

3/23/2015 DATE IN	SUSPENSE	mAm ENGINEER	3/23/2015 LOGGED IN	NSL TYPE	PmAm 1508259946 APP NO
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ABOVE THIS LINE FOR DIVISION USE ONLY

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



**ADMINISTRATIVE APPLICATION CHECKLIST**

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

**Application Acronyms:**

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

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

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

Check One Only for [B] or [C]

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

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

[D] Other: Specify \_\_\_\_\_

NSL 17250  
- CONOCO PHILLIPS COMPANY  
Garnet Federal #3 - API 30-025-pending

POD  
- MALJANAN YESO, WEST  
44500

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

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

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

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

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

Susan B. Maunder  
Print or Type Name

*Susan B. Maunder*  
Signature

Sr. Regulatory Specialist  
Title

2/19/15  
Date

Susan.B.Maunder@conocophillips.com  
e-mail Address



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

ConocoPhillips Company  
600 N. Dairy Ashford Road, Off P10-3096  
Houston, TX 77079-1175

VIA RETURN RECEIPT REQUEST

March 16, 2015

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

SUBJECT: REQUEST FOR APPROVAL OF NON-STANDARD LOCATION FOR GARNET  
FEDERAL #3

RECEIVED OGD  
2015 MAR 23 P 2:29

Dear Mr. McMillan,

ConocoPhillips Company respectfully requests a non-standard location exception for the Garnet Federal #3 well. The lease is recorded as NMNM080258. The well is to be located in UL I, 1650' from the south line and 325' from the east line of Section 15, Township 17S, Range 32E, Lea County, New Mexico. The planned bottom hole location for this vertical well is the same. The footages place the well closer than 330' from a Qtr/Qtr Section line and lease boundary. The table below details the operators of adjacent spacing units.

Spacing Unit	Adjacent Units	# of Wells	Operator(s)
UL I	UL G, 15-17S-32E	0	Occidental Permian and two others
	UL H, 15-17S-32E	1	Devon Energy Production Company Linn Energy Holdings, LLC and two others
	UL J, 15-17S-32E	1	Trustees of the George Michael O'Brien Trust
	UL O, 15-17S-32E	1	Devon Energy Petroleum Company and Trustees of the George Michael O'Brien Trust
	UL P, 15-17S-32E	4	ConocoPhillips Company
	UL E, 14-17S-32E	1	Devon Energy Production Company Linn Operating Incorporated
	UL L, 14-17S-32E	1	ConocoPhillips Company
	UL M, 14-17S-32E	0	Mineral Owners

The Bureau of Land Management encouraged this location to be moved because of habitat considerations and an existing pipeline. The granting of this request is not expected to cause waste of resources.

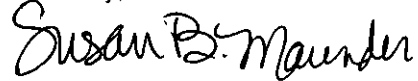
Enclosed are the following documents in support of this request.

- Administrative Application Checklist
- Copy of the New Mexico Form C-102
- Copies of the returned certified receipts

A copy of this submittal has been sent to Bureau of Land Management, Carlsbad Field Office and the attached list of operators and unleased mineral owners as required in 19.15.4.12(2).

If you have questions regarding this request, I can be reached at 281-206-5281 or via email at [Susan.B.Maunders@conocophillips.com](mailto:Susan.B.Maunders@conocophillips.com).

Sincerely,

A handwritten signature in black ink that reads "Susan B. Maunders". The signature is written in a cursive, flowing style.

