

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 _____

*SWD 1662
 - COG OPERATING, LLC
 229137*

*Well Fed
 - COG An 2 SWD #1
 30-025-pending
 Pool*

[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

*- SWD, Devonian-Silurian
 97869*

[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.

<u>BRIAN COLLINS</u> Print or Type Name	<u><i>Brian Collins</i></u> Signature	<u>Operations Engineering Advisor</u> Title	<u>21 Sept 2016</u> Date
		<u>bcollins@concho.com</u> e-mail Address	



September 20, 2016

New Mexico Oil Conservation Division
Attn: Phillip Goetze
1220 South St. Francis Drive
Santa Fe, NM 87505

RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico

Dear Mr. Goetze:

COG Operating LLC respectfully requests administrative approval for authorization to inject for the referenced well. Attached, for your review, is a copy of the C-108 application. Once we receive the newspaper publication and all certified return receipts, I will send you a copy.

Our geologic prognosis has the top of the Devonian at 15500' and Fusselman at 16150'. The injection interval is being permitted shallower and deeper than the prognosis just in case the formation tops are different than expected due to the lack of deep well control in this area. We will likely call TD about 1250' to 1500' below the actual top of the Devonian when we drill the well.

Please do not hesitate to contact me at (575) 748-6940 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

CORPORATE ADDRESS

One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS

Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968

APPLICATION FOR AUTHORIZATION TO INJECT

I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No

II. OPERATOR: COG Operating, LLC.
ADDRESS: 2208 West Main St. Artesia, NM 88210
CONTACT PARTY: BRIAN COLLINS PHONE: 575-748-6940

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: BRIAN COLLINS TITLE: Operations Engineering Advisor

SIGNATURE:  DATE: 21 Sept 2016

E-MAIL ADDRESS: bcollins@concho.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: _____

C-108 Application for Authorization to Inject
COUGAR 2 FEDERAL SWD 1
1540' FNL, 2390' FWL
Unit F, Sec 2, T21S, R32E
Lea County, NM

COG Operating, LLC, proposes to drill the captioned well and make it into an open hole Devonian-Silurian SWD well from approximately 15,300' to 17,000'.

- V. Map is attached.
- VI. No wells within the ½ mile radius area of review penetrate the proposed injection zone.
- VII.
 - 1. Proposed average daily injection rate = 17,300 BWPD
Proposed maximum daily injection rate = 25,000 BWPD
 - 2. Closed system
 - 3. Proposed maximum injection pressure = 3060 psi
(0.2 psi/ft. x 15300' ft.)
 - 4. Source of injected water will be Delaware Sand, Bone Spring and Wolfcamp produced water. No compatibility problems are expected (we've seen no compatibility issues in other Devonian SWDs that take the same produced water as the proposed SWD well). Analyses of Delaware, Bone Spring and Wolfcamp waters are attached. There are no Devonian-Silurian receiving formation water analyses available in this area.
- VIII. The injection zone is the Devonian-Silurian from 15300' to 17000' which is composed of porous limestone and dolomite. Any underground water sources will be shallower than 1552' based on the top of the Rustler Anhydrite at approximately 1552'.
- IX. The Devonian-Silurian injection interval will be acidized with approximately 40,000 gals of 20% HCl acid.
- X. Well logs and mud log will be filed with the Division. There are no nearby well logs available for the Devonian-Silurian section.
- XI. There are no fresh water wells within a mile of the proposed SWD well.
- XII. After examining the available geologic and engineering data, no evidence was found of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Proof of Notice is attached.

III.

WELL DATA

INJECTION WELL DATA SHEET

OPERATOR: COG Operating, LLC

WELL NAME & NUMBER: Cougar 2 Federal SWD #1

WELL LOCATION: 1540' FNL 2390' FWL F 2 21s 32e
FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 26" Casing Size: 20" e ± 1575'
Cemented with: - sx. or ± 3600 ft³
Top of Cement: Surface Method Determined: Design

Intermediate Casing

Hole Size: 18 1/2" Casing Size: 16" e ± 3400'
14 3/4" 13 3/8" FJE ± 5400'
Cemented with: - sx. or ± 2400 ft³
Surface or ± 2000 ft³
Top of Cement: Surface Method Determined: Design

Production Casing

Hole Size: 12 1/4" Casing Size: 9 5/8" e ± 11500'
8 1/2" 7" liner ± 11250 - 15300'
Cemented with: - sx. or ± 5000 ft³
Surface or ± 750 ft³
Top of Cement: Top of Liner Method Determined: Design
Total Depth: ± 17,000'

Injection Interval

± 15300' feet to ± 17000'

(Perforated or Open Hole indicate which)

See Attached Wellbore Schematic

INJECTION WELL DATA SHEET

Tubing Size: 4 1/2" Lining Material: IPC / Fiberglass
 Type of Packer: CRA 10K Permanent or Nickel plated 10K double grip retrievable
 Packer Setting Depth: ± 15250'
 Other Type of Tubing/Casing Seal (if applicable): N/A

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 / Silurian
3. Name of Field or Pool (if applicable): Hat Mesa
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: _____
Underlying: None
Overlying: Delaware ± 6600-8600' Bone Spring ± 9475-11400
Wolfcamp ± 11400-11750' Strawn ± 12850-12900'
Atoka ± 13000-13100' Morrow ± 13100-14500'

