certified Mail Fee

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

Postage

\$

Total

\$

Sent

Street

City, S

**MEWBOURNE OIL COMPANY  
PO BOX 7698  
TYLER TX 75711**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 3954  
7017 2400 0001 0599 3954



**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:

**MICHAEL T HALBOUTY  
5100 WESTHEIMER ROAD  
HOUSTON TX 77058**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9928 97

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3961**

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

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

**CERTIFIED MAIL®**



7017 2400 0001 0599 3961  
7017 2400 0001 0599 3961

**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

State

City

**MICHAEL T HALBOUTY  
5100 WESTHEIMER ROAD  
HOUSTON TX 77058**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**OLYMPIC OIL & GAS CORPORATION**  
**1000 LOUISIANA STE 6770**  
**HOUSTON TX 77002**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9928 80

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3978**

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

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

**CERTIFIED MAIL®**



7017 2400 0001 0599 3978  
 7017 2400 0001 0599 3978

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

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 F

\$

Sent 1

Street

City, State

**OLYMPIC OIL & GAS CORPORATION**  
**1000 LOUISIANA STE 6770**  
**HOUSTON TX 77002**

**1916-CLARA ALLEN 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:

**ORION OG PROPERTIES  
PO BOX 2523  
ROSWELL NM 88202**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9928 73

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3985**

**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

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

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

**CERTIFIED MAIL®**



7017 2400 0001 0599 3985

7017 2400 0001 0599 3985

**U.S. Postal Service™**

**CERTIFIED MAIL® 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 \$

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**ORION OG PROPERTIES**

**PO BOX 2523**

**ROSWELL NM 88202**

**1916-CLARA ALLEN 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:

**OXY USA WTP, LP  
6 DESTA DRIVE STE 6000  
MIDLAND TX 79705**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9928 66

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 3992**

**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, FOLDED AT DOTTED LINE  
**CERTIFIED MAIL®**



7017 2400 0001 0599 3992

7017 2400 0001 0599 3992

**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 \$

Postmark  
Here

Postage

\$

Total Pos

\$

Sent To

Street and

City, State

**OXY USA WTP, LP  
6 DESTA DRIVE STE 6000  
MIDLAND TX 79705**

**1916-CLARA ALLEN SWD #1**

PS Form 3800, April 2015 PSN 7530-02-000-8047

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:

OXY USA INC  
PO BOX 300  
TULSA OK 74102

1916-CLARA ALLEN SWD #1



9590 9402 4693 8323 9928 59

2. Article Number (Transfer from service label)

7017 2400 0001 0599 4005

**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®**



7017 2400 0001 0599 4005  
7017 2400 0001 0599 4005

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

\$

Sent

Street

City

OXY USA INC

PO BOX 300

TULSA OK 74102

1916-CLARA ALLEN SWD #1

Postmark  
Here

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:

**PALADIN INC  
10265 E CLINTON  
SCOTTSDALE AZ 85260**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9928 42

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4012**

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](http://www.usps.com)®.

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

\$

Sen

Stre

City

**PALADIN INC  
10265 E CLINTON  
SCOTTSDALE AZ 85260**

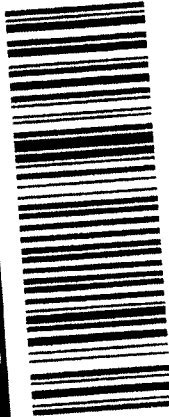
**1916-CLARA ALLEN SWD #1**

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®**



7017 2400 0001 0599 4012

7017 2400 0001 0599 4012



**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:

**PARKS & LUTTRELL INC  
1221 LAMAR STE 1328  
HOUSTON TX 77010**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9928 35

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4029**

**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®**



7017 2400 0001 0599 4029  
7017 2400 0001 0599 4029

**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

\$

Sent

Street

City

**PARKS & LUTTRELL INC  
1221 LAMAR STE 1328  
HOUSTON TX 77010**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**PERMEX PETROLEUM US CORPORATION  
PO BOX 1612  
ROSWELL NM 88202**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9928 28

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4036**

**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

**U.S. Postal Service™**  
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OFFICIAL USE

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

Postmark Here

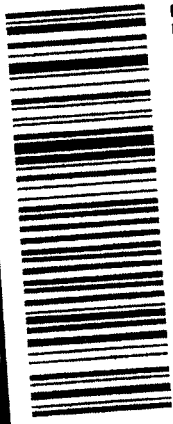
**PERMEX PETROLEUM US CORPORATION**  
**PO BOX 1612**  
**ROSWELL NM 88202**

**1916-CLARA ALLEN 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®



7017 2400 0001 0599 4036  
7017 2400 0001 0599 4036

**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:

**PETROLEUM SYNERGY GROUP INC**  
**1641 CALIFORNIA ST STE 410**  
**DENVER CO 80202**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9928 11

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4043**

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

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

**CERTIFIED MAIL®**



7017 2400 0001 0599 4043  
 7017 2400 0001 0599 4043

**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

\$

Sen

Stre

City

**PETROLEUM SYNERGY GROUP INC**  
**1641 CALIFORNIA ST STE 410**  
**DENVER CO 80202**

**1916-CLARA ALLEN 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:

**RICHARD M YATES**  
**428 SANDOVAL ST STE 200**  
**SANTA FE NM 87501**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9928 04

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4050**

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

☐ Signature Confirmation Restricted Delivery

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☐ Signature Confirmation Restricted Delivery

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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 f

\$

Sent 1

Street

City, S

**RICHARD M YATES**  
**428 SANDOVAL ST STE 200**  
**SANTA FE NM 87501**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 4050  
 7017 2400 0001 0599 4050

# 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:

**RIMCO EXPLORATION PARTNERS II**  
**RIMCO EXPLORATION PARTNERS LP**  
**PO BOX 7698**  
**TYLER TX 75711**  
**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9927 98

2. Article Number (Transfer from service label)

7017 2400 0001 0599 4067

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

**X**

☐ 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®**



7017 2400 0001 0599 4067  
 7017 2400 0001 0599 4067

# 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

\$

Sent

Street

City, S

**RIMCO EXPLORATION PARTNERS II**  
**RIMCO EXPLORATION PARTNERS LP**  
**PO BOX 7698**  
**TYLER TX 75711**  
**1916-CLARA ALLEN SWD #1**

Postmark  
 Here

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:

**RKI EXPLORATION AND PRODUCTION LLC  
3500 ONE WILLIAMS CTR  
TULSA OK 74172**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9927 81

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4074**

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

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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

\$

Sen

State

City

**RKI EXPLORATION AND PRODUCTION LLC  
3500 ONE WILLIAMS CTR  
TULSA OK 74172**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 4074