Susan B. Maunders  
Senior Regulatory Specialist  
ConocoPhillips Company

w/Attachment and Enclosures

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

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

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

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-025	<sup>2</sup> Pool Code 44500	<sup>3</sup> Pool Name Maljamar, Yeso West
<sup>4</sup> Property Code 313362	<sup>5</sup> Property Name GARNET FEDERAL	<sup>6</sup> Well Number 3
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 4040.6'

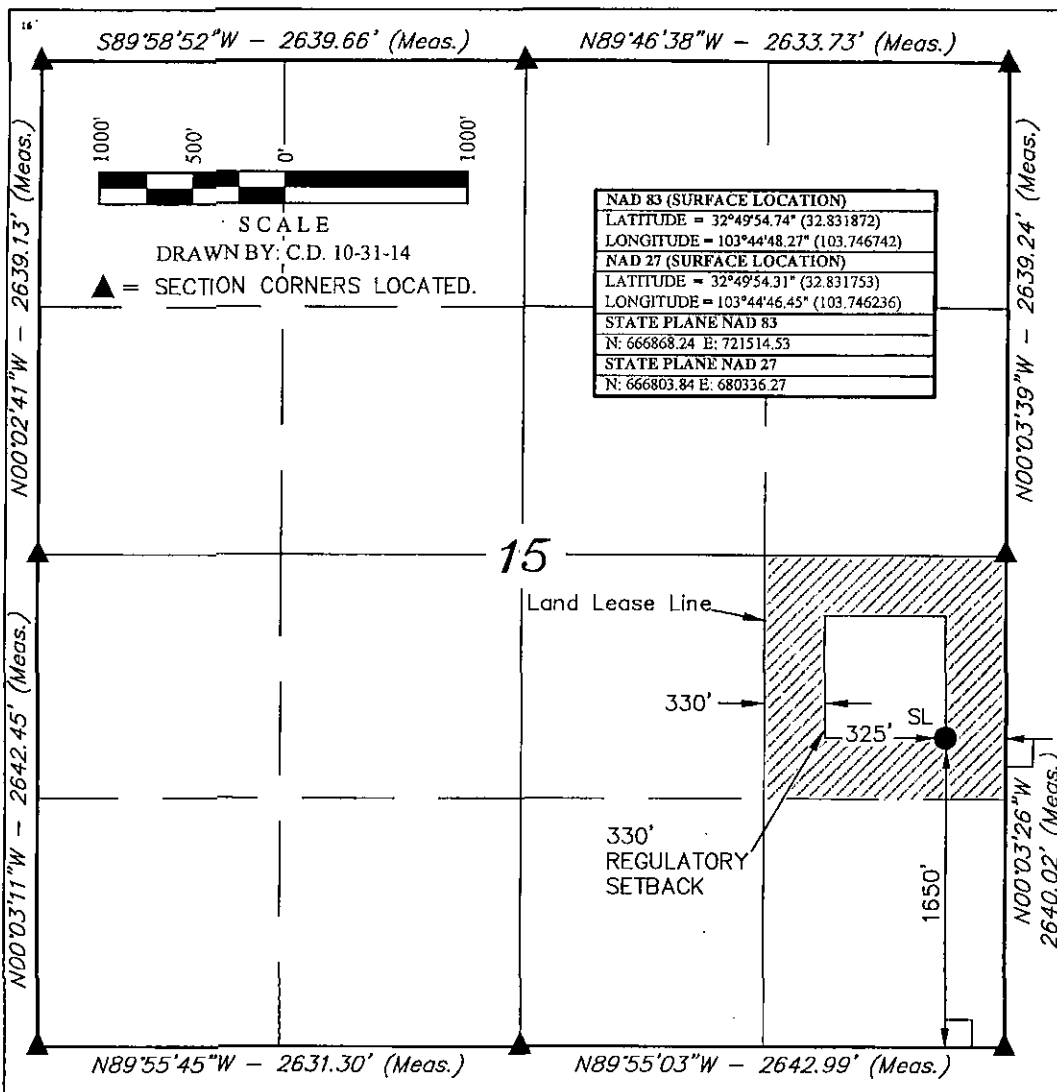
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	15	17S	32E		1650	SOUTH	325	EAST	LEA

<sup>11</sup> 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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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.