30-025-

Cougar 2 Federal SWD #1

1540' FNL, 2390' FWL

F-2-21s-32e

Lea, NM



26"

20" e ± 1575' (± 3600 CF cmt) Rustler ± 1552'

18 1/2"

16" e ± 3400' (± 2400 CF cmt) BOS ± 3141'

14 3/4"

13 3/8" FJ e ± 5400' (± 2000 CF cmt) Bell Cnyn ± 5364'



12 1/4"

4 1/2" Inj Tbg

9 5/8" e ± 11500' (± 5000 CF cmt) Wolfcamp ± 11479'

8 1/2"

Inj Pkr ± 15250'

7" liner ± 11250 - ± 15300' (± 750 CF cmt)

Will be set into top 25' of Devonian.

6"

Devonian/Silurian OH Inj. Interval

17000' ±

"Not to Scale" KBCollins

TOPS

V.

MAP

VI.

**No Wells Penetrate
Proposed Disposal
Interval Within Half
Mile Area of Review**

VII.

Water Analysis Produced Formation Water

**No Water Analysis
Available For
Receiving Formation**

WATER SAMPLES REPRESENTATIVE OF WATER BEING INJECTED INTO THE PROPOSED SWD WELL												
Delaware												
2012103128	Gehrig	Fed #2	William D Polk	2/15/2012	1/10/2012	1.16	4.00	251245.24	6.47		25915.00	3525.76
2011128362	Sly Hawk State	1	William D Polk	9/28/2011	9/13/2011	1.17	4.06	256802.26	6.50		26180.00	4101.14
Bone Spring												
Lab Test #	Lease	Location	Salesman	Date Out	Sample Date	Specific Gravity	Ionic Strength	TDS	pH	conductivity	Ca (mg/L)	Mg (mg/L)
2012104723	Phantom 18 State	2H	William D Polk	2/29/2012	1/6/2012	1.09	2.23	136209.81	6.52		6156.63	1132.53
Wolfcamp												
Lab Test #	Lease	Location	Salesman	Date Out	Sample Date	Specific Gravity	Ionic Strength	TDS	pH	conductivity	Ca (mg/L)	Mg (mg/L)
2012105892	Augustus 10	1H		3/15/2012	3/8/2012	1.06	1.46	89771.55	6.60		3963.30	639.83
2011128833	Trail Boss 4	4H	William D Polk	9/30/2011	9/21/2011	1.05	1.31	78745.89	7.10		3143.00	406.00

81017.80	66969.32	1342.77	64.22	35.40	4.51	1492.00	24.27			122.00	0.00		450.00	151300.00	250.00	0.00
83379.63	62970.16	1133.12	38.78	20.06	1.64	905.03	9.33			73.00	0.00		70.00	161300.00	360.00	0.00
TH (CaCO3)	Na (mg/L)	K (mg/L)	Zn (mg/L)	Fe (mg/L)	Ba (mg/L)	Sr (mg/L)	Mn (mg/L)	Resistivity	HCO3 (mg/L)	CO3 (mg/L)	OH (mg/L)	SO4 (mg/L)	Cl (mg/L)	CO2 (mg/L)	H2S (mg/L)	
20530.54	43509.27	957.44	0.00	28.72	0.00	414.86	1.36		159.00	0.00		850.00	83000.00	140.00	0.00	
TH (CaCO3)	Na (mg/L)	K (mg/L)	Zn (mg/L)	Fe (mg/L)	Ba (mg/L)	Sr (mg/L)	Mn (mg/L)	Resistivity	HCO3 (mg/L)	CO3 (mg/L)	OH (mg/L)	SO4 (mg/L)	Cl (mg/L)	CO2 (mg/L)	H2S (mg/L)	
13352.51	28320.32	350.70	0.00	17.85	1.77	707.79	0.00		220.00	0.00		950.00	54600.00	60.00	0.00	
10421.23	27950.00	433.00		15.00	2.48	780.00	0.41		366.00	0.00		150.00	45500.00	140.00	0.00	

X.

**No Log Available
Across Proposed
Devonian Injection
Interval From Well in
Area**

XI.

Fresh Water Sample Analyses



New Mexico Office of the State Engineer
Water Column/Average Depth to Water

No records found.

PLSS Search:

Section(s): 33, 34, 35

Township: 20S

Range: 33E

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

10/26/15 3:47 PM

Page 1 of 1

WATER COLUMN/ AVERAGE
DEPTH TO WATER



New Mexico Office of the State Engineer

Water Column/Average Depth to Water

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced,
O=orphaned,
C=the file is closed) (quarters are 1=NW 2=NE 3=SW 4=SE)
(quarters are smallest to largest) (NAD83 UTM in meters) (In feet)

POD Number	POD Sub-Code	basin	County	Q	Q	Q	4 Sec	Tws	Rng	X	Y	Depth Well	Depth Water	Water Column
<u>CP 00793</u>		LE	1 1 2 01	21S	32E	628932	3598270*					1000		

> 1 Mile from Proposed SWD Well

Average Depth to Water: --
Minimum Depth: --
Maximum Depth: --

Record Count: 1

PLSS Search:

Section(s): 1, 2, 3

Township: 21S

Range: 32E

*UTM location was derived from PLSS - see Help

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New Mexico Office of the State Engineer

Point of Diversion Summary

(quarters are 1=NW 2=NE 3=SW 4=SE)
 (quarters are smallest to largest) (NAD83 UTM in meters)

POD Number	Q64 Q16 Q4 Sec Tws Rng	X	Y
CP 00793	1 1 2 01 21S 32E	628932	3598270*

Driller License: 122

Driller Name: PHILLIPS

Drill Start Date:

Drill Finish Date: 12/31/1960

Plug Date:

Log File Date:

PCW Rcv Date:

Source:

Pump Type:

Pipe Discharge Size:

Estimated Yield:

Casing Size: 8.00

Depth Well: 1000 feet

Depth Water:

*UTM location was derived from PLSS - see Help

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September 20, 2016

New Mexico Oil Conservation Division
Attn: Phillip Goetze
1220 South St. Francis Drive
Santa Fe, NM 87505

RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico

Dear Mr. Goetze:

COG Operating LLC respectfully requests administrative approval for authorization to inject for the referenced well. Attached, for your review, is a copy of the C-108 application. Once we receive the newspaper publication and all certified return receipts, I will send you a copy.

Our geologic prognosis has the top of the Devonian at 15500' and Fusselman at 16150'. The injection interval is being permitted shallower and deeper than the prognosis just in case the formation tops are different than expected due to the lack of deep well control in this area. We will likely call TD about 1250' to 1500' below the actual top of the Devonian when we drill the well.

Please do not hesitate to contact me at (575) 748-6940 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

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One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS

Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968



September 20, 2016

Oil Conservation Division
Attn: Paul Kautz
1625 North French Dr.
Hobbs, NM 88240

RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico

Dear Mr. Kautz:

COG Operating LLC respectfully requests administrative approval for authorization to inject for the referenced well. Attached, for your review, is a copy of the C-108 application. Once we receive the newspaper publication and all certified return receipts, I will send you a copy.

Our geologic prognosis has the top of the Devonian at 15500' and Fusselman at 16150'. The injection interval is being permitted shallower and deeper than the prognosis just in case the formation tops are different than expected due to the lack of deep well control in this area. We will likely call TD about 1250' to 1500' below the actual top of the Devonian when we drill the well.

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Sincerely,

A handwritten signature in black ink, appearing to read "Brian Collins".

Brian Collins
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PHONE 575.748.6940 | FAX 575.748.6968



September 20, 2016

U.S. BLM
620 E Greene Street
Carlsbad, NM 88220

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

To Whom It May Concern:

Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

Please do not hesitate to contact us at 575-748-6940 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004-0137
Expires: October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

Oil Well Gas Well Other

8. Well Name and No.
Cougar 2 Federal SWD #1

2. Name of Operator
COG Operating LLC

9. API Well No.

3a. Address
2208 W Main Street
Artesia, NM 88210

3b. Phone No. (include area code)
575-748-6940

10. Field and Pool or Exploratory Area
SWD; Hat Mesa

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1540' FNL & 2390' FWL, Section 2, T21S, R32E, N.M.P.M

11. County or Parish, State
Lea County, New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>SWD Drill Well</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection)

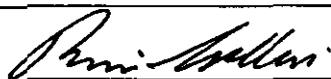
Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)

Brian Collins

Title Operations Engineering Advisor

Signature



Date 09/20/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

GENERAL INSTRUCTIONS

This form is designed for submitting proposals to perform certain well operations and reports of such operations when completed as indicated on Federal and Indian lands pursuant to applicable Federal law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local area or regional procedures and practices, are either shown below, will be issued by or may be obtained from the local Federal office.

SPECIFIC INSTRUCTIONS

Item 4 - Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult the local Federal office for specific instructions.

Item 13 - Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by the local Federal office. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to the top of any tubing left in the hole; method of closing top of well and date well site conditioned for final inspection looking for approval of the abandonment.

NOTICES

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is used to: (1) Evaluate, when appropriate, approve applications, and report completion of subsequent well operations, on a Federal or Indian lease; and (2) document for administrative use, information for the management, disposal and use of National Resource lands and resources, such as: (a) evaluating the equipment and procedures to be used during a proposed subsequent well operation and reviewing the completed well operations for compliance with the approved plan; (b) requesting and granting approval to perform those actions covered by 43 CFR 3162.3-2, 3162.3-3, and 3162.3-4; (c) reporting the beginning or resumption of production, as required by 43 CFR 3162.4-1(c) and (d) analyzing future applications to drill or modify operations in light of data obtained and methods used.

ROUTINE USES: Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions in connection with congressional inquiries or to consumer reporting agencies to facilitate collection of debts owed the Government.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this notice and report and disclosure of the information is mandatory for those subsequent well operations specified in 43 CFR 3162.3-2, 3162.3-3, 3162.3-4.

The Paperwork Reduction Act of 1995 requires us to inform you that:

The BLM collects this information to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

Response to this request is mandatory.

The BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT: Public reporting burden for this form is estimated to average 8 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer (WO-630), 1849 C St., N.W., Mail Stop 401 LS, Washington, D.C. 20240



September 20, 2016

Intrepid Potash NM LLC
707 17th St Ste 4200
Denver, CO 80202

RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico

To Whom It May Concern:

Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

Please do not hesitate to contact us at 575-748-6940 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 20, 2016

Kaiser-Francis Oil
P.O. Box 21463
Tulsa, Oklahoma 74121

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

CORPORATE ADDRESS

One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS

Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968



September 20, 2016

Asher Enterprises Ltd. Co.
P.O. Box 423
Artesia, NM 88211

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 20, 2016

Sundown Energy, LP
13455 Noel rd. #2000
Dallas, TX 75240

RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

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One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS

Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968



September 20, 2016

PGP Holdings I, LLC
104 Town Park Drive
Kennesaw, Georgia 30144

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 20, 2016

XTO Energy, Inc.
P.O. Box 6501
Englewood, Colorado 80155

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

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Operations Engineering Advisor

BC/sw
Enclosures

CORPORATE ADDRESS

One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS

Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968



September 20, 2016

BOPCO, LP
6 Desta Drive Suite 3700
P.O. Box 2760
Midland, Texas 79702

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

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Sincerely,

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 20, 2016

EOG Resources, Inc.
P.O. Box 4362
Houston, TX 79701

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

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Sincerely,

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 20, 2016

Samson Resources Company
2 West Second Street
Tulsa, Oklahoma 74103

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

CORPORATE ADDRESS

One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS

Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968



September 20, 2016

Chevron U.S.A., Inc.
P.O. Box 1635
Houston, Texas 77251

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

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One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS

Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968



September 20, 2016

Chevron U.S.A., Inc.
4508 N Big Spring St.
Midland, TX 79705

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 432.683.7443 | F 432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.746.2096



September 20, 2016

Chevron U.S.A., Inc.
15 Smith Rd.
Houston, TX 79705

RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER | 800 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 432.683.7443 | F 432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.748.2096



September 20, 2016

S.E.S. Oil & Gas, Inc.
P.O. Box 371
Midland, TX 79702

**RE: Application For Authorization To Inject
Cougar 2 Federal SWD #1
Township 21 South, Range 32 East, N.M.P.M.
Section 2: 1540' FNL & 2390' FWL
Lea County, New Mexico**

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Sincerely,

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Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 20, 2016

Hobbs News-Sun
P.O. Box 850
Hobbs, NM 88240

**Re: Legal Notice
Salt Water Disposal Well
Cougar 2 Federal SWD #1**

To Whom It May Concern:

Enclosed is a legal notice regarding New Mexico Oil Conservation Division C-108 Application for Authorization to Inject for a salt water disposal well.

Please run this notice and return the proof of notice to the undersigned at:

COG Operating LLC, 2208 W. Main St., Artesia, NM 88210

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Collins".

Brian Collins
Senior Operations Engineer

BC/sw
Enclosures

HOBBS NEWS SUN
LEGAL NOTICES

COG Operating LLC, 2208 W. Main Street, Artesia, NM 88210 has filed Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division seeking administrative approval for a salt water disposal well. The proposed well, the Cougar 2 Federal SWD No. 1, is located 1540' FNL & 2390' FWL, Section 2, Township 21 South, Range 32 East, Lea County, New Mexico. Disposal water will be sourced from area wells producing from the Delaware, Bone Spring and Wolfcamp formations. The disposal water will be injected into the Devonian/Silurian formation at a depth of 15300' to 17000' at a maximum surface pressure of 3060 psi and a maximum rate of 25,000 BWPD. The proposed SWD well is located approximately 30 miles west/northwest of Eunice. Any interested party who has an objection to this must give notice in writing to the Oil Conservation Division, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505, within fifteen (15) days of this notice. Any interested party with questions or comments may contact Brian Collins at COG Operating LLC, 2208 W. Main Street, Artesia, NM 88210, or call 575-748-6940.

Published in the Hobbs News Sun, Hobbs, New Mexico
_____, 2016.

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

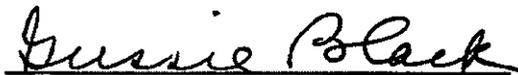
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
September 24, 2016
and ending with the issue dated
September 24, 2016.



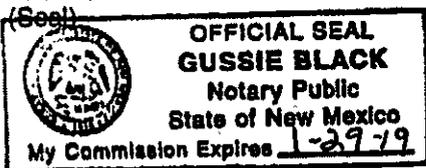
Publisher

Sworn and subscribed to before me this
24th day of September 2016.



Business Manager

My commission expires
January 29, 2019



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

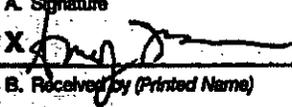
LEGAL NOTICE
September 24, 2016

COG Operating LLC, 2208 W. Main Street, Artesia, NM 88210, has filed Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division, seeking administrative approval for a salt water disposal well. The proposed well, the Cougar 2 Federal SWD No. 1, is located 1540' FNL & 2390' FWL, Section 2, Township 21 South, Range 32 East, Lea County, New Mexico. Disposal water will be sourced from area wells producing from the Delaware, Bone Spring and Wolfcamp formations. The disposal water will be injected into the Devonian/Silurian formation at a depth of 15300' to 17000' at a maximum surface pressure of 3080 psi and a maximum rate of 25,000 BWPD. The proposed SWD well is located approximately 30 miles west/northwest of Eunice. Any interested party who has an objection to this must give notice in writing to the Oil Conservation Division, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505, within fifteen (15) days of this notice. Any interested party with questions or comments may contact Brian Collins at COG Operating LLC, 2208 W. Main Street, Artesia, NM 88210, or call 1575-748-8940. #31251