7017 2400 0001 0599 4074



**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:

**SANTO LEGADO LLC  
PO BOX 1020  
ARTESIA NM 88211**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9927 74

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4081**

**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) |   |

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®**



7017 2400 0001 0599 4081  
7017 2400 0001 0599 4081

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**OFFICIAL USE**

Certified Mail Fee

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

Postage

\$ \_\_\_\_\_

Total

\$ \_\_\_\_\_

Sent

\_\_\_\_\_

State

\_\_\_\_\_

City

\_\_\_\_\_

**SANTO LEGADO LLC  
PO BOX 1020  
ARTESIA NM 88211**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**SHARON W SCOTT  
215 W 3<sup>RD</sup> STREET  
ROSWELL NM 88201**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9927 67

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4098**

**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®**



7017 2400 0001 0599 4098  
7017 2400 0001 0599 4098

**U.S. Postal Service™  
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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

City, S

**SHARON W SCOTT  
215 W 3<sup>RD</sup> STREET  
ROSWELL NM 88201**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**SIETE OIL & GAS CORPORATION  
PO BOX 2523  
ROSWELL NM 88202**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9927 50

2. Article Number (Transfer from service label)

7017 2400 0001 0599 4104

**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

**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 Post

\$

Sent To

Street and

City, State

**SIETE OIL & GAS CORPORATION  
PO BOX 2523  
ROSWELL NM 88202**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 4104  
7017 2400 0001 0599 4104



# 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:

**ST DEVOTE, LLC**  
**919 MILAM ST STE 2475**  
**HOUSTON TX 77002**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9927 43

2. Article Number (Transfer from service label)

7017 2400 0001 0599 4111

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

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

**X**

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](http://www.usps.com)®.

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

\$

Sent

Street

City

**ST DEVOTE, LLC**  
**919 MILAM ST STE 2475**  
**HOUSTON TX 77002**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 4111  
 7017 2400 0001 0599 4111

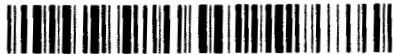
## SENDER: COMPLETE THIS SECTION

- 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:

STAGHORN RESOURCES LLC  
406 S BOULDER  
TULSA OK 74103

1916-CLARA ALLEN SWD #1



9590 9402 4693 8323 9927 36

## 2. Article Number (Transfer from service label)

## 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) |   |

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

Domestic Return Receipt

7017 2400 0001 0599 4128

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

CERTIFIED MAIL®



7017 2400 0001 0599 4128

7017 2400 0001 0599 4128

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OFFICIAL USE

## Certified Mail Fee

\$

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

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

## Postage

\$

Total

\$

Sen

Stn

City

Postmark  
Here

STAGHORN RESOURCES LLC  
406 S BOULDER  
TULSA OK 74103

1916-CLARA ALLEN 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:

**STRATA PRODUCTION COMPANY  
PO BOX 1030  
ROSWELL NM 88202**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9925 38

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4135**

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

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

**CERTIFIED MAIL®**



7017 2400 0001 0599 4135  
7017 2400 0001 0599 4135

**U.S. Postal Service™  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

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

\$

Seni

Stri

City

**STRATA PRODUCTION COMPANY  
PO BOX 1030  
ROSWELL NM 88202**

**1916-CLARA ALLEN 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:

**STRATCO OPERATING COMPANY INC**  
**400 BUCKEYE TRAIL**  
**AUSTIN TX 78746**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9925 21

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4142**

**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®**



7017 2400 0001 0599 4142  
 7017 2400 0001 0599 4142

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

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total P

\$

Sent To

Street

City, St

**STRATCO OPERATING COMPANY INC**  
**400 BUCKEYE TRAIL**  
**AUSTIN TX 78746**

**1916-CLARA ALLEN SWD #1**

Postmark  
 Here

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:

**SUMMIT EXPLORATION INC**  
**525 S MAIN STE 1200**  
**TULSA OK 74103**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9944 95

2 Article Number (Transfer from service label)

**7017 2400 0001 0599 4159**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent

☐ Addressee

**X**

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

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

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☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

**U.S. Postal Service™**

**CERTIFIED MAIL® RECEIPT**

**Domestic Mail Only**

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy)

\$

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$

To

\$

Se

\$

St

\$

Cl

**SUMMIT EXPLORATION INC**

**525 S MAIN STE 1200**

**TULSA OK 74103**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 4159

7017 2400 0001 0599 4159

Postmark  
Here

**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:

**TANDEM OIL COMPANY  
11759 SAN VICENTE STE 2  
LOS ANGELES CA 90049**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9944 88

2. Article Number (Transfer from service label)

7017 2400 0001 0599 4166

**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

**U.S. Postal Service™**

**CERTIFIED MAIL® RECEIPT**

**Domestic Mail Only**

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

Street

City, State

**TANDEM OIL COMPANY  
11759 SAN VICENTE STE 2  
LOS ANGELES CA 90049**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 4166  
7017 2400 0001 0599 4166

**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:

**TIPPERARY OIL & GAS CORP  
PO BOX 3179  
MIDLAND TX 79702**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9944 71

Article Number (Transfer from service label)

**7017 2400 0001 0599 4173**

**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**



7017 2400 0001 0599 4173  
7017 2400 0001 0599 4173

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee

\$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$

Total \$

\$

Sent \$

Street

City, \$

**TIPPERARY OIL & GAS CORP  
PO BOX 3179  
MIDLAND TX 79702**

**1916-CLARA ALLEN SWD #1**

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

See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION  |   | COMPLETE THIS SECTION ON DELIVERY  |  |   |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
|--|---|--|--|---|---|--|---|---|--|---|---|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |   | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>   |  |   |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <p><b>UNITE PETRO COMPANY</b><br/> <b>PO BOX 702500</b><br/> <b>TULSA OK 74170</b></p> <p><b>1916-CLARA ALLEN SWD #1</b></p>   |   | <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>  |  |   |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <p>2 Article Number (Transfer from service label)</p> <p><b>7017 2400 0001 0599 4180</b></p>   |   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |   |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <p>9590 9402 4693 8323 9944 64</p>   |   | <p>3. Service Type</p> <table border="0"> <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)   |   |  |  |   |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |

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

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only   |   |
|---|---|
| <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a></p> <p><b>OFFICIAL USE</b></p>   |   |
| <p>Certified Mail Fee \$</p> <p>Extra Services &amp; 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 \$</p> <p>Sent \$</p> <p>Street \$</p> <p>City \$</p> | <p>Postmark Here</p> <p><b>UNITE PETRO COMPANY</b><br/> <b>PO BOX 702500</b><br/> <b>TULSA OK 74170</b></p> <p><b>1916-CLARA ALLEN SWD #1</b></p> |
| <p>PS Form 3800, April 2015 PSN 7530-02-000-9047 <span style="float: right;">See Reverse for Instructions</span></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:

VLADIN LLC  
PO BOX 100  
ROSWELL NM 88202

1916-CLARA ALLEN SWD #1



9590 9402 4693 8323 9944 57

2. Article Number (Transfer from service label)

7017 2400 0001 0599 4197

## 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



7017 2400 0001 0599 4197

7017 2400 0001 0599 4197

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services &amp; 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

\$

Tot

\$

Ser

Stre

City

VLADIN LLC  
PO BOX 100  
ROSWELL NM 88202

1916-CLARA ALLEN SWD #1

Postmark  
Here

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:

**WHITING PETROLUM CORP  
1700 BROADWAY STE 2300  
DENVER CO 82090**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9944 40

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4203**

**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

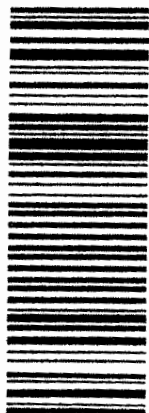
3. Service Type

- |  |   |
|--|---|
| <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) |   |

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®**



7017 2400 0001 0599 4203  
7017 2400 0001 0599 4203

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

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

Certified Mail Fee

\$

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

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

Postage

\$

Total 1

\$

Sent 1

Street

City, S

**WHITING PETROLUM CORP  
1700 BROADWAY STE 2300  
DENVER CO 82090**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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:

**WILDCAT ENERGY LLC  
PO BOX 13323  
ODESSA TX 79768**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9944 33

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4210**

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](http://www.usps.com)®.

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

State

City

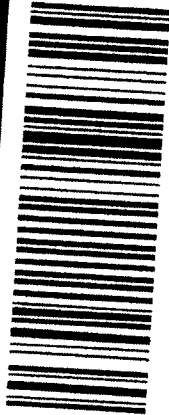
**WILDCAT ENERGY LLC  
PO BOX 13323  
ODESSA TX 79768**

**1916-CLARA ALLEN 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®**



7017 2400 0001 0599 4210  
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SPRING TX 77389**

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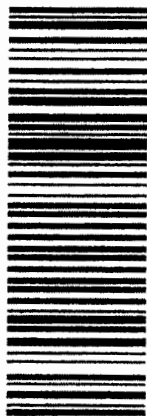
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Stre

City

**XTO HOLDINGS LLC  
22777 SPRINGWOODS VILLAGE PKWY  
SPRING TX 77389**

**1916-CLARA ALLEN SWD #1**

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

See Reverse for Instructions



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1. Article Addressed to:

**ZORRO PARTNERS LTD  
616 TEXAS STREET  
FT WORTH TX 76102**

**1916-CLARA ALLEN SWD #1**



9590 9402 4693 8323 9944 19

2. Article Number (Transfer from service label)

**7017 2400 0001 0599 4234**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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3. Service Type

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☐ Adult Signature Restricted Delivery

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☐ 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

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☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

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Str

City

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616 TEXAS STREET  
FT WORTH TX 76102**

**1916-CLARA ALLEN SWD #1**

Postmark  
Here

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

See Reverse for Instructions

# LONQUIST & CO. LLC

AUSTIN  
HOUSTON

PETROLEUM  
ENGINEERS

ENERGY  
ADVISORS

WICHITA  
CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

ARD Energy Group, LP  
222 W. 4th St. Ph 5  
Fort Worth, TX 76102

**Subject: Clara Allen 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](mailto:steve@lonquist.com)

# LONQUIST & CO. LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Axis Energy Corporation  
P. O. Box 219303  
Houston, TX 77218

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Regulatory Manager  
Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)



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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

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

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Regulatory Manager  
Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Camterra Resources Partners  
2615 E. End Blvd. S.  
Marshall, TX 75670

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

(512) 600-1774  
[steve@lonquist.com](mailto:steve@lonquist.com)

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CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Cimarex Energy Company  
1700 N. Lincoln Street Suite 3700  
Denver, CO 80230

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Regards,



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

(512) 600-1774  
[steve@lonquist.com](mailto:steve@lonquist.com)

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CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

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

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Regards,



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

(512) 600-1774  
[steve@lonquist.com](mailto:steve@lonquist.com)



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WICHITA  
CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Colgate Production, LLC  
306 W. Wall Street Suite 500  
Midland, TX 79701

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Regards,



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

(512) 600-1774  
[steve@lonquist.com](mailto:steve@lonquist.com)

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CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Curtis W. Mewbourne  
P. O. Box 7698  
Tyler, TX 75711

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Regards,



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

(512) 600-1774  
[steve@lonquist.com](mailto:steve@lonquist.com)

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CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

CWM 2000-C, LTD  
P. O. Box 7698  
Tyler, TX 75711

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Regulatory Manager  
Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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ADVISORS

WICHITA  
CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Delmar Hudson Lewis Living Trust, by Bank of America N.A., Trustee  
616 Texas St.  
Fort Worth, TX 76102

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Regulatory Manager  
Lonquist & Co., LLC

(512) 600-1774  
[steve@lonquist.com](mailto:steve@lonquist.com)



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ADVISORS

WICHITA  
CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Devon Energy Production Company, LP  
333 W. Sheridan Ave.  
Oklahoma City, OK 73102

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Regulatory Manager  
Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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ENERGY  
ADVISORS

WICHITA  
CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Dominion OK TX Exploration and Production, Inc.  
14000 Quail Spgs Pky Suite 600  
Oklahoma City, OK 73134

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

E G L Exploration, LP  
P. O. Box 10886  
Midland, TX 79702

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Edward R. Hudson, Jr.  
616 Texas Street  
Fort Worth, TX 76102

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[steve@lonquist.com](mailto:steve@lonquist.com)



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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Encana Oil & Gas (USA), Inc.  
370 17th Street Suite 1700  
Denver, CO 80202

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[steve@lonquist.com](mailto:steve@lonquist.com)

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WICHITA  
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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Energen Resources Company  
605 Richard Arrington Jr Blvd.  
Birmingham, AL 35203

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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Energex Company  
100 N. Pennsylvania  
Roswell, NM 88201

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Lonquist & Co., LLC

(512) 600-1774  
[steve@lonquist.com](mailto:steve@lonquist.com)

# LONQUIST & CO. LLC

AUSTIN  
HOUSTON

PETROLEUM  
ENGINEERS

ENERGY  
ADVISORS

WICHITA  
CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

EOG Resources Assets, LLC  
5509 Champions Drive  
Midland, TX 79706

**Subject: Clara Allen 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](mailto:steve@lonquist.com)



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March 7, 2019

EOG Resources Inc.  
4000 N. Big Spring Suite 500  
Midland, TX 79705

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March 7, 2019

EOG Resources, Inc.  
333 Clay Street Suite 4200  
Houston, TX 75711

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EOG Y Resources, Inc  
105 S. 4th Street  
Artesia, NM 88210

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March 7, 2019

Fidelity Oil Holding, Inc.  
918 E. Divide Avenue Suite 200  
Bismarck, ND 58501

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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Five States 1991-A, LTD  
4925 Greenville Avenue Suite 1220  
Dallas, TX 75206

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Five States 1993-C  
4925 Greenville Avenue Suite 1220  
Dallas, TX 75206

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Five States 1994-B  
4925 Greenville Avenue Suite 1220  
Dallas, TX 75206

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Five States Consolidated II  
4925 Greenville Avenue Suite 1220  
Dallas, TX 75206

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March 7, 2019

Frost Bank, Trustee for J. T. Hudson FBO J. T.  
P. O. Box 1600  
San Antonio, TX 78296

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March 7, 2019

George L. Scott, Jr.  
215 W. 3rd Street  
Roswell, NM 88201

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March 7, 2019

Greenville Trading Company  
1220 One Energy Square  
Dallas, TX 75206

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March 7, 2019

Hanley Petroleum, LLC  
415 W. Wall Street Suite 1500  
Midland, TX 79701

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March 7, 2019

Harley Ballard  
1819-2 N Canal  
Carlsbad, NM 88220

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March 7, 2019

Hutchings Oil Company  
P. O. Box 1216  
Albuquerque, NM 87102

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March 7, 2019

Isramco Energy, LLC  
11767 Katy Fwy Suite 711  
Houston, TX 77079

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March 7, 2019

Javelina Partners  
616 Texas Street  
Fort Worth, TX 76102

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March 7, 2019

Jetta X2, LP  
777 Taylor Street Suite #PI D  
Fort Worth, TX 76102

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Joyran Corporation  
63 Wall Street 23rd Floor  
New York, NY 10005

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March 7, 2019

Legacy Reserves Operating, LP  
303W. Wall Street Suite 1800  
Midland, TX 79701

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March 7, 2019

Liberty OG 1982-2  
P. O. Box 430 JCT Hwy 78  
Livonia, LA 70755

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Liberty Oil & Gas Corporation  
HC 78 Box 430  
Livonia, LA 70755

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March 7, 2019

Lindy's Living Trust  
616 Texas St.  
Fort Worth, TX 76102

**Subject: Clara Allen 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 Clara Allen 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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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](mailto:steve@lonquist.com)

# LONQUIST & CO. LLC

AUSTIN  
HOUSTON

PETROLEUM  
ENGINEERS

ENERGY  
ADVISORS

WICHITA  
CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

LLJ Ventures, LLC  
P. O. Box 3188  
Roswell, NM 88202

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Regulatory Manager  
Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Magnum Hunter Production Inc.  
202 S. Cheyenne Ave. ATE 1000  
Tulsa, OK 74103

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March 7, 2019

Marathon Oil Company  
P. O. Box 3128  
Houston, TX 77253

**Subject: Clara Allen SWD No. 1 Authorization to Inject**

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Regulatory Manager  
Lonquist & Co., LLC

(512) 600-1774  
[steve@lonquist.com](mailto:steve@lonquist.com)



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ENERGY  
ADVISORS

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March 7, 2019

Marathon Oil Permian, LLC  
5555 San Felipe Street  
Houston, TX 77056

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Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Mary Yates-Davis  
207 S. 4th Street  
Artesia, NM 88210

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Mewbourne Oil Company  
P. O. Box 7698  
Tyler, TX 75711

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Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Michel T. Halbouty  
5100 Westheimer Road  
Houston, TX 77058

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March 7, 2019

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

**Subject: Clara Allen SWD No. 1 Authorization to Inject**

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March 7, 2019

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

**DISREGARD THIS PAGE. BIG PACKET WILL BE SENT TO OCD**

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March 7, 2019

Olympic Oil & Gas Corporation  
1000 Louisiana Suite 6770  
Houston, TX 77002

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Orion OG Properties  
P. O. Box 2523  
Roswell, NM 88202

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Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

OXY USA WTP, LP  
6 Desta Dr. STE 6000  
Midland, TX 79705

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Regulatory Manager  
Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

OXY USA, Inc.  
P. O. Box 300  
Tulsa, OK 74102

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Regulatory Manager  
Lonquist & Co., LLC

(512) 600-1774  
[steve@lonquist.com](mailto:steve@lonquist.com)



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March 7, 2019

Paladin, Inc  
10265 E. Clinton  
Scottsdale, AZ 85260

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Lonquist & Co., LLC

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March 7, 2019

Parks & Luttrell, Inc.  
1221 Lamar Suite 1328  
Houston, TX 77010

**Subject: Clara Allen SWD No. 1 Authorization to Inject**

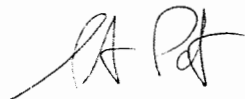
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Regulatory Manager  
Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Permex Petroleum US Corporation  
P. O. Box 1612  
Roswell, NM 88202

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March 7, 2019

Petroleum Synergy Group, Inc.  
1641 California Street Suite 410  
Denver, CO 80202

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March 7, 2019

Richard M. Yates  
428 Sandoval Street Suite 200  
Santa Fe, NM 87501

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March 7, 2019

Rimco Exploration Partners II  
P. O. Box 7698  
Tyler, TX 75711

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March 7, 2019

RKI Exploration and Production, LLC  
3500 One Williams Ctr.  
Tulsa, OK 74172

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CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Santo Legado, LLC  
P. O. Box 1020  
Artesia, NM 88211

**Subject: Clara Allen 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 Clara Allen 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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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](mailto:steve@lonquist.com)

# LONQUIST & CO. LLC

AUSTIN  
HOUSTON

PETROLEUM  
ENGINEERS

ENERGY  
ADVISORS

WICHITA  
CALGARY

[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Sharon W. Scott  
215 W. 3rd Street  
Roswell, NM 88201

**Subject: Clara Allen SWD No. 1 Authorization to Inject**

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March 7, 2019

Siete Oil & Gas Corporation  
P. O. Box 2523  
Roswell, NM 88202

**Subject: Clara Allen SWD No. 1 Authorization to Inject**

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March 7, 2019

St Devote, LLC  
919 Milam Street Suite 2475  
Houston, TX 77002

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March 7, 2019

Staghorn Resources, LLC  
406 S. Boulder  
Tulsa, OK 74103

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March 7, 2019

Strata Production Company  
P. O. Box 1030  
Roswell, NM 88202

**Subject: Clara Allen SWD No. 1 Authorization to Inject**

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Regulatory Manager  
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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Stratco Operating Company, Inc.  
400 Buckeye Trail  
Austin, TX 78746

**Subject: Clara Allen SWD No. 1 Authorization to Inject**

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Regulatory Manager  
Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Summit Exploration, LLC  
525 S. Main Suite 1200  
Tulsa, OK 74103

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Regulatory Manager  
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[steve@lonquist.com](mailto:steve@lonquist.com)

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[www.lonquist.com](http://www.lonquist.com)

March 7, 2019

Tandem Oil Company  
11759 San Vicente Suite 2  
Los Angeles, CA 90049

**Subject: Clara Allen SWD No. 1 Authorization to Inject**

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Lonquist & Co., LLC

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Tipperary Oil & Gas Corporation  
P. O. Box 3179  
Midland, TX 79702

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March 7, 2019

Unit Petro Company  
P. O. Box 702500  
Tulsa, OK 74170

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March 7, 2019

Vladin, LLC  
P. O. Box 100  
Rosewell, NM 88202

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[steve@lonquist.com](mailto:steve@lonquist.com)

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March 7, 2019

Whiting Petroleum Corporation  
1700 Broadway Suite 2300  
Denver, CO 80290

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March 7, 2019

Wildcat Energy, LLC  
P. O. Box 13323  
Odessa, TX 79768

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March 7, 2019

XTO Holdings, LLC  
22777 Springwoods Village Pkwy.  
Spring, TX 77389

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March 7, 2019

Zorro Partners LTD  
616 Texas St.  
Fort Worth, TX 76102

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Lonquist & Co., LLC

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[steve@lonquist.com](mailto: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: 701 Tradewinds Blvd., Suite C, 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 K Hovey DATE: 3/7/2019  
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: Clara Allen SWD No. 1WELL LOCATION: 500 FNL 2,200 FWL  
FOOTAGE LOCATIONC  
UNIT LETTER7  
SECTION20S  
TOWNSHIP29E  
RANGEWELLBORE SCHEMATICWELL CONSTRUCTION DATASurface CasingHole Size: 18.125"Cemented with: 393 sx.Top of Cement: surfaceCasing Size: 16.00"or \_\_\_\_\_ ft<sup>3</sup>Method Determined: circulationIntermediate CasingHole Size: 14.750"Cemented with: 439 sx.Top of Cement: surfaceCasing Size: 13.375"or \_\_\_\_\_ ft<sup>3</sup>Method Determined: circulationProduction CasingHole Size: 12.250"Cemented with: 2,952 sx.Top of Cement: surfaceCasing Size: 9.625"or \_\_\_\_\_ ft<sup>3</sup>Method Determined: circulationLinerHole Size: 8.500"Cemented with: 411 sx.Top of Cement: 10,000'Casing Size: 7.625"or \_\_\_\_\_ ft<sup>3</sup>Method Determined: calculationTotal Depth: 14,275'Injection Interval12,475 feet to 14,275 feet

(Open Hole)



INJECTION WELL DATA SHEET

Tubing Size: 5.5", 20 lb/ft, HCL-80, BTC from 0' - 9,950' and 5", 18 lb/ft, HCL-80 LTC from 9,950' - 12,425'  
 Lining Material: Duoline

Type of Packer: 7-5/8" X 5-1/2" Permanent Packer with High Temp Elastomer and Full Inconel 925 trim

Packer Setting Depth: 12,425'

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

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:

Delaware: 3,520'  
Bone Spring: 5,360'  
Wolfcamp: 9,100'  
Strawn: 10,220'  
Atoka: 10,500'



**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**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**

|  |   |                                       |
|--|---|---------------------------------------|
| <sup>1</sup> Operator Name and Address<br>SOLARIS WATER MIDSTREAM, LLC<br>701 TRADEWINDS BLVD., SUITE C<br>MIDLAND, TX 79706 |   | <sup>2</sup> OGRID Number<br>371643   |
|  |   | <sup>3</sup> API Number<br>30-025-TBD |
| <sup>4</sup> Property Code   | <sup>5</sup> Property Name<br>CLARA ALLEN SWD | <sup>6</sup> Well No.<br>1            |

**7. Surface Location**

| UL - Lot | Section | Township | Range | Lot Idn | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|---------|----------|-------|---------|-----------|----------|-----------|----------|--------|
| C        | 7       | 20S      | 29E   |         | 500       | N        | 2,200     | W        | 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<br>SWD; Silurian-Devonian | Pool Code<br>97869 |
|-------------------------------------|--------------------|

**Additional Well Information**

|                               |   |  |                                     |  |
|-------------------------------|---|--|-------------------------------------|--|
| <sup>11</sup> Work Type<br>N  | <sup>12</sup> Well Type<br>SWD          | <sup>13</sup> Cable/Rotary<br>R                  | <sup>14</sup> Lease Type<br>Private | <sup>15</sup> Ground Level Elevation<br>3,282' |
| <sup>16</sup> Multiple<br>N   | <sup>17</sup> Proposed Depth<br>14,275' | <sup>18</sup> Formation<br>Silurian-Devonian     | <sup>19</sup> Contractor<br>TBD     | <sup>20</sup> Spud Date<br>ASAP                |
| Depth to Ground water<br>100' |   | Distance from nearest fresh water well<br>4,911' |                                     | Distance to nearest surface water<br>> 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         | 805'            | 393             | Surface       |
| Intermediate | 14.75"    | 13.375"     | 68 lb/ft         | 2,412'          | 439             | Surface       |
| Production   | 12.25"    | 9.625"      | 53.5 lb/ft       | 10,200'         | 2,952           | Surface       |
| Liner        | 8-1/2"    | 7-5/8"      | 39 lb/ft         | 10,000'-12,475' | 411             | 10,000'       |
| Tubing       |           | 5-1/2"      | 20 lb/ft         | 12,425'         | 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 |

<sup>23</sup> 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: *Ramona Hovey*

Printed name: Ramona Hovey

Title: Consulting Engineer

E-mail Address: ramona@lonquist.com

Date: March 7, 2018

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 (575) 393-8181 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 Rd., Aztec, NM 87410  
Phone (505) 334-8178 Fax: (505) 334-8170

## DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone (505) 476-3460 Fax: (505) 476-3462State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

Form C-102

Revised August 1, 2011

Submit one copy to appropriate  
District Office

## WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

|               |  |                    |
|---------------|--|--------------------|
| API Number    | Pool Code                                | Pool Name          |
| Property Code | Property Name<br>CLARA ALLEN SWD         | Well Number<br>1   |
| OGRID No.     | Operator Name<br>SOLARIS WATER MIDSTREAM | Elevation<br>3282' |

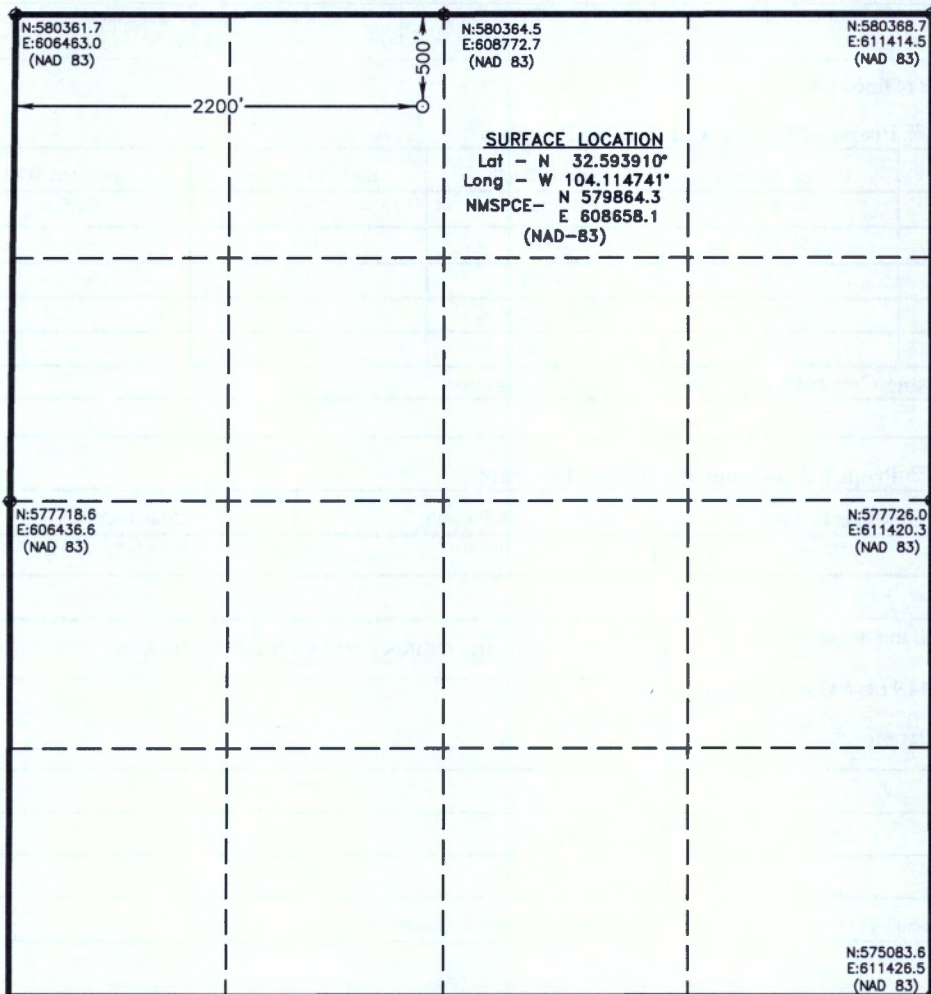
## Surface Location

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| C             | 7       | 20 S     | 29 E  |         | 500           | NORTH            | 2200          | WEST           | EDDY   |

## Bottom Hole Location If Different From Surface

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

| Dedicated Acres | Joint or Infill | Consolidation Code | Order No. |
|-----------------|-----------------|--------------------|-----------|
|                 |                 |                    |           |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

## 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* 3/7/2019

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.

DECEMBER 6, 2018

Date Surveyed  
Signature & Seal of  
Professional Surveyor

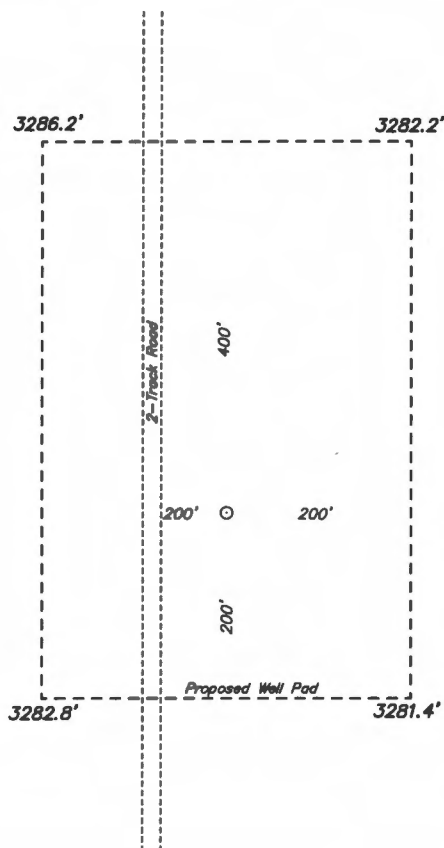
Certified by: Gary L. Jones 7977  
Professional Surveyor

0' 500' 1000' 1500' 2000'

SCALE: 1" = 1000'  
WO Num.: 34225



**SECTION 7, TOWNSHIP 20 SOUTH, RANGE 29 EAST, N.M.P.M.,  
EDDY COUNTY, NEW MEXICO.**

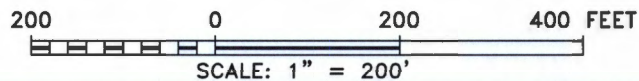


**CLARA ALLEN SWD #1  
ELEV. - 3282'**

Lat - N 32.593910°  
Long - W 104.114741°  
NMSPCE- N 579864.3  
E 608658.1  
(NAD-83)



CARLSBAD, NM IS ±30 MILES TO THE NORTH OF LOCATION.



**SOLARIS WATER MIDSTREAM**

REF: CLARA ALLEN SWD #1 / WELL PAD TOPO

THE CLARA ALLEN SWD #1 LOCATED 500' FROM  
THE NORTH LINE AND 2200' FROM THE WEST LINE OF  
SECTION 7, TOWNSHIP 20 SOUTH, RANGE 29 EAST,  
N.M.P.M., EDDY COUNTY, NEW MEXICO.



P.O. Box 1786 (575) 393-7316 - Office  
1120 N. West County Rd. (575) 392-2206 - Fax  
Hobbs, New Mexico 88241 basinsurveys.com

W.O. Number: 34225

Drawn By: K. GOAD

Date: 12-17-2018

Survey Date: 12-06-2018

Sheet 1 of 1 Sheets









### CLARA ALLEN SWD #1

Located 500' FNL & 2200' FWL  
Section 7, Township 20 South, Range 29 East,  
N.M.P.M., Eddy County, New Mexico.



P.O. Box 1786  
1120 N. West County Rd.  
Hobbs, New Mexico 88241  
(575) 393-7316 - Office  
(575) 392-2206 - Fax  
basinsurveys.com

0' 1000' 2000' 3000' 4000'

SCALE: 1" = 2000'

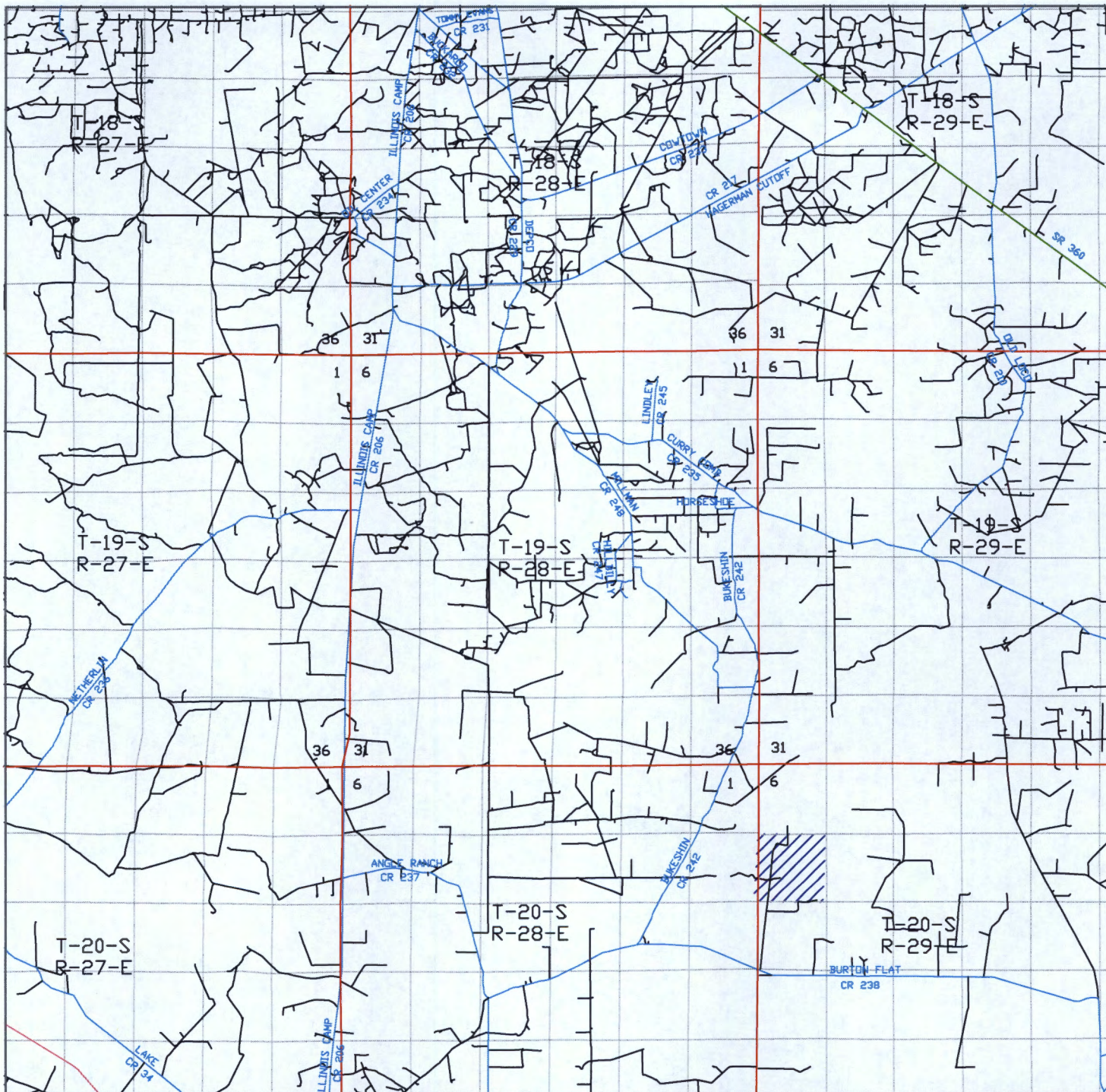
W.O. Number: KJG - 34225

Survey Date: 12-06-2018

YELLOW TINT - USA LAND  
BLUE TINT - STATE LAND  
NATURAL COLOR - FEE LAND







## CLARA ALLEN SWD #1

Located 500' FNL & 2200' FWL  
 Section 7, Township 20 South, Range 29 East,  
 N.M.P.M., Eddy County, New Mexico.



focused on excellence  
 in the oilfield

P.O. Box 1786  
 1120 N. West County Rd.  
 Hobbs, New Mexico 88241  
 (575) 393-7316 - Office  
 (575) 392-2206 - Fax  
[basinsurveys.com](http://basinsurveys.com)

0 1 MI 2 MI 3 MI 4 MI

SCALE: 1" = 2 MILES

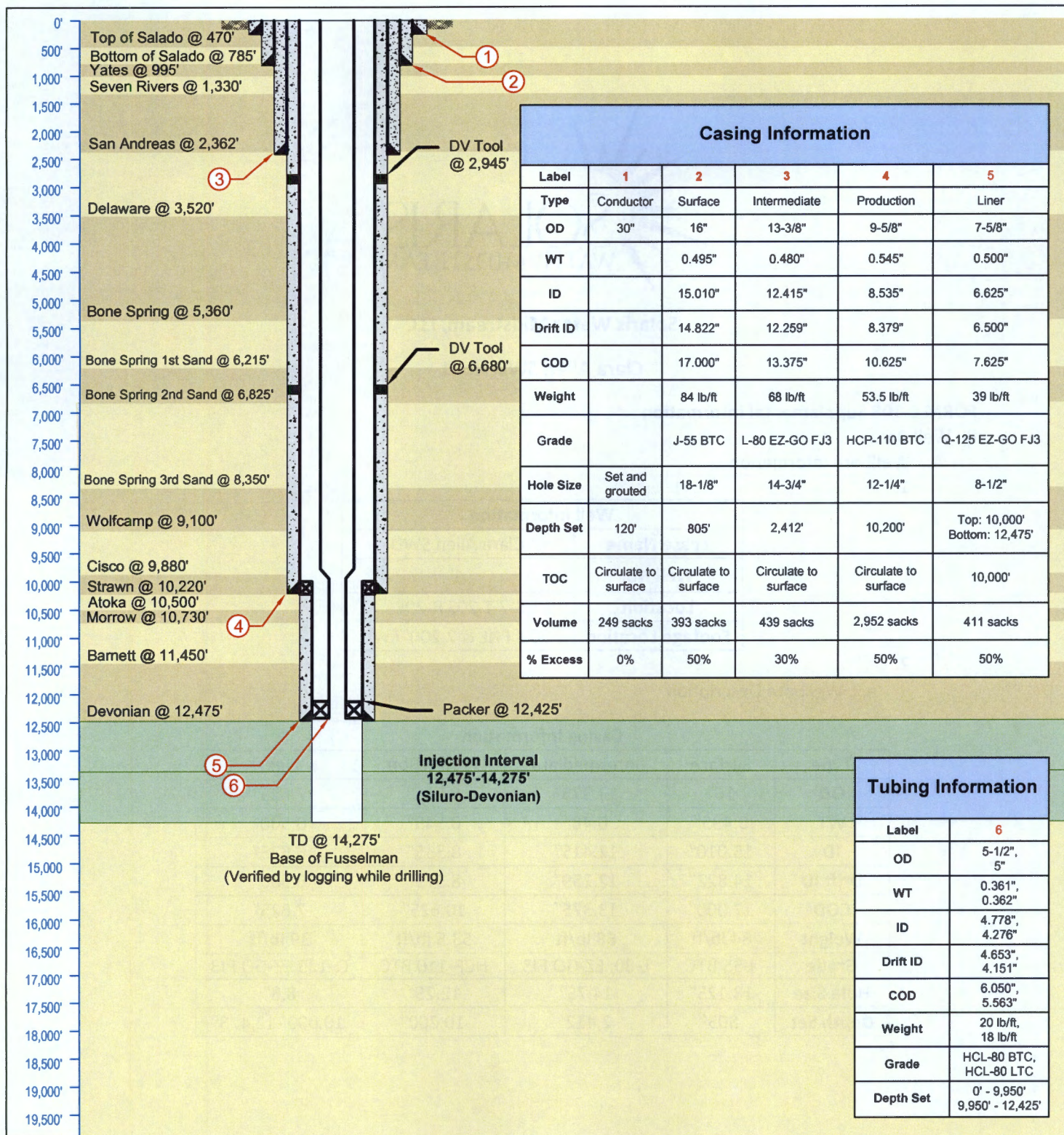
W.O. Number: KJG 34225

Survey Date: 12-06-2018

YELLOW TINT - USA LAND  
 BLUE TINT - STATE LAND  
 NATURAL COLOR - FEE LAND







|   |                              |  |  |                       |
|---|------------------------------|--|--|-----------------------|
| <b>LONGQUIST &amp; CO. LLC</b><br>PETROLEUM ENGINEERS ENERGY ADVISORS<br>HOUSTON   CALGARY<br>AUSTIN   WICHITA   DENVER | Solaris Water Midstream, LLC |  | Clara Allen SWD No. 1                  |                       |
|   | Country: USA                 |  | State/Province: New Mexico             | County/Parish: Eddy   |
|   | Location:                    |  | Site: 500' FNL, 2,200' FWL             | Survey: S7-T20S-R29E  |
|   | API No: NA                   |  | Field: Silurian-Devonian (Code: 97869) | Well Type/Status: SWD |
|   | Texas License F-9147         |  | Project No: 1916                       | Date: 3/5/2019        |
| 12912 Hill Country Blvd. Ste F-200<br>Austin, Texas 78738<br>Tel: 512.732.9812<br>Fax: 512.732.9816                     | NMOCD District No: 2         |  | Drawn: TFM                             | Reviewed:             |
|   | Rev No: 1                    |  | Notes:                                 |                       |





Solaris Water Midstream, LLC

Clara Allen SWD No. 1

**FORM C-108 Supplemental Information**

**III. Well Data**

**A. Wellbore Information**

1.

| Well information |                       |
|------------------|-----------------------|
| Lease Name       | Clara Allen SWD       |
| Well No.         | 1                     |
| Location         | S-7 T-20S R-29E       |
| Footage Location | 500' FNL & 2,200' FWL |

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          | 805'     | 2,412'          | 10,200'     | 10,000'-12,475' |



b. Cementing Program

| Cement Information             |                      |                      |                      |  |         |
|--------------------------------|----------------------|----------------------|----------------------|--|---------|
| Casing String                  | Conductor            | Surface              | Intermediate         | Production   | Liner   |
| Lead Cement                    | EXTENDACEM™          | HALCEM™              | HALCEM™              | HALCEM™  | NeoCem™ |
| Lead Cement Volume (sacks)     | 249                  | 356                  | 439                  | Stage 1: 1,342<br>Stage 2: 1,024<br>Stage 3: 586   | 411     |
| Lead Cement Density (ft3/sack) | 1.694                | 1.342                | 1.685                | Stage 1: 1.232<br>Stage 2: 1.713<br>Stage 3: 1.777 | 1.418   |
| Tail Cement                    | -                    | HALCEM™              | -                    | -  | -       |
| Tail Cement Volume (sacks)     | -                    | 37                   | -                    | -  | -       |
| Tail Cement Density (ft3/sack) | -                    | 1.342                | -                    | -  | -       |
| Cement Excess                  | 0%                   | 50%                  | 30%                  | 50%, 50%, 50%                                      | 50%     |
| Total Sacks                    | 249                  | 393                  | 439                  | 2,952  | 411     |
| TOC                            | Surface              | Surface              | Surface              | Surface  | 10,000' |
| Method                         | Circulate to Surface | Circulate to Surface | Circulate to Surface | Circulate to Surface                               | Logged  |

3. Tubing Description

| Tubing Information |                                |
|--------------------|--------------------------------|
| OD                 | 5.5"<br>5"                     |
| WT                 | 0.361"<br>0.362"               |
| ID                 | 4.778"<br>4.276"               |
| Drift ID           | 4.653"<br>4.151"               |
| COD                | 6.050"<br>5.563"               |
| Weight             | 20 lb/ft<br>18 lb/ft           |
| Grade              | HCL-80 BTC<br>HCL-80 LTC       |
| Depth Set          | 0 - 9,950'<br>9,950' - 12,425' |

Tubing will be lined with Duoline.

4. Packer Description

7-5/8" x 5-1/2" TCPC Permanent Packer with High Temp Elastomer and Full Inconel 925 trim

B. Completion Information

1. Injection Formation: Devonian
2. Gross Injection Interval: 12,475'-14,275'

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   |
|-------------|---------|
| Delaware    | 3,520'  |
| Bone Spring | 5,360'  |
| Wolfcamp    | 9,100'  |
| Strawn      | 10,220' |
| Atoka       | 10,500' |

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: 1,871 PSI (surface pressure)  
Maximum Injection Pressure: 2,495 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 and Wolfcamp formations. Attached are produced water sample analyses taken from the closest wells that feature samples from the Artesia, Bone Spring, Delaware, Morrow, Strawn, 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.

##### A. Injection Zone: Siluro-Devonian Formation

| Formation                        | Depth   |
|----------------------------------|---------|
| Salado (Top of Salt)             | 470'    |
| Salado (Bottom of Salt)          | 785'    |
| Yates                            | 995'    |
| Seven Rivers                     | 1,330'  |
| San Andreas                      | 2,362'  |
| Delaware                         | 3,520'  |
| Bone Spring                      | 5,360'  |
| Bone Spring 1 <sup>st</sup> Sand | 6,215'  |
| Bone Spring 2 <sup>nd</sup> Sand | 6,825'  |
| Bone Spring 3 <sup>rd</sup> Sand | 8,350'  |
| Wolfcamp                         | 9,100'  |
| Cisco                            | 9,880'  |
| Strawn                           | 10,220' |
| Atoka                            | 10,500' |
| Morrow                           | 10,730' |
| Barnett                          | 11,450' |
| Devonian                         | 12,475' |



## B. Underground Sources of Drinking Water

Two (2) water wells exist within one-mile of the proposed well. Across the area, fresh water wells are usually drilled between 50' and 300' in depth. Water depths range from 22' – 140'. The Rustler is known to exist in this general area and may also be another USDW and will be protected by setting the surface casing through the Salado salt at 805'.

## 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 two (2) water wells that exist within one-mile of the well location. Samples from the well have been 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 CP-00926-POD1 and the CP-01201-POD1 water wells.

**McMillan, Michael, EMNRD**

---

**From:** Deana M. Bennett <dmb@modrall.com>  
**Sent:** Wednesday, May 15, 2019 3:26 PM  
**To:** McMillan, Michael, EMNRD; Goetze, Phillip, EMNRD; Jones, William V, EMNRD  
**Subject:** [EXT] NGL Protests of Solaris Applications

Hello,

I am submitting protests on behalf of NGL for the following Solaris applications:

- Lisa Turtle SWD #1
- Simms 35 SWD #1
- Clara Allen SWD #1
- Capt Call SWD #1
- Brantley 22 SWD #1

03-12-2019 PM 1907 / 46621

Thanks much,

Deana M. Bennett



Deana M. Bennett

Lawyer

Modrall Sperling | [www.modrall.com](http://www.modrall.com)

P.O. Box 2168 | Albuquerque, NM 87103-2168

500 4<sup>th</sup> St. NW, Ste. 1000 | Albuquerque, NM 87102

D: 505.848.1834 | O: 505.848.1800

This e-mail may be a confidential attorney-client communication. If you received it in error, please delete it without forwarding it to others and notify the sender of the error.



1. The first of these is the fact that the...

2. The second is the fact that the...

3. The third is the fact that the...

4. The fourth is the fact that the...

5. The fifth is the fact that the...

6. The sixth is the fact that the...

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18. The eighteenth is the fact that the...

19. The nineteenth is the fact that the...

20. The twentieth is the fact that the...