Susan B. Maunder  
Signature Date 2/19/15

Susan B. Maunder  
Printed Name

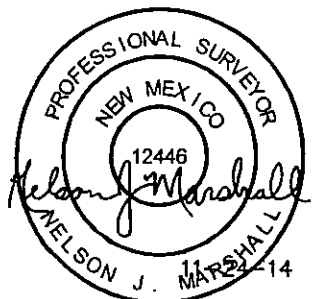
Susan.B.Maunder@cop.com  
E-mail Address

**SURVEYOR CERTIFICATION**

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

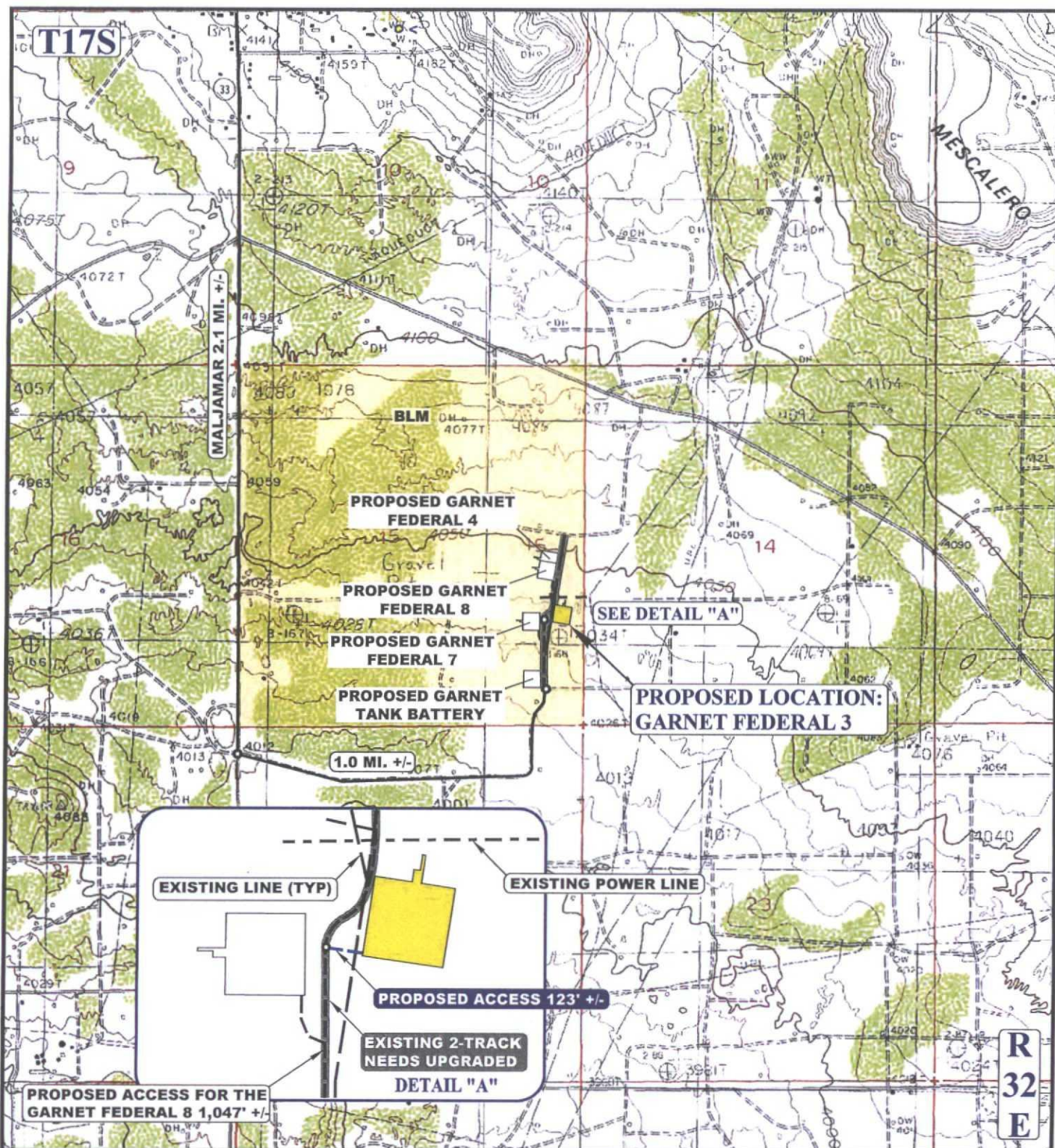
October 17, 2014

Date of Survey  
Signature and Seal of Professional Surveyor:



Certificate Number:





NOTE: PARCEL DATA SHOWN HAS BEEN OBTAINED FROM VARIOUS SOURCES AND SHOULD BE USED FOR MAPPING, GRAPHIC AND PLANNING PURPOSES ONLY. NO WARRANTY IS MADE BY UINTAH ENGINEERING AND LAND SURVEYING (UELS) FOR ACCURACY OF THE PARCEL DATA.

#### LEGEND:

- EXISTING ROAD
- PROPOSED ROAD
- PROPOSED ROAD (SERVICING OTHER WELLS)
- EXISTING 2-TRACK (NEEDS UPGRADED)
- EXISTING LINE (PIPELINE / FLOW LINE)
- EXISTING POWER LINE



UELS, LLC  
Corporate Office \* 85 South 200 East  
Vernal, UT 84078 \* (435) 789-1017



ConocoPhillips Company

GARNET FEDERAL 3  
SECTION 15, T17S, R32E, N.M.P.M.  
1650' FSL 325' FEL

DRAWN BY: T.E.

DATE DRAWN: 11-21-14

SCALE: 1" = 2000'

REVISED: 00-00-00

ACCESS ROAD MAP

TOPO B

Occidental Permian ✓  
5 East Greenway Plaza, #110  
Houston, TX 77046

CCS Resources, Inc. ✓  
101 Convention Center Dr, Suite  
850  
Las Vegas, NM 89109

Estate of Erma Lowe, Mary Lowe, ✓  
Independent Executor  
5151 San Felipe, Suite 400  
Houston, TX 77056

Devon Energy Production Company ✓  
333 West Sheridan Avenue  
Oklahoma City, OK 73102

Jafar Salehi, Dick Rodgers Holland and  
George Michael O'Brien  
Co-Trustees of the George H O'Brien  
Trust  
2408 West Dengar Avenue  
Midland, TX 79705

Linn Operating Incorporated ✓  
600 Travis Street, Suite 5100  
Houston, TX 77002

Ruth Taylor Wright  
703 Carmel Road  
Belen, NM 87002

Ray Devoe Taylor ✓  
P.O. Box 723  
Tatum, NM 88267

Kyla Taylor Thompson ✓  
1122 Green Valley Road NW  
Los Ranchos, NM 87107

Nettie Cecilla Aymond ✓  
11094 County Road 2464  
Terrell, TX 75160

Alice Crouch ✓  
4508 Banister Lane  
Austin, TX 78745

Druella Wilbanks ✓  
PO Box 84  
Maljamar, NM 88264

The Dorothy Dell Graber Trust ✓  
PO Box 350  
Leavenworth, KS 66048



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Devon Energy Production Company 333 West Sheridan Avenue Oklahoma City, OK 73102</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>2/23/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Occidental Permian 5 East Greenway Plaza, #110 Houston, TX 77046</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>2/24/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from) <b>7014 2870 0000 2490 5036</b> <i>Garnet #3</i>		2. Article Number (Transfer from serv) <b>7014 2870 0000 2490 5067</b> <i>Garnet #3</i>	
PS Form 3811, July 2013 Domestic Return Receipt		PS Form 3811, July 2013 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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2. Article Number (Transfer from) <b>7014 2870 0000 2490 5029</b> <i>Garnet #3</i>		2. Article Number (Transfer from) <b>7014 2870 0000 2490 5050</b> <i>Garnet #3</i>	
PS Form 3811, July 2013 Domestic Return Receipt		PS Form 3811, July 2013 Domestic Return Receipt	

# SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ray Devoe Taylor  
P.O. Box 723  
Tatum, NM 88267

2. Article Number (Transfer from): 7012 3460 0003 2134 4701

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# COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sherry Taylor*  
B. Received by (Printed Name):  
C. Date of Delivery: 2/25/15