67112034

00181503

BRIAN COLLINS
COG OPERATING LLC
2208 W. MAIN ST.
ARTESIA, NM 88210

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7-24-14</u></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Chevron U.S.A., Inc. 4508 N Big Spring St. Midland, TX 79705</p> <p><small>Consort 3 Federal SWD #1</small></p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7016 0910 0000 2654 6078</u></p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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

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

OFFICIAL USE

Certified Mail Fee

\$ _____

Extra

R

P

C

A

A

Postage

\$ _____

Total

\$ _____

Sent To

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

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

7016 0910 0000 2654 6078

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:

Chevron U.S.A., Inc.
15 Smith Rd.
Houston, TX 79705

Complete Federal SWD #1

2. Article Number
(Transfer from service label)

7016 0910 0000 2654 6061

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 x *[Signature]* Addressee

B. Received by (Printed Name) *C. Lawrence* C. Date of Delivery *9-26-16*

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

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

Chevron U.S.A., Inc.
15 Smith Rd.
Houston, TX 79705

Complete Federal SWD #1

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4

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

7016 0910 0000 2654 6061

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Gathan</i> C. Date of Delivery <i>8-26-16</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>1. Article Addressed to:</p> <p style="text-align: center;">Oil Conservation Division Attn: Paul Kautz 1625 North French Dr. Hobbs, NM 88240 Cougar 2 Federal SWD #1</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Priority Mail Express[™]</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7016 0910 0000 2654 6207</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

U.S. Postal Service [™] CERTIFIED MAIL[®] RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL	
7016 0910 0000 2654 6207	<p>Certified Mail Fee \$</p> <p>Extra Service <input type="checkbox"/> Return R# <input type="checkbox"/> Return Re <input type="checkbox"/> Certified L <input type="checkbox"/> Adult Sign <input type="checkbox"/> Adult Sign</p> <p>Postage \$</p> <p>Total Postage and Fees \$</p> <p>Sent To</p> <p>Street and Apt. No., or PO Box No.</p> <p>City, State, ZIP+4[®]</p>
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"> ■ 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">New Mexico Oil Conservation Division Attn: Phillip Goetze 1220 South St. Francis Drive Santa Fe, NM 87505 Cougar 2 Federal SWD #1</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 style="text-align: center;">SEP 26 2016 SANTA FE, NM</p> <p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered Mail® <input 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>2. Article Number: (Transfer from service label)</p>	<p style="text-align: center;">7016 0910 0000 2654 6214</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
7016 0910 0000 2654 6214	<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra</p> <p><input type="checkbox"/> n</p> <p><input type="checkbox"/> m</p> <p><input type="checkbox"/> c</p> <p><input type="checkbox"/> A</p> <p><input type="checkbox"/> A</p> <p>Postage</p> <p>\$ _____</p> <p>Total Postage and Fees</p> <p>\$ _____</p> <p>Sent To</p> <p>Street and Apt. No., or PO Box No.</p> <p>City, State, ZIP+4®</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-90-7 See Reverse for instructions</p>
<p style="text-align: center;">New Mexico Oil Conservation Division Attn: Phillip Goetze 1220 South St. Francis Drive Santa Fe, NM 87505 Cougar 2 Federal SWD #1</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature X <i>Jan Popen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Intrepid Potash NM LLC 707 17th St Ste 4200 Denver, CO 80202 Cougar 2 Federal SWD #1</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 type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input 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>2. Article Number (Transfer from service label)</p>	<p>7016 0910 0000 2654 6085</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	
Extra Fees	
<input type="checkbox"/> Ret	Intrepid Potash NM LLC 707 17th St Ste 4200 Denver, CO 80202 Cougar 2 Federal SWD #1
<input type="checkbox"/> Reg	
<input type="checkbox"/> Co	
<input type="checkbox"/> Ad	
<input type="checkbox"/> Ad	
Postage	
Total Postage and Fees	
Sent To	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions	

7016 0910 0000 2654 6085

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:

PGP Holdings I, LLC
 104 Town Park Drive
 Kennesaw, Georgia 30144
 Cougar 2 Federal SWD #1

2. Article Number
 (Transfer from service label)

7016 0910 0000 2654 6122

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *E. Williams* Agent
 Address

B. Received by (Printed Name)

C. Date of Delivery

9/26/16

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

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

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

OFFICIAL USE

Certified Mail Fee
 \$

Extra Services & Fees (check box, add fee as appropriate)
 Reg.
 Ret.
 Cert.
 Adv.
 Adul.

Postage
 \$

Total Pk.
 \$

Sent To
 PGP Holdings I, LLC
 104 Town Park Drive
 Kennesaw, Georgia 30144
 Cougar 2 federal SWD #1

Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

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

7016 0910 0000 2654 6122

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:

U.S. BLM
620 E Greene St.
Carlsbad, NM 88220
Cougar 2 Federal SWD #1

2. Article Number
(Transfer from service label)

7016 0910 0000 2654 6191

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

- Agent
- Addressee

B. Received by (Printed Name)

T. Nois

C. Date of Delivery

9/26/16

- 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

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extr

Post

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

7016 0910 0000 2654 6191

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

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

OFFICIAL USE

7016 0910 0000 2654 6160

Certified Mail Fee

- Extra Sur
- Return
- Certificate
- Adult S
- Adult S

Samson Resources Company
 2 West Second Street
 Tulsa, Oklahoma 74103
 Cougar 2 Federal SWD #1

Postage

Total Postage and Fees

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

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:

Samson Resources Company
 2 West Second Street
 Tulsa, Oklahoma 74103
 Cougar 2 Federal SWD #1

2. Article Number

(Transfer from service label)

7016 0910 0000 2654 6160

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kevin Jensen*

- Agent
- Addressee

B. Received by (Printed Name)

SEP 27 2016

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

Kaiser-Francis Oil
 P.O. Box 21463
 Tulsa, Oklahoma 74121
 Cougar 2 Federal SWD #1

Total Postage and Fees

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7503-02-000-9047 See Reverse for Instructions

7016 0910 0000 2654 6092

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:

Kaiser-Francis Oil
 P.O. Box 21463
 Tulsa, Oklahoma 74121
 Cougar 2 Federal SWD #1

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sylvester Thomas

- Agent
- Addressee

B. Received by (Printed Name)

Sylvester Thomas

C. Date of Delivery

SEP 27 2016

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

7016 0910 0000 2654 6092

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery

Adult Signature

AIA

Postage

\$

Total Post

\$

Sent To

Street and

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7016 0910 0000 2654 6139

XTO Energy, Inc.
 P.O. Box 6501
 Englewood, Colorado 80155
 Cougar 2 Federal SWD #1

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

XTO Energy, Inc.
 P.O. Box 6501
 Englewood, Colorado 80155
 Cougar 2 Federal SWD #1

2. Article Number
 (Transfer from service label)

7016 0910 0000 2654 6139

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Guemar Hunt Agent
 Addressee

B. Received by (Printed Name)

ROSE Hunt

C. Date of Delivery

9-27-16

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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

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

OFFICIAL USE

EST9 4592 0000 0760 9702
 7016 0910 0000 2654 6153

Certified Mail Fee

- Extra Ser
- Return
- Restr
- Certif
- Adult
- Postage

EOG Resources, Inc.
 P.O. Box 4362
 Houston, TX 77210
 Cougar 2 Federal SWD #1

Total Postage and Fees

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

See Reverse for Instructions

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:

EOG Resources, Inc.
 P.O. Box 4362
 Houston, TX 77210
 Cougar 2 Federal SWD #1

2. Article (Transit)

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature

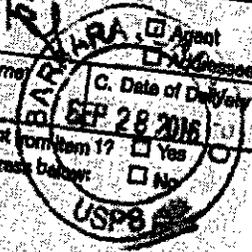
X [Signature]

B. Received by (Print Name)

- Agent
- Addressee

C. Date of Delivery
 SEP 28 2016

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



3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Fees \$ _____

Rm
 Pr
 C
 A
 A

Postage \$ _____

Total \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 edition 7530-02-000-9075 See Reverse for Instructions

7016 0910 0000 2654 6108

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Asher Enterprises Ltd. Co. P.O. Box 423 Artesia, NM 88211 Cougar 2 Federal SWD #1</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input 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>2. Article Number (Transfer from service label)</p>	<p>7016 0910 0000 2654 6108</p>

PS Form 3811, July 2013 Domestic Return Receipt



2208 West Main Street
 Artesia, New Mexico 88210

UTJ

Asher Enterprises Ltd. Co.
 NIXIE 882115038-1N 09/29/16

A RETURN TO SENDER
 UNABLE TO FORWARD
 UNABLE TO FORWARD
 RETURN TO SENDER



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:

Sundown Energy, LP
 13455 Noel Rd. #2000
 Dallas, TX 75240
 Cougar 2 Federal SWD #1

2. Article Number
 (Transfer from service label)

7016 0910 0000 2654 6115

PS Form 3811, July 2013

Domestic Return Receipt



2208 West Main Street
 Artesia, New Mexico 88210

1st OFFICE
 2nd OFFICE
 RETURNED

NIXIE 750 N7E 1 16 2210/04/16

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

BC: 88210372008 0074N278140-01126

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Box

Return

Return

Certificate

Adult

Adult

Postage

\$

Total Postage and Fee

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Sundown Energy, LP
 13455 Noel Rd. #2000
 Dallas, TX 75240
 Cougar 2 Federal SWD #1

7016 0910 0000 2654 6115

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

S.E.S Oil & Gas, Inc.
 P.O. Box 371
 Midland, TX 79702
 Cougar 2 Federal SWD #1

2. Article Number
 (Transfer from service label)

7016 0910 0000 2654 6184

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) Tara [unclear] C. Date of Delivery 10/16/16

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

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services

- Return Receipt
- Return Receipt
- Certified Mail
- Adult Signature
- Adult Signature

Postage

\$

Total Postage

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

7016 0910 0000 2654 6184

S.E.S Oil & Gas, Inc.
 P.O. Box 371
 Midland, TX 79702
 Cougar 2 Federal SWD #1

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:

Oil Conservation Division
 Attn: MICHAEL A. MCMILLAN
 1220 south St. Francis Dr.,
 Santa Fe NM 87505
 Cougar 2 Federal SWD #1, Affidavit of Publication

2. Article Number
(Transfer from service label)

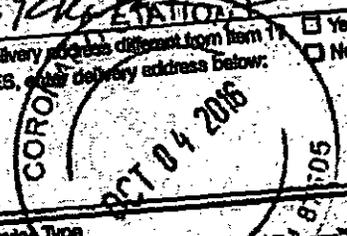
7016 0910 0000 2654 6221

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Address
- B. Received by (Printed Name) Date of Return
- C. Date of Return
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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



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

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

OFFICIAL USE

Certificate

- Extra Fee
- Return
- Cert
- Adult
- Adult

Oil Conservation Division
 Attn: MICHAEL A. MCMILLAN
 1220 south St. Francis Dr.,
 Santa Fe NM 87505

Postage

Total Postage and Fees

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

7016 0910 0000 2654 6221

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

7013 3020 0000 8749 3854

Postage \$
 (Endon)
 Restrict
 (Endon)
 Total

Asher Enterprises LTD. CO.
 11063-D Memorial Dr.
 PMB 525
 Tulsa, OK 74133
 Cougar 2 Federal SWD #1

Sent To _____
 Street, Apt. No.,
 or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3869, August 2005

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.

Asher Enterprises LTD. CO.
 11063-D Memorial Dr.
 PMB 525
 Tulsa, OK 74133
 Cougar 2 Federal SWD #1



9590 9402 1301 5285 6700 79

2. Article Number (Transfer from service label)
 7013 3020 0000 8749 3854

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Received by The UPS Store #4074

B. Received by (Printed Name) _____ Address

C. Date of Delivery
 10-11-16 Yes
 No

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; No Insurance Coverage Provided)

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

OFFICIAL USE

Postmark | \$

Post
(Endorse)

Restrict
(Endorse)

Total P

Sundown Energy, LP
Knoll Trail Plaza
16400 Dallas Parkway Suite 100
Dallas, TX 75248
 Coupon 2 Federal SWD #1

Sent To

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3900, August 2008

See Reverse for Instructions

7013 3020 0000 8749 4042

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.

Sundown Energy, LP
Knoll Trail Plaza
16400 Dallas Parkway Suite 100
Dallas, TX 75248
 Coupon 2 Federal SWD #1



9590 9402 1301 5285 6700 24

2. Article Number (transfer from service label)

7013 3020 0000 8749 4042

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Delivered by (Printed Name)

C. Date of Delivery

11-4-16

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

7013 3020 0000 8749 4059

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

BOPCO, LP
32 Mineral O & G NM, L.L.C.
201 Main Street, Suite 2700
Fort Worth, TX 76102
Cover 2 Federal SWD #1

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2005 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.

BOPCO, LP
32 Mineral O&G NM, L.L.C.
201 Main Street, Suite 2700
Fort Worth, TX 76102
Cover 2 Federal SWD #1



9590 9402 1301 5285 6700 31

2. Article Number (Transfer from service label)

7013 3020 0000 8749 4059

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

COMPLETE THIS SECTION ON DELIVERY

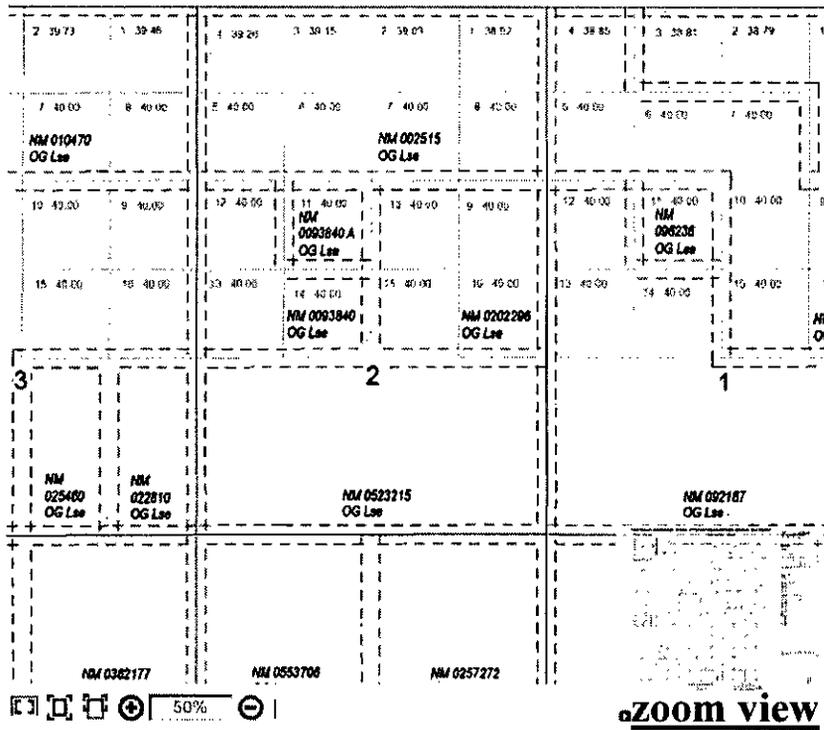
A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) **C. Date of Delivery**
 [Blank] **1/4/16**