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Addressed to:  
Linn Operating Incorporated  
600 Travis Street, Suite 5100  
Houston, TX 77002

Article Number (Transfer from): 7012 3460 0003 2134 4688

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# SENDER: COMPLETE THIS SECTION

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Linn Operating Incorporated  
600 Travis Street, Suite 5100  
Houston, TX 77002

2. Article Number (Transfer from): 7012 3460 0003 2134 4688

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# COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*  
B. Received by (Printed Name):  
C. Date of Delivery: FEB 23 2015

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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Linn Operating Incorporated  
600 Travis Street, Suite 5100  
Houston, TX 77002

Article Number (Transfer from): 7012 3460 0003 2134 4688

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1. Article Addressed to:

Kyla Taylor Thompson  
1122 Green Valley Road NW  
Los Ranchos, NM 87107

2. Article Number (Transfer from): 7012 3460 0003 2134 4718

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# COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*  
B. Received by (Printed Name):  
C. Date of Delivery: 2-23-16

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Addressed to:  
Linn Operating Incorporated  
600 Travis Street, Suite 5100  
Houston, TX 77002

Article Number (Transfer from): 7012 3460 0003 2134 4688

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7012 3460 0003 2134 4695

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only. No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$  
Certified Fee \$  
Return Receipt Fee (Endorsement Required) \$  
Restricted Delivery Fee (Endorsement Required) \$  
Total Postage & Fees \$

Postmark Here

Sent to: Ruth Taylor Wright  
Street, Apt. No., or PO Box No.:  
City, State, ZIP+4: Belen, NM 87002

PS Form 3800, August 2006 See Reverse for Instructions

Return Receipt not Returned.



## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Druella Wilbanks  
PO Box 84  
Maljamar, NM 88264

2. Article Number  
(Transfer from serv. 7012 3460 0003 2134 4749

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X Druella Wilbanks ☐ 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: ☐ No3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

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1. Article Addressed to:

Nettie Cecilla Aymond  
11094 County Road 2464  
Terrell, TX 75160

2. Article Number  
(Transfer from se. 7012 3460 0003 2134 4725

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X Cecilia Aymond ☐ 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: ☐ No3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

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1. Article Addressed to:

The Dorothy Dell Graber Trust  
PO Box 350  
Leavenworth, KS 66048

2. Article Number  
(Transfer 7012 3460 0003 2134 4756

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X Pam Rysen ☒ 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: ☐ No3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

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

Article Addressed to:

Alice Crouch  
4508 Banister Lane  
Austin, TX 78745

Article  
(Tra. 7012 3460 0003 2134 4732

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

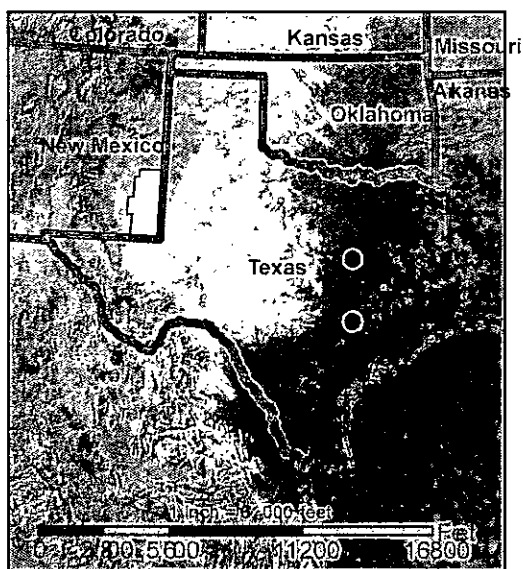
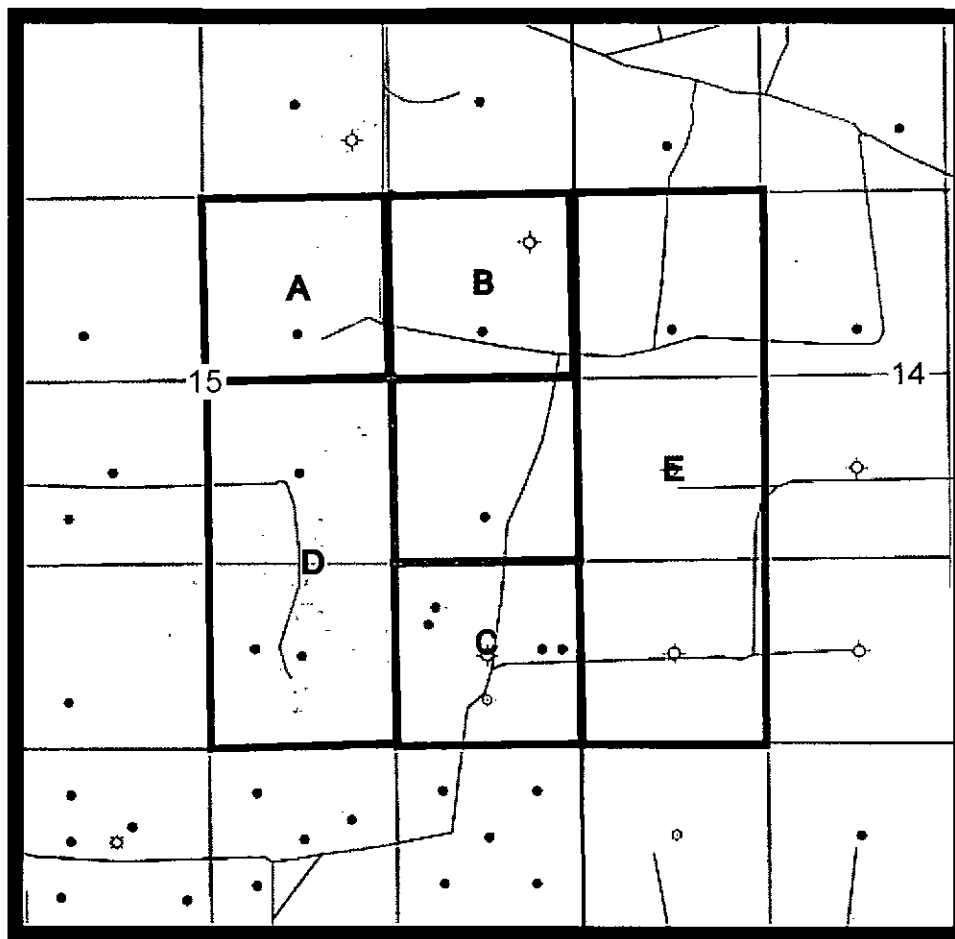
A. Signature  
X Alice Crouch ☐ Agent  
☒ Addressee

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

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Estate of Erma Lowe, Mary Lowe, Independent Executor 5151 San Felipe, Suite 400 Houston, TX 77056		B. Received by (Printed Name) <i>D. Okada</i> C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from s:		7014 2870 0000 2490 5043 <i>Garnet #3</i>	
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  BLM Carlsbad 620 East Greene St. Carlsbad, NM 88220-6292		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>7/23</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from s:		7012 3460 0003 2134 4664 <i>Garnet 34,7,8</i>	
PS Form 3811, July 2013		Domestic Return Receipt	



## GARNETT FEDERAL #3 PROSPECT MAP LEA COUNTY



Drillsite 15-17-32 NE/4SE/4



Notification Tracts

T.S.

3100'S  
PHONE

NOTICE T  
OFFICIAL  
AND OTH  
DUDLEY  
WARRANT  
IMPLIED.



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

ConocoPhillips Company  
600 N. Dairy Ashford Road, Off P10-3096  
Houston, TX 77079-1175

VIA CERTIFIED RETURN RECEIPT

February 19, 2015

TO OPERATORS OR INTEREST OWNERS

SUBJECT: REQUEST FOR APPROVAL OF NON-STANDARD LOCATION FOR GARNET FEDERAL #3

Dear Sir or Madam,

The lease is recorded as NMNM080258. The well is to be located in UL I, 1650' from the south line and 325' from the east line of Section 15, Township 17S, Range 32E, Lea County, New Mexico. The planned bottom hole location is the same because it is a vertical well. The footages place the well closer than 330' from a Qtr/Qtr Section line and lease boundary. The table below details the operators of adjacent spacing units.

You are being provided notification of this action as an operator or interest owner in an adjacent spacing unit. Any comments need to be provided to New Mexico Oil Conservation Division; 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505 within 20 days.

If you have questions regarding this request, I can be reached at 281-206-5281 or via email at [Susan.B.Maunder@conocophillips.com](mailto:Susan.B.Maunder@conocophillips.com).

Sincerely,

Susan B. Maunder  
Senior Regulatory Specialist  
ConocoPhillips Company

w/Attachments

Occidental Permian ✓  
5 East Greenway Plaza, #110  
Houston, TX 77046

CCS Resources, Inc. ✓  
101 Convention Center Dr, Suite  
850  
Las Vegas, NM 89109

Estate of Erma Lowe, Mary Lowe, ✓  
Independent Executor  
5151 San Felipe, Suite 400  
Houston, TX 77056

Devon Energy Production Company ✓  
333 West Sheridan Avenue  
Oklahoma City, OK 73102

Jafar Salehi, Dick Rodgers Holland and  
George Michael O'Brien  
Co-Trustees of the George H O'Brien  
Trust  
2408 West Dengar Avenue  
Midland, TX 79705

Linn Operating Incorporated ✓  
600 Travis Street, Suite 5100  
Houston, TX 77002

Ruth Taylor Wright  
703 Carmel Road  
Belen, NM 87002

Ray Devoe Taylor ✓  
P.O. Box 723  
Tatum, NM 88267

Kyla Taylor Thompson ✓  
1122 Green Valley Road NW  
Los Ranchos, NM 87107

Nettie Cecilla Aymond ✓  
11094 County Road 2464  
Terrell, TX 75160

Alice Crouch ✓  
4508 Banister Lane  
Austin, TX 78745

Druella Wilbanks ✓  
PO Box 84  
Maljamar, NM 88264

The Dorothy Dell Graber Trust ✓  
PO Box 350  
Leavenworth, KS 66048



DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.
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ABOVE THIS LINE FOR DIVISION USE ONLY

## NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



### ADMINISTRATIVE APPLICATION CHECKLIST

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

#### Application Acronyms:

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

- [1] **TYPE OF APPLICATION** - Check Those Which Apply for [A] Garnet Federal #3 - API 30-025-pending
- [A] Location - Spacing Unit - Simultaneous Dedication
- ☒ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

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

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

- [D] Other: Specify \_\_\_\_\_

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

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

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

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

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

Susan B. Maunder  
Print or Type Name

Susan B. Maunder  
Signature

Sr. Regulatory Specialist  
Title

2/19/15  
Date

Susan.B.Maunder@conocophillips.com  
e-mail Address

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

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

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025	<sup>2</sup> Pool Code 44500	<sup>3</sup> Pool Name Maljamar, Yeso West
<sup>4</sup> Property Code 313362	<sup>5</sup> Property Name GARNET FEDERAL	<sup>6</sup> Well Number 3
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 4040.6'