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





C-108 Review Checklist: Received _____ Add. Request: _____ Reply Date: _____ Suspended: _____ [Ver 15]

ORDER TYPE: WFX / PMX / SWD Number: _____ Order Date: _____ Legacy Permits/Orders: _____

Well No. 1 Well Name(s): CO44A 2 SWD

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

1540 FNL

Footages 2390 FNL Lot 6 or Unit _____ Sec 2 Tsp 21S Rge 32E County Lea

General Location: 3.25 miles SW Hobbs Pool: SWD, DEV UN Pool No.: 96101

BLM 100K Map: JA1 Operator: COG operating, LLC OGRID: 229157 Contact: BRIAN COLLINGS, EN

COMPLIANCE RULE 5.9: Total Wells: 3867 Inactive: 0 Fincl Assur: OK Compl. Order? N/A IS 5.9 OK? Y Date: 11-22-2016

WELL FILE REVIEWED Current Status: Proposed

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

Planned Rehab Work to Well: _____

Well Construction Details		Sizes (in) Borehole / Pipe	Setting Depths (ft)	Cement Sx or Ct	Cement Top and Determination Method
Planned ___ or Existing ___	Surface	<u>26/20</u>	<u>1575</u>	<u>3600</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___	Interm/Prod	<u>16 1/2 / 14 3/4</u>	<u>3400</u>	<u>2400</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___	Interm/Prod	<u>14 1/4 / 13 3/8</u>	<u>500</u>	<u>2000</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___	Prod/Liner	<u>12 1/4 / 11 5/8</u>	<u>11500</u>	<u>5000</u>	<u>SURFACE / VISUAL</u>
Planned ___ or Existing ___	Liner	<u>8 1/2 / 7</u>	<u>15300</u>	<u>750</u>	<u>11300 / CBL</u>
Planned ___ or Existing ___	CH/PERF	<u>15300 / 1700</u>			
Injection Lithostratigraphic Units:		Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details:
Adjacent Unit: Litho. Struc. Por.			<u>DV</u>	<u>15300</u>	Drilled TD <u>1700</u> PBSD _____
Confining Unit: Litho. Struc. Por.					NEW TD _____ NEW PBSD _____
Proposed Inj Interval TOP:				<u>15300</u>	NEW Open Hole <input checked="" type="radio"/> or NEW Perfs <input type="radio"/>
Proposed Inj Interval BOTTOM:				<u>1700</u>	Tubing Size <u>7 1/2</u> in. Inter Coated? _____
Confining Unit: Litho. Struc. Por.					Proposed Packer Depth <u>15250</u> ft
Adjacent Unit: Litho. Struc. Por.					Min. Packer Depth <u>15200</u> (100-ft limit)
					Proposed Max. Surface Press. <u>3060</u> psi
					Admin. Inj. Press. <u>3060</u> (0.2 psi per ft)
AOR: Hydrologic and Geologic Information					
POTASH: R-111-P <input checked="" type="checkbox"/> Noticed? <input checked="" type="checkbox"/> BLM Sec Ord <input checked="" type="checkbox"/> WIPP <input type="checkbox"/> Noticed? <u>N/A</u> Salt/Salado T: <u>192</u> B: <u>30</u> NW: <u>Cliff House fm</u>					
FRESH WATER: Aquifer _____ Max Depth _____ HYDRO AFFIRM STATEMENT By Qualified Person <input checked="" type="checkbox"/>					
NMOSE Basin: _____ CAPITAN REEF: (thru <u>0</u>) adj NA No. Wells within 1-Mile Radius? <u>0</u> FW Analysis _____					
Disposal Fluid: Formation Source(s) <u>Devon, Permian, Washakie</u> Analysis? _____ On Lease <input type="radio"/> Operator Only <input checked="" type="radio"/> or Commercial <input type="radio"/>					
Disposal Int: Inject Rate (Avg/Max BWPD): <u>17.34/250</u> Protectable Waters? _____ Source: _____ System: <u>Closed</u> or Open					
HC Potential: Producing Interval? <u>N/A</u> Formerly Producing? _____ Method: Logs/DST/P&A/Other <u>Region 4</u> 2-Mile Radius Pool Map <input type="radio"/>					
AOR Wells: 1/2-M Radius Map? <u>P</u> Well List? _____ Total No. Wells Penetrating Interval: _____ Horizontals? _____					
Penetrating Wells: No. Active Wells <u>0</u> Num Repairs? _____ on which well(s)? _____ Diagrams? _____					
Penetrating Wells: No. P&A Wells <u>0</u> Num Repairs? _____ on which well(s)? _____ Diagrams? _____					
NOTICE: Newspaper Date <u>4-24-2016</u> Mineral Owner <u>BLM</u> Surface Owner <u>BLM</u> N. Date <u>4-25-2016</u>					
RULE 26.7(A): Identified Tracts? <input checked="" type="checkbox"/> Affected Persons: <u>Chevron, XTO, Ashen</u> N. Date <u>4-24-2016</u>					

Order Conditions: Issues: _____

Add Order Cond: -Circulate all cement b/c casings to surface.