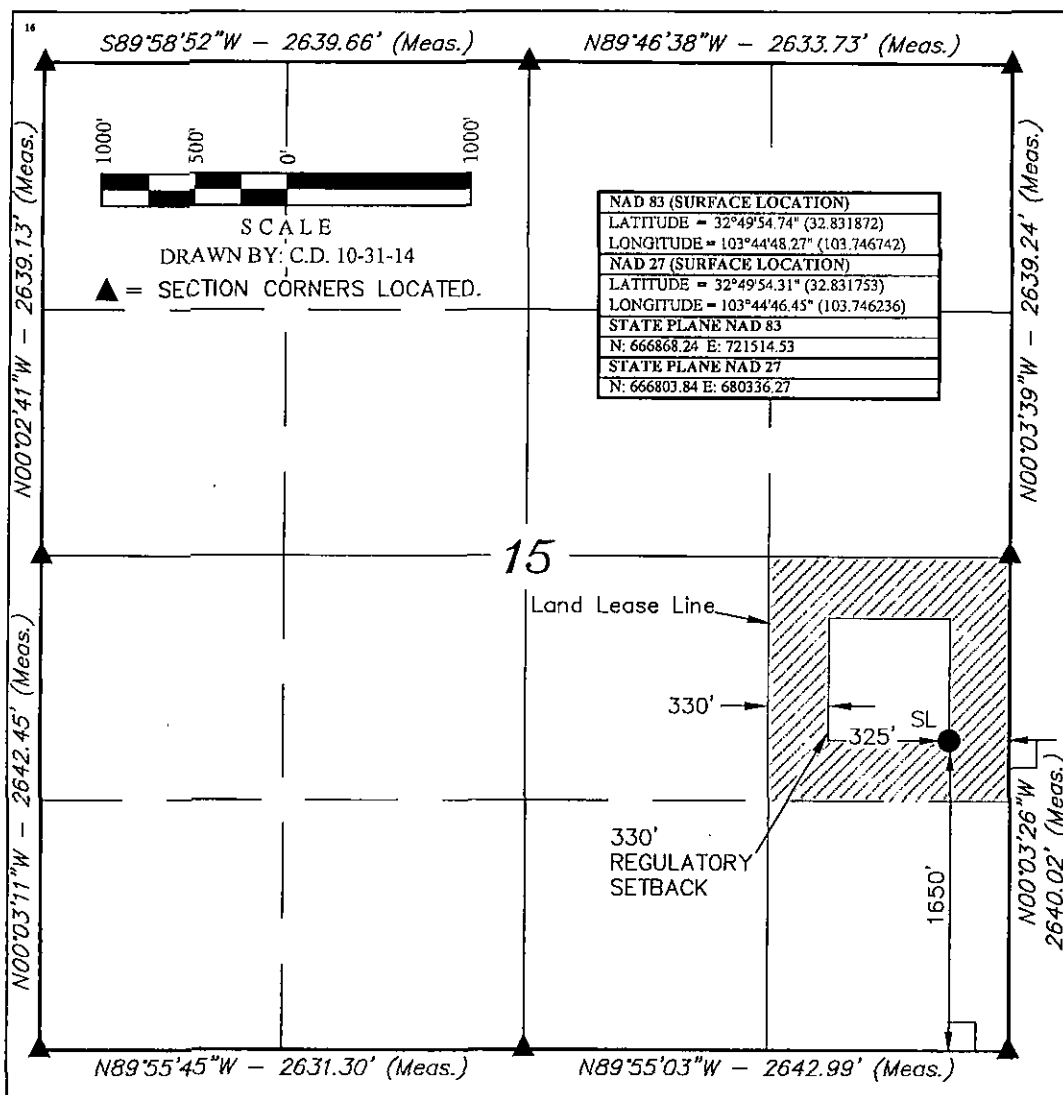
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	15	17S	32E		1650	SOUTH	325	EAST	LEA

<sup>11</sup> 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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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.



<sup>17</sup> OPERATOR  
CERTIFICATION

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

*Susan B. Maunder*  
Signature Date 2/19/15

Susan B. Maunder  
Printed Name

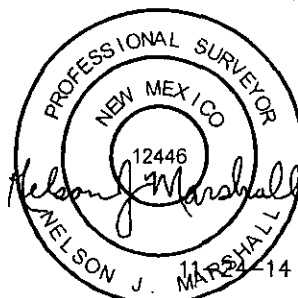
Susan.B.Maunder@cop.com  
E-mail Address

<sup>18</sup> SURVEYOR  
CERTIFICATION

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

October 17, 2014

Date of Survey  
Signature and Seal of Professional Surveyor:



Certificate Number:

