Form 3160-5
(March 2012)

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.

SUBMIT IN TRIPLICATE – Other instructions on page 2.

5. Lease Serial No.
NMLC030556B

6. If Indian, Allottee or Tribe Name

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

1. Type of Well
☑ Oil Well ☑ Gas Well ☐ Other

8. Well Name and No.
STEVENS B Wells 4, 7, 9, 10, 11, 17, 18

2. Name of Operator
Apache Corporation (873)

9. API Well No.
Multiple (See Attached)

3a. Address
303 Veterans Airpark Lane, Suite 1000
Midland, TX 79705

3b. Phone No. *(include area code)*
432/818-1062

10. Field and Pool or Exploratory Area
Jalmat;TY7R-Gas(79240)/LanglieMattix;7RQG(37240)

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

11. County or Parish, State
Lea County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
☑ Notice of Intent	☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off
	☐ Alter Casing	☐ Fracture Treat	☐ Reclamation	☐ Well Integrity
☐ Subsequent Report	☐ Casing Repair	☐ New Construction	☐ Recomplete	☑ Other POOL COMMINGLE
	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily Abandon	
☐ Final Abandonment Notice	☐ Convert to Injection	☐ Plug Back	☐ 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.)

Apache is requesting an Order to Pool Commingle production from the wells below, as described in the attached documentation. These wells collectively produce from the 79240 Jalmat;Tan-Yates-7 Rvrs(Gas) and 37240 LanglieMattix;7 Rvrs-Q-Grayburg.

30-025-09326	STEVENS B #004	M-12-23S-36E → Own meter
30-025-09328	STEVENS B #007	C-12-23S-36E — S/I
30-025-09330	STEVENS B #009	G-12-23S-36E — S/I
30-025-09331	STEVENS B #010	H-12-23S-36E
30-025-10661	STEVENS B #011	M-7-23S-37E
30-025-21921	STEVENS B #017	P-7-23S-37E — S/I
30-025-22073	STEVENS B #018	I-7-23S-37E

All wells are on the same BLM lease and interests are common and identical for all depths.

The Stevens /B/ lease consists of 3 flowing gas wells (#4, #10, and #11), 3 SI gas wells (#7, #9, and #17), and 1 pumping well (#18). The #4 currently sells through its own sales meter, while the other wells all sell through a central sales meter at the battery. Testing for the other four active wells is as follows and takes place every month. The #18 is produced by itself for several days (or as long as necessary to get consistent production), since it is the highest revenue stream on the lease, in order to get a baseline production at the battery. Each additional well, is then produced alone in conjunction with the #18 for several days (or as long as necessary to get consistent production) in order to determine its contribution to the total production at the battery. Since there is a compressor at the battery, daily fluctuations in line pressure will not affect the testing of these wells.

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

Title Sr. Staff Reg Analyst

Signature Reesa Fisher

Date 04/20/2017

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.

(Instructions on page 2)

Revised March 23, 2017

RECEIVED:	REVIEWER:	TYPE:	APP NO:
4/20/2017	MAM	PC	pMAM1711033742

ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

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

ADMINISTRATIVE APPLICATION CHECKLIST

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

Applicant: APACHE CORP **OGRID Number:** 873
Well Name: Stevens B **API:** Multiple
Pool: Jalmat; Tansill-Yates-7Rvrs (Gas) & Langlie-Mattix; 7Rvrs-Queen-Grayburg **Pool Code:** 79240 & 37240

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

PC-1306

1) **TYPE OF APPLICATION:** Check those which apply for [A]
A. Location – Spacing Unit – Simultaneous Dedication
☐NSL ☐NSP (PROJECT AREA) ☐NSP (PRORATION UNIT) ☐SD

B. Check one only for [I] or [II]
[I] Commingling – Storage – Measurement
☐DHC ☐CTB ☐PLC ☒PC ☐OLS ☐OLM
[II] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery
☐WFX ☐PMX ☐SWD ☐IPI ☐EOR ☐PPR

FOR OCD ONLY
☐ Notice Complete
☐ Application Content Complete

2) **NOTIFICATION REQUIRED TO:** Check those which apply.
A. ☐ Offset operators or lease holders
B. ☒ Royalty, overriding royalty owners, revenue owners
C. ☐ Application requires published notice
D. ☐ Notification and/or concurrent approval by SLO
E. ☒ Notification and/or concurrent approval by BLM
F. ☐ Surface owner
G. ☐ For all of the above, proof of notification or publication is attached, and/or,
H. ☐ No notice required

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

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

Reesa Fisher
Print or Type Name

Reesa Fisher
Signature

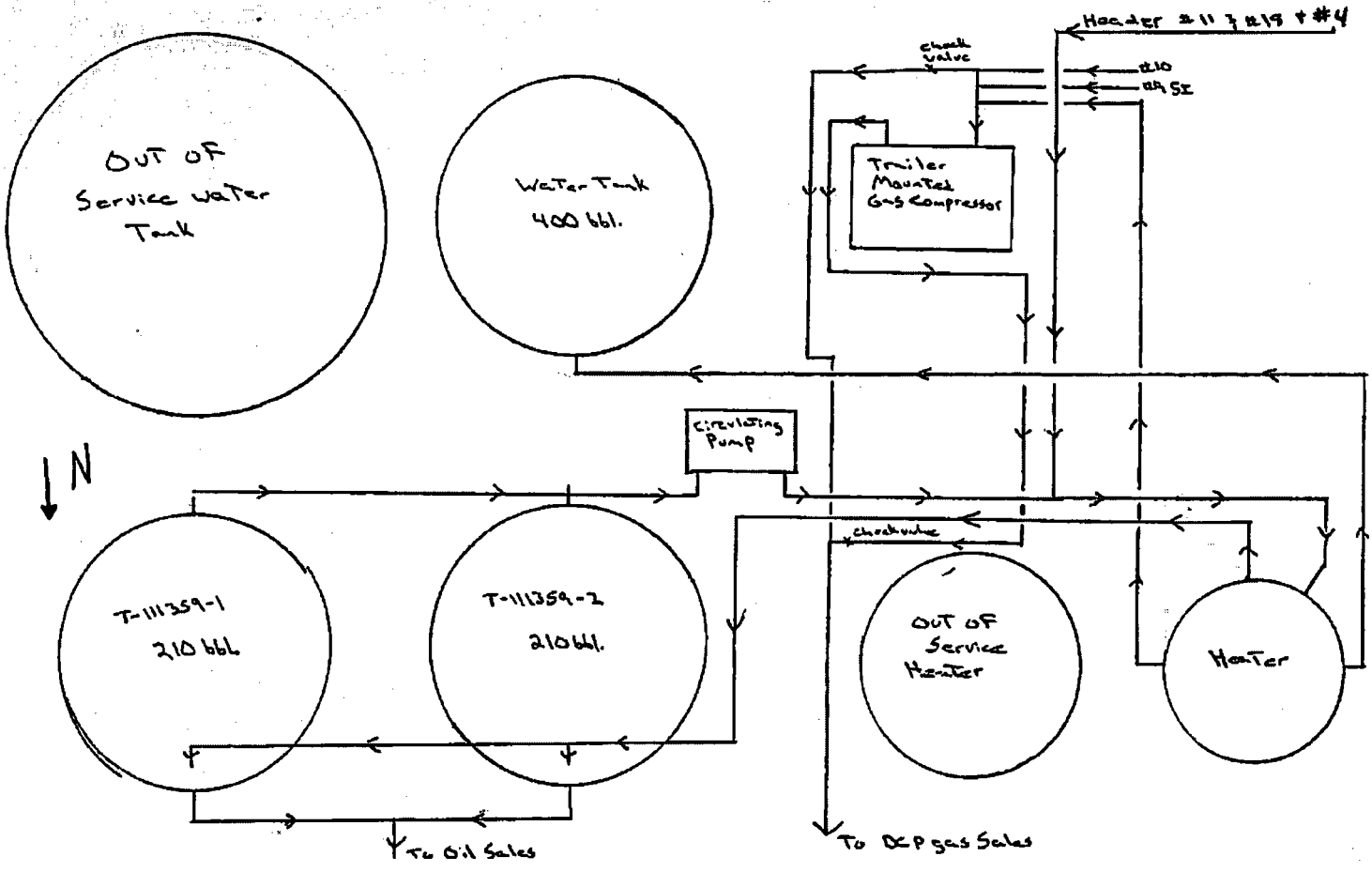
4/20/2017
Date

432-818-1062
Phone Number

Reesa.Fisher@apachecorp.com
e-mail Address

API	Well Name	Well Number	Type	Lease	Status	Unit Letter	Section	Township	Range	OCD Unit Letter	Spud Date	Prod Pool	Pool Name
30-025-09326	STEVENS B	#004	Gas	Federal	Active	M	12	23S	36E	M	3/12/1971	79240	Jalmat;Tan-Yates-7 Rvrs(Gas)
30-025-09328	STEVENS B	#007	Oil	Federal	Active	C	12	23S	36E	C	4/16/1960	37240	LangileMattix;7 Rvrs-Q-Grayburg
30-025-09330	STEVENS B	#009	Oil	Federal	Active	G	12	23S	36E	G	5/4/1960	79240	Jalmat;Tan-Yates-7 Rvrs(Gas)
30-025-09331	STEVENS B	#010	Oil	Federal	Active	H	12	23S	36E	H	6/17/1960	79240	Jalmat;Tan-Yates-7 Rvrs(Gas)
30-025-10661	STEVENS B	#011	Gas	Federal	Active	4	7	23S	37E	M	12/23/1959	79240	Jalmat;Tan-Yates-7 Rvrs(Gas)
30-025-21921	STEVENS B	#017	Oil	Federal	Active	P	7	23S	37E	P	11/29/1966	37240	LangileMattix;7 Rvrs-Q-Grayburg
30-025-22073	STEVENS B	#018	Oil	Federal	Active	I	7	23S	37E	I	3/28/1967	37240	LangileMattix;7 Rvrs-Q-Grayburg


Apache
STEVENS B LEASE BATTERY
UNIT H, SEC. 12, T23S, R36E
FEDERAL #LC030556B
LEA COUNTY, N.M.


Heater #11 & #13 + #4
check valve
#10
#9 5x
Trailer Mounted Gas Compressor
OUT OF Service water Tank
Water Tank 400 bbl.
Circulating Pump
N
check valve
T-111359-1 210 bbl.
T-111359-2 210 bbl.
OUT OF Service Heater
Heater
To Oil Sales
To DCP gas Sales

Apache

Well Tests

Report Period: October 1, 2016 to April 19, 2017

Test Date	Hrs	Chk In	SPM	Tubing PSIG High	Tubing PSIG Low	Casing PSIG High	Casing PSIG Low	Shut-In PSIG Tubing	Shut-In PSIG Casing	BH PSIG	Pump PIP	Pump Freq. Hz	Clock %	Valid Test	Volumes Tll Liq.	Volumes Oil	Volumes Tll Gas	Volumes Frm Gas	Volumes Water	Fluids Lift	Fluids Level	Fluids P
Region: PERMIAN		**District: NW DISTRICT**													**Superintendent: NW DISTRICT (CARNES)**							**Foreman: EUN**
STEVENS /B/ #04-12		**Status: Producing**																				
10/04/16	24													True	0.00	0.00	12.00	12.00	0.00			
11/09/16	24													True	0.00	0.00	11.00	11.00	0.00			
12/11/16	24													True	0.00	0.00	12.00	12.00	0.00			
01/20/17	24													True	0.00	0.00	14.00	14.00	0.00			
02/02/17	24													True	0.00	0.00	11.00	11.00	0.00			
03/28/17	24													True	0.00	0.00	3.00	3.00	0.00			
04/02/17	24													True	0.00	0.00	15.00	15.00	0.00			
Averages by Completion:															**0.00**	**0.00**	**11.14**	**11.14**	**0.00**			
STEVENS /B/ #07-12 SI		**Status: Shut In**																				
10/06/16	24													True	0.00	0.00	1.00	1.00	0.00			
11/13/16	24													True	0.00	0.00	1.00	1.00	0.00			
12/13/16	24													True	0.00	0.00	1.00	1.00	0.00			
01/09/17	24													True	0.00	0.00	1.00	1.00	0.00			
Averages by Completion:															**0.00**	**0.00**	**1.00**	**1.00**	**0.00**			
STEVENS /B/ #09-12 SI		**Status: Shut In**																				
10/12/16	24													True	0.00	0.00	1.00	1.00	0.00			
11/15/16	24													True	0.00	0.00	1.00	1.00	0.00			
12/21/16	24													True	0.00	0.00	1.00	1.00	0.00			
Averages by Completion:															**0.00**	**0.00**	**1.00**	**1.00**	**0.00**			
STEVENS /B/ #10-12		**Status: Producing**																				
10/15/16	24													True	0.00	0.00	2.00	2.00	0.00			
11/23/16	24													True	0.00	0.00	1.00	1.00	0.00			
12/22/16	24													True	0.00	0.00	1.00	1.00	0.00			
01/24/17	24													True	0.00	0.00	10.00	10.00	0.00			
02/15/17	24													True	0.00	0.00	9.00	9.00	0.00			
03/04/17	24													True	0.00	0.00	10.00	10.00	0.00			
04/04/17	24													True	0.00	0.00	11.00	11.00	0.00			
Averages by Completion:															**0.00**	**0.00**	**6.29**	**6.29**	**0.00**			

Source: Avocet -- D_1007 Well Tests

Apache

Well Tests

Report Period: October 1, 2016 to April 19, 2017

Test Date	Hrs	Chk In.	SPM	Tubing PSIG High	Tubing PSIG Low	Casing PSIG High	Casing PSIG Low	Shut-In PSIG Tubing	Shut-In PSIG Casing	BH PSIG	Pump PIP	Clock Freq. Hz	Valid %	Valid Test	Volumes Tll Liq.	Volumes Oil	Volumes Tll Gas	Volumes Frm Gas	Volumes Water	Fluids Lift	Fluids Level	Fluids Pu
Region: PERMIAN				**District: NW DISTRICT**											**Superintendent: NW DISTRICT (CARNES)**							**Foreman: EUNI**
STEVENS /B/ #11-07				**Status: Producing**																		
10/17/16	24													True	0.00	0.00	1.00	1.00	0.00			
11/24/16	24													True	0.00	0.00	1.00	1.00	0.00			
12/23/16	24													True	0.00	0.00	1.00	1.00	0.00			
01/25/17	24													True	0.00	0.00	1.00	1.00	0.00			
02/07/17	24													True	0.00	0.00	1.00	1.00	0.00			
03/07/17	24													True	0.00	0.00	1.00	1.00	0.00			
04/12/17	24													True	0.00	0.00	1.00	1.00	0.00			
Averages by Completion:															0.00	0.00	1.00	1.00	0.00			
STEVENS /B/ #17-07 SI				**Status: Shut In**																		
10/20/16	24													True	0.00	0.00	1.00	1.00	0.00			
11/25/16	24													True	0.00	0.00	1.00	1.00	0.00			
12/24/16	24													True	0.00	0.00	1.00	1.00	0.00			
Averages by Completion:															0.00	0.00	1.00	1.00	0.00			
STEVENS /B/ #18-07				**Status: Producing**																		
10/04/16	24													True	29.00	14.00	25.00	25.00	15.00			
10/05/16	24													True	23.00	13.00	26.00	26.00	10.00			
11/09/16	24													True	21.00	14.00	24.00	24.00	7.00			
11/10/16	24													True	28.00	14.00	24.00	24.00	14.00			
12/13/16	24													True	20.00	13.00	24.00	24.00	7.00			
01/04/17	24													True	24.00	14.00	26.00	26.00	10.00			
02/02/17	24													True	26.00	14.00	22.00	22.00	12.00			
02/03/17	24													True	27.00	14.00	24.00	24.00	13.00			
03/01/17	24													True	24.00	14.00	24.00	24.00	10.00			
04/03/17	24													True	24.00	14.00	26.00	26.00	10.00			
Averages by Completion:															24.60	13.80	24.50	24.50	10.80			

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code	³ Pool Name
30-025-09326	~~33820~~ 79240	Jalmat Tansill Yates 7 Rvrs

⁴ Property Code	⁵ Property Name	⁶ Well Number
003112	Stevens B	4

⁷ OGRID No.	⁸ Operator Name	⁹ Elevation
005073	CONOCO INC.	

¹⁰ Surface Location

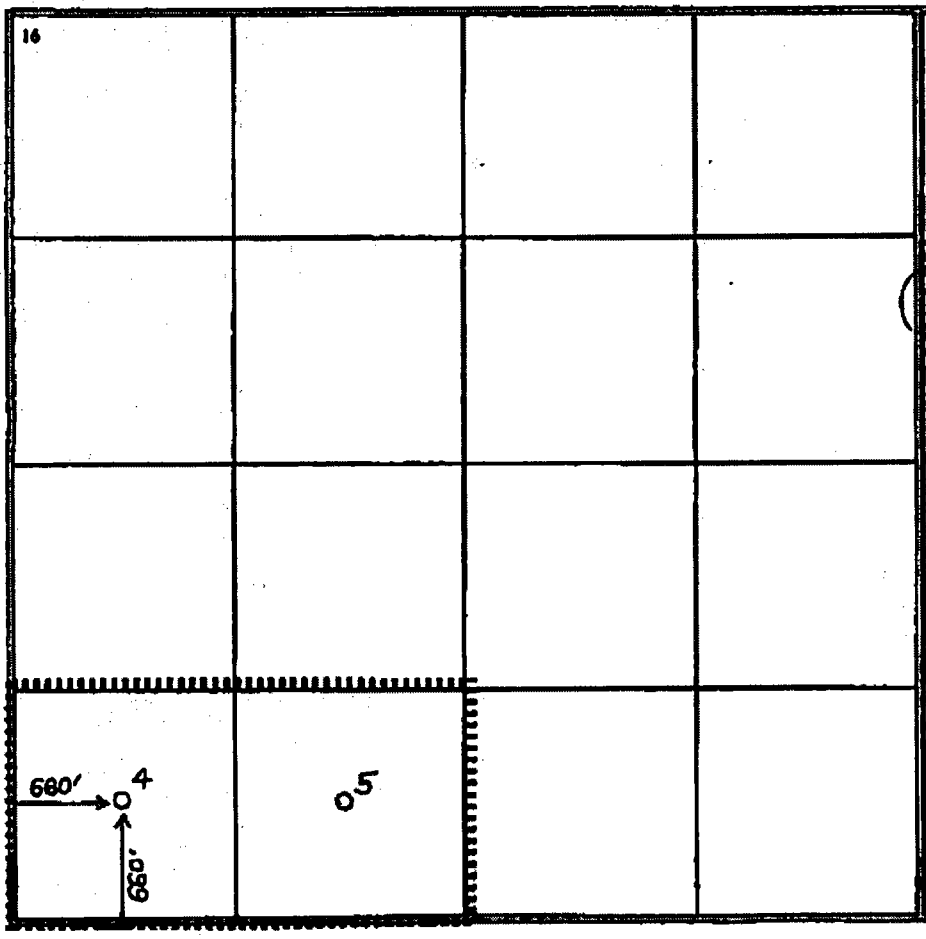
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	12	23S	37E		660	South	660	West	Lea

¹¹ Bottom Hole Location If Different From Surface

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

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
80	joint w/5		nonstandard PU filed for

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



¹⁷ OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Signature

Jerry W. Hoover
Printed Name

Sr. Conservation Coordinator
Title

3/29/96
Date

¹⁸ SURVEYOR CERTIFICATION

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

Date of Survey

Signature and Seal of Professional Surveyor:

Certificate Number

EXHIBIT B

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-128
Revised 5-1-57

WELL LOCATION AND ACREAGE DEDICATION PLAT

SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

SECTION A

Operator	Lease	Well No.
CONTINENTAL OIL COMPANY	STEVENS B-12	7

1960 APR 21 AM 9 18

Unit Letter	Section	Township	Range	County
C	12	23 South	36 East	Lea

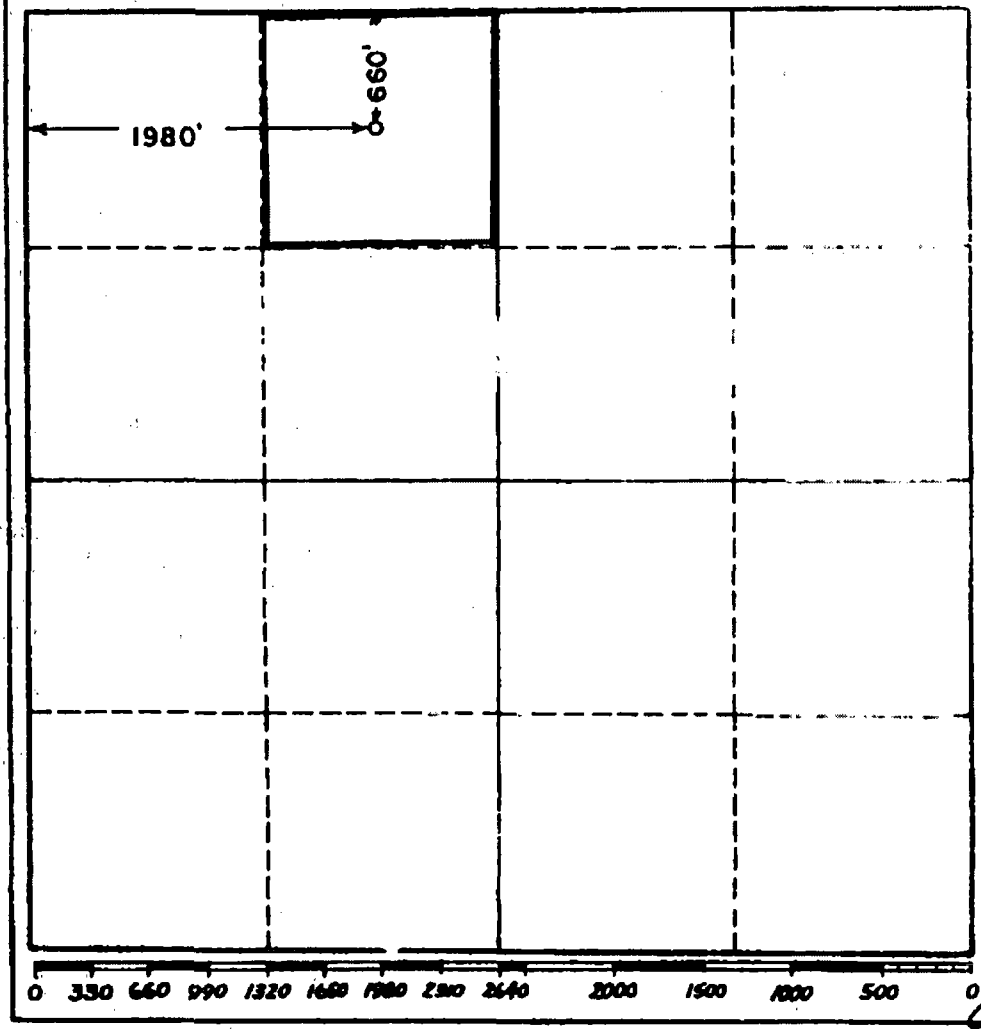
Actual Footage Location of Well: 1980 feet from the West line and 660 feet from the North line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
	Queen	Langlie Mattix	40 Acres

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES XX NO _____ If "Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES _____ NO _____ If answer is "yes," Type of Consolidation _____
3. If the answer to question two is "no," list all the owners and their respective interests below

Owner	Land Description

SECTION B



CERTIFICATION

I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.

Name: J. R. Parker

Position: District Superintendent

Company: Continental Oil Company

Date: April 13, 1960

I hereby certify that the well location shown on the plat in SECTION B 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 knowledge and belief.

Date Surveyed: 4-12-1960

Registered Professional Engineer and/or Land Surveyor. JOHN W. WEST

Certificate No. N. M. - P.E. & L.S. NO. 676

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

RECEIVED
JUN 18 2009
HOBBSOCD

Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number	2 Pool Code	3 Pool Name
30-025-09330	79240	Jalmat; Tan-Yates-7 Rvrs (Gas)

4 Property Code	5 Property Name	6 Well Number
305163	Stevens B	009

7 OGRID No.	8 Operator Name	9 Elevation
00873	Apache Corporation	

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	12	23S	36E		1980	North	1980	East	Lea

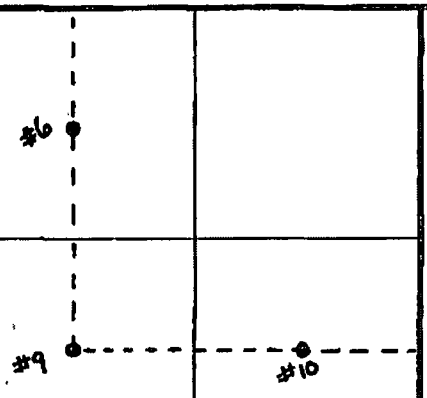
11 Bottom Hole Location If Different From Surface

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

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
160			

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

16



17 OPERATOR CERTIFICATION

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

S. Mackay — 09/15/2008
Signature — Date

Sophie Mackay
Printed Name

18 SURVEYOR CERTIFICATION

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

Date of Survey

Signature and Seal of Professional Surveyor

Certificate Number

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator	Lease	Well No.
Conoco, Inc.	Stevens B	10

Unit Letter	Section	Township	Range	County
H	12	23S	36E NMPM	Lea

Actual Footage Location of Well:
1980 feet from the North line and 660 feet from the East line

Ground level Elev.	Producing Formation	Pool	Dedicated Acreage:
3396'	Yates	Jalmat Gas	160 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

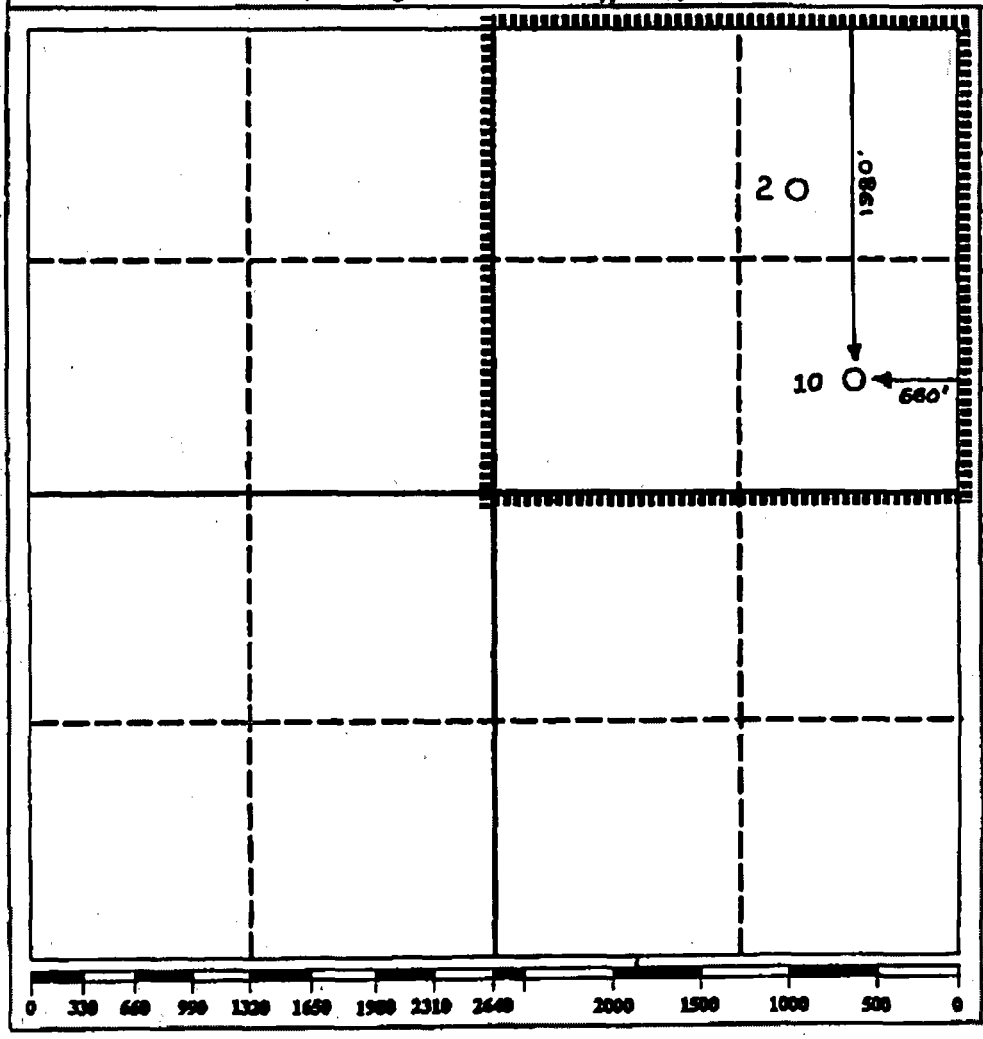
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary. _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, 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.

Signature: Jerry W. Hoover

Printed Name: Jerry W. Hoover

Position: Sr. Conservation Coord.

Company: Conoco, Inc.

Date: 7/12/93

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 supervison, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of Professional Surveyor

Certificate No.

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd, Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 21, 1994
instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	2 Pool Code	3 Pool Name
30-025-10661	33820	Jalmat Tansill Yates 7 Rvrs

4 Property Code	5 Property Name	6 Well Number
003112	Stevens B	11

7 OGRID No.	8 Operator Name	9 Elevation
005073	Conoco Inc., 10 Desta Drive, Ste. 100W, Midland, TX 79705-4500	3363' GL

10 Surface Location

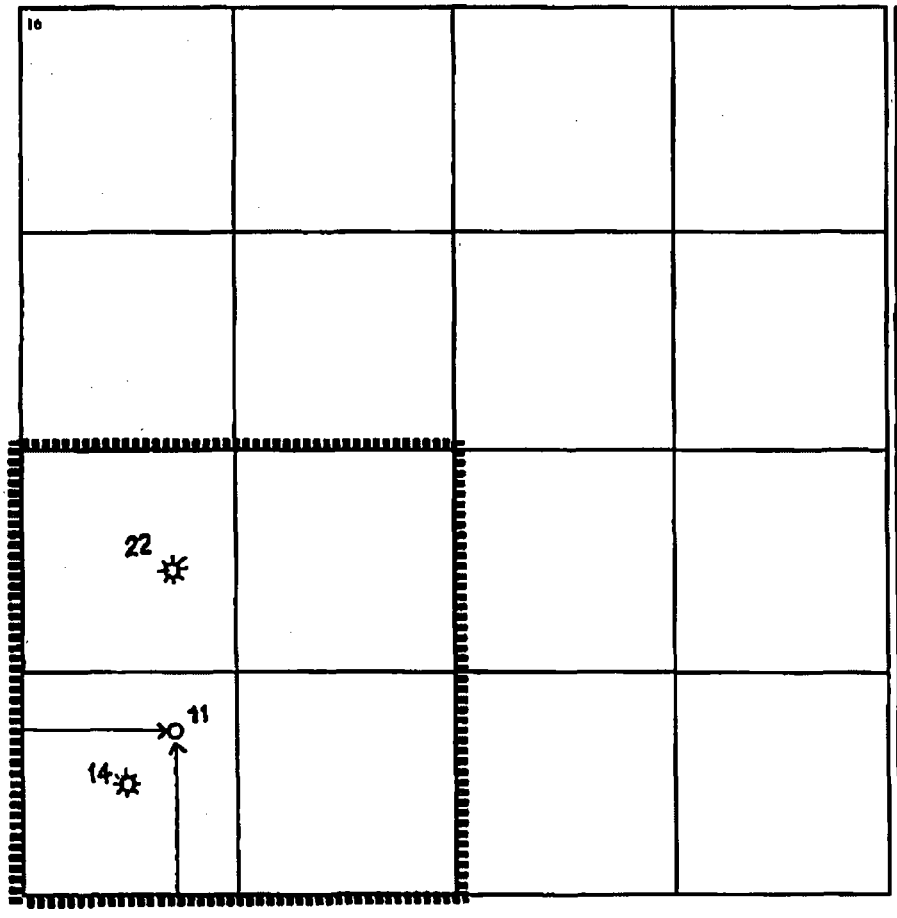
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	7	23S	37E		990	South	990	West	Lea

11 Bottom Hole Location If Different From Surface

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

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
157.25			NSP-1755(SD)

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



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Signature

Jerry W. Hoover
Printed Name

Sr. Conservation Coordinator
Title

3/27/97
Date

18 SURVEYOR CERTIFICATION

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

Date of Survey

Signature and Seal of Professional Surveyor:

Certificate Number

NE :XICO OIL CONSERVATION COMMISSI

Form C-102
Supersedes C-128
Effective 1-1-65

WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section.

Operator	Lease	Well No.
CONTINENTAL OIL COMPANY	STEVENS "B"	17

Unit Letter	Section	Township	Range	County
P	7	23 SOUTH	37 EAST	LEA

Actual Footage Location of Well:
660 feet from the SOUTH line and 660 feet from the EAST line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3360 EST.	Penrose	Langlie Mattix Multizone	40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

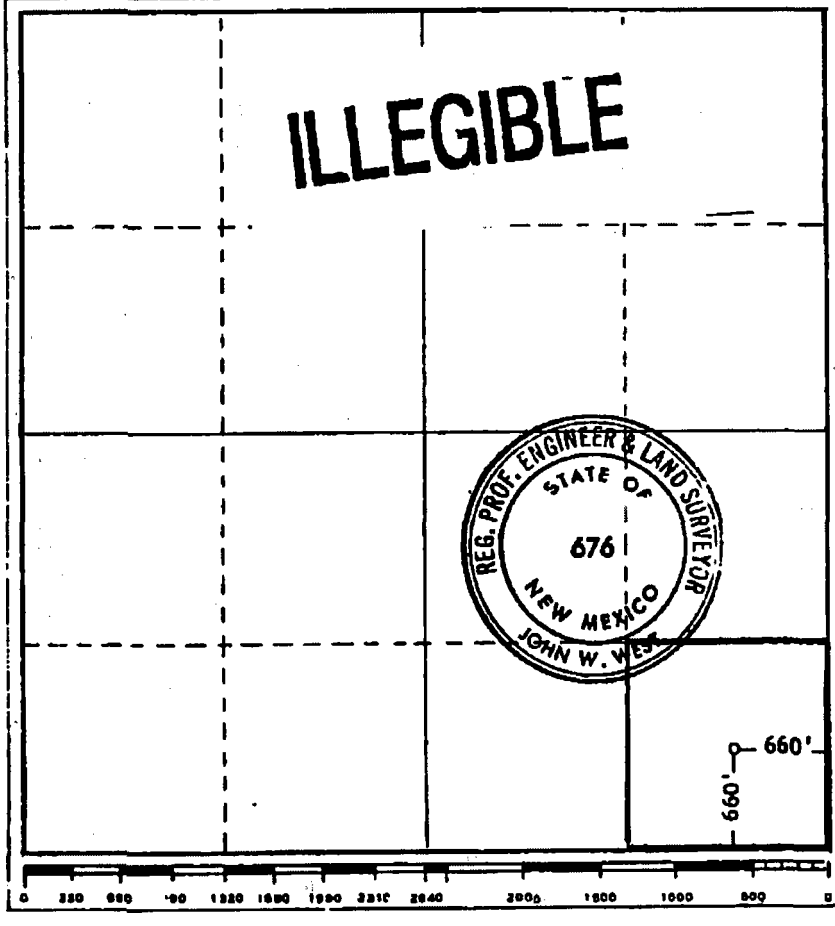
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc?

[X] Yes [ ] No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name

Position
Staff Supervisor

Company
Continental Oil Company

Date
November 1, 1966

USGS (5), File

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 knowledge and belief.

Date Surveyed
OCT. 30, 1966

Registered Professional Engineer and/or Land Surveyor
John W. West

Certificate No. 676

NEW :ICO OIL CONSERVATION COMMISSIOI

WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator	Lease	Well No.
CONTINENTAL OIL COMPANY	STATE "B"	18

Unit Letter	Section	Township	Range	County
I	7	23 SOUTH	37 EAST	LEA

Actual Footage Location of Well:
1930 feet from the SOUTH line and 610 feet from the EAST line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3360 REP	Penrose	Langlie Mattix Multizone	40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

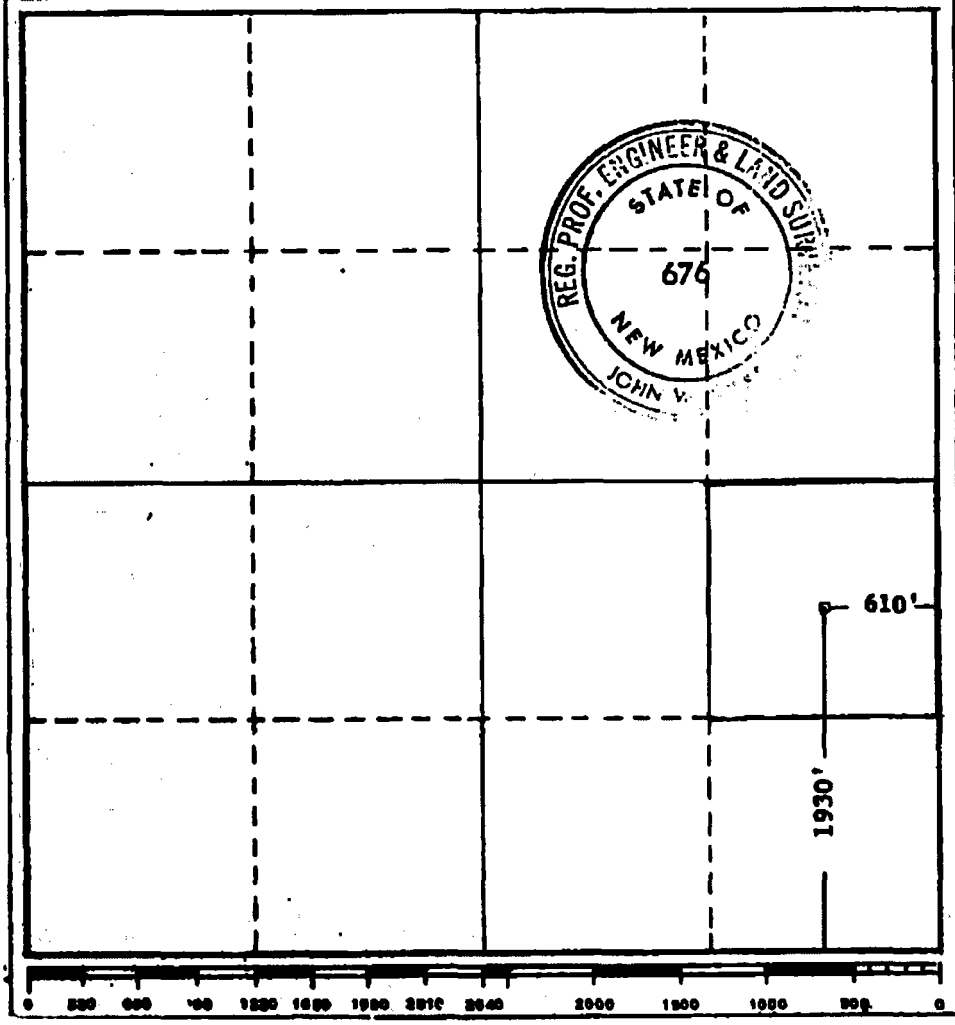
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc?

☒ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name: Staff Supervisor

Position: Continental Oil Company

Company: March 21, 1967

Date:

USGS-5 FILE

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 knowledge and belief.

MARCH 16, 1967

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

John W. West

Certificate No. 676

Apache

INTEREST OWNER LETTER

April 19, 2017

Sent via certified mail

Seth Allen Shotwell
1702 Rucker Ave
Everett, WA 98201

RE: Notice of Intent to Surface Commingle Production from the
Stevens B #4, #7, #9, #10, #11, #17, and #18
Section 7 & 12, Township 23 South, Range 36 East, NMPM
Lea County, New Mexico

Dear Interest Owners,

Apache Corporation ("Apache") hereby requests your approval to surface commingle production from the following existing vertical wells:

1. **Stevens B #4:** *API 30-025-09326*, located 660' FSL and 660' FWL, UL M, Section 12, T23S-R36E, producing from the Jalmat;Tan-Yates-7 Rvrs
2. **Stevens B #7:** *API 30-025-09328*, located 660' FNL and 1980' FWL, UL C, Section 12, T23S-R36E, producing from the LanglieMattix;7 Rvrs-Q-Grayburg pool
3. **Stevens B #9:** *API 30-025-09330*, located 1,980' FNL and 1980' FEL, UL G, Section 12, T23S-R36E, producing from the Jalmat;Tan-Yates-7 Rvrs (Gas) pool
4. **Stevens B #10:** *API 30-025-09331*, located 1,980' FNL and 660' FWL, UL H, Section 12, T23S-R36E, producing from the Jalmat;Tan-Yates-7 Rvrs (Gas) pool
5. **Stevens B #11:** *API 30-025-10661*, located 990' FSL and 990' FWL, UL M, Section 7, T23S-R36E, producing from the Jalmat;Tan-Yates-7 Rvrs (Gas) pool
6. **Stevens B #17:** *API 30-025-21921*, located 660' FSL and 660' FEL, UL P, Section 7, T-23-S, R-36-E, producing from the LanglieMattix;7 Rvrs-Q-Grayburg pool
7. **Stevens B #18:** *API 30-025-22073*, located 1,930' FSL and 610' FEL, UL I, Section 7, T-23-S, R-36-E, producing from the LanglieMattix;7 Rvrs-Q-Grayburg pool

The above aforementioned wells have common ownership within all production zones under Federal Lease, NMLC-30556B.

Enclosed for your review is a copy of Apache's application requesting approval from the New Mexico Oil Conservation Division to surface commingle the referenced wells. To evidence your approval for the surface commingling of production, please execute the signature block below and return one copy of this letter to my attention by E-mail, fax, or using the prepaid return envelope enclosed herewith. Should you have any questions, please don't hesitate to contact me.

Sincerely,

APACHE CORPORATION

Dean Jarrett, CPL
Surface Landman, Sr.
(432) 818-1938 (office)
(432) 818-1197 (fax)

The undersigned hereby approves to surface commingle production, as proposed in this letter, subject to further approval by the New Mexico Oil Conservation Division.

_____
Signature

Seth Allen Shotwell
Printed Name

_____
Title

STEVEN B - OWNERSHIP
SURFACE COMMINGLING

Interest Type	Owner	Interest
Working Interest	APACHE CORPORATION	0.7500000
	CHEVRON USA INC	0.2500000
Royalty Interest	OFFICE OF NATURAL RESOURCES REVENUE	0.0937500

Overriding Royalty

APACHE CORPORATION	.00212500
SETH ALLEN SHOTWELL	.00046875
KATHI L SHOTWELL	.00046875
VEIRS FAMILY PARTNERSHIP LP	0.00484375
PATRICIA S RIGG	.00187500
STEVENS REVOCABLE TRUST	.00187500
RALPH S HARRIS	.00046880
MARGARET DANNA MCTAGUE	.00140625
JOHN W BOCKMAN	.00562480
ROBERT S HARRIS	.00046880
DIANE P TIPTON-VEIRS	.00484375
STEVEN M SHOTWELL	.00046875
CHRIS LEE TIETZ	.00046880
SMITH SPECIAL NEEDS TRUST	.00140625
SYLVIA SUE JOHNSON FAMILY TRUST	.00140625
VICKI JO WALKER	.00046880
STEPHEN EDWIN SMITH LIVING TRUST	.00140625
KENNETH VN SHOTWELL	.00046875

Interest	Party Name	Addresses	Certified Mail Number	Mailed Out	Received
Royalty Interest	OFFICE OF NATURAL RESOURCES REVENUE				
Overriding Royalty	APACHE CORPORATION				
	SETH ALLEN SHOTWELL	1702 RUCKER AVE EVERETT, WA 98201			
	KATHI L SHOTWELL	P O BOX 334 WALDO, FL 32694			
	VEIRS FAMILY PARTNERSHIP LP	36 KESTREL LANE EL PRADO, NM 87529			
	PATRICIA S RIGG	1303 N WALNUT BLVD TUSCON, AZ 85712			
	STEVENS REVOCABLE TRUST	P O BOX 3087 ROSWELL, NM 88202			
	RALPH S HARRIS	869 9TH AVE SE ROCHESTER, MN 55904			
	MARGARET DANNA MCTAGUE	P O BOX 21083 RIVERSIDE, CA 92516			
	JOHN W BOCKMAN	P O BOX 68 STOCKDALE, TX 78160			
	ROBERT S HARRIS	7624 E MORELOS PLACE TUCSON, AZ 85710			
	DIANE P TIPTON-VEIRS	2945 RODEO PARK DR EAST SANTA FE, NM 87505			
	STEVEN M SHOTWELL	626 WEST COLUMBIA STREET MONROE, WA 98272			
	CHRIS LEE TIETZ	9501 E MYRA DR TUCSON AZ 85730			
	SMITH SPECIAL NEEDS TRUST	10206 CAMINITO NUEZ SAN DIEGO, CA 92131			
	SYLVIA SUE JOHNSON FAMILY TRUST	2551 RAEBURN RIVERSIDE, CA 92506			
	VICKI JO WALKER	4040 S KHE SANH LN TUCSON, AZ 85735			
	STEPHEN EDWIN SMITH LIVING TRUST	10206 CAMINITO NUEZ SAN DIEGO, CA 92131			
	KENNETH VN SHOTWELL	626 WEST COLUMBIA STREET MONROE, WA 98272			

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SETH ALLEN SHOTWELL
1702 RUCKER AVE
EVERETT, WA 98201

9590 9402 2197 6193 6118 46

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1839

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ sured Mail
☐ sured Mail Restricted Delivery
over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KATHI SHOTWELL
P O BOX 334
WALDO, FL 32694

9590 9402 2197 6193 6118 39

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1846

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ il
☐ il Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

1. Article Addressed to:

VEIRS FAMILY PARTNERSHIP LP
36 KESTREL LANE
EL PRADO, NM 87529

9590 9402 2197 6193 6118 22

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1853

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ tail
☐ tail Restricted Delivery
☐
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

1. Article Addressed to:

PATRICIA S RIGG
1303 N WALNUT BLVD
TUSCON, AZ 85712

9590 9402 2197 6193 6118 15

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1860

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

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

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- 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:

STEVENS REVOCABLE TRUST
P O BOX 3087
ROSWELL, NM 88202

9590 9402 2197 6193 6118 08

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1877

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
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☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

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

1. Article Addressed to:

RALPH S HARRIS
869 9TH AVE SE
ROCHESTER, MN 55904

9590 9402 2197 6193 6117 92

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1884

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARGARET DANNA MCTAGUE
P O BOX 21083
RIVERSIDE, CA 92516

9590 9402 2197 6193 6117 85

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1891

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

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

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

1. Article Addressed to:

JOHN BOCKMAN
P O BOX 68
STOCKDALE, TX 78160

9590 9402 2197 6193 6117 78

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1907

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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- 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:

ROBERT S HARRIS
7624 E MORELOS PLACE
TUCSON, AZ 85710

9590 9402 2197 6193 6117 01

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1914

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
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☐ Signature Confirmation Restricted Delivery
Mail Restricted Delivery

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

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

1. Article Addressed to:

DIANE P TIPTON-VEIRS
2945 RODEO PARK DR EAST
SANTA FE, NM 87505

9590 9402 2197 6193 6117 54

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1921

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

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- 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:

STEVEN M SHOTWELL
626 WEST COLUMBIA STREET
MONROE, WA 98272

9590 9402 2197 6193 6117 47

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1938

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
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☐ Signature Confirmation Restricted Delivery

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

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

1. Article Addressed to:

CHRIS LEE TIETZ
9501 E MYRA DR
TUCSON AZ 85730

9590 9402 2197 6193 6117 30

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1945

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SMITH SPECIAL NEEDS TRUST
10206 CAMINITO NUEZ
SAN DIEGO, CA 92131

9590 9402 2197 6193 6117 23

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1952

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☑ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

SYLVIA SUE JOHNSON FAMILY TRUST
551 RAEBURN
RIVERSIDE, CA 92506

9590 9402 2197 6193 6117 16

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1969

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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1. Article Addressed to:

VICKI JO WALKER
4040 S KHE SANH LN
TUCSON, AZ 85735

9590 9402 2197 6193 6116 93

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1976

COMPLETE THIS SECTION ON DELIVERY

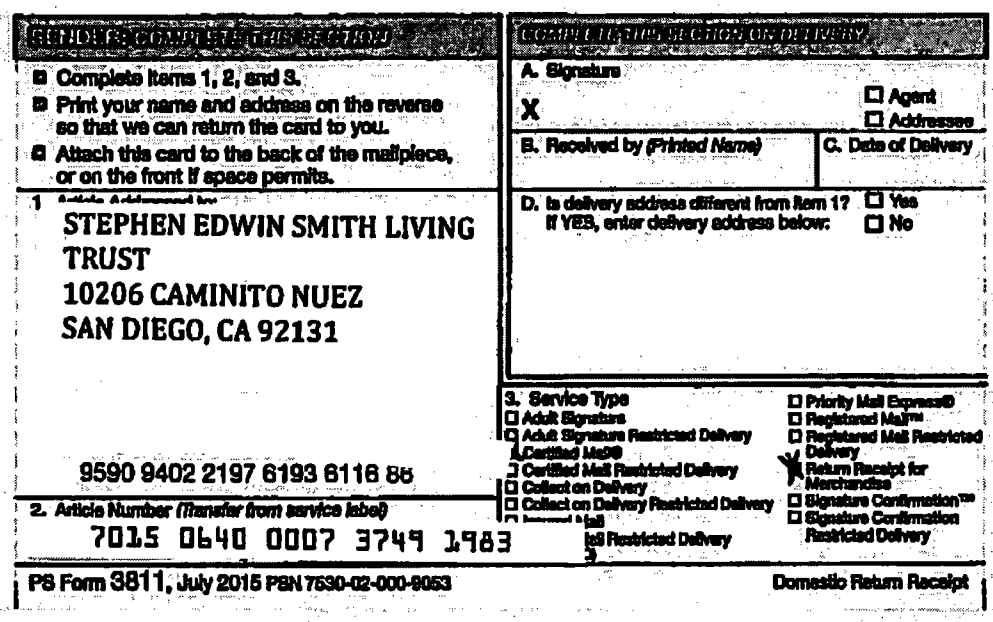
A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☑ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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



SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

STEPHEN EDWIN SMITH LIVING TRUST
10206 CAMINITO NUEZ
SAN DIEGO, CA 92131

9590 9402 2197 6193 6116 86

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1983

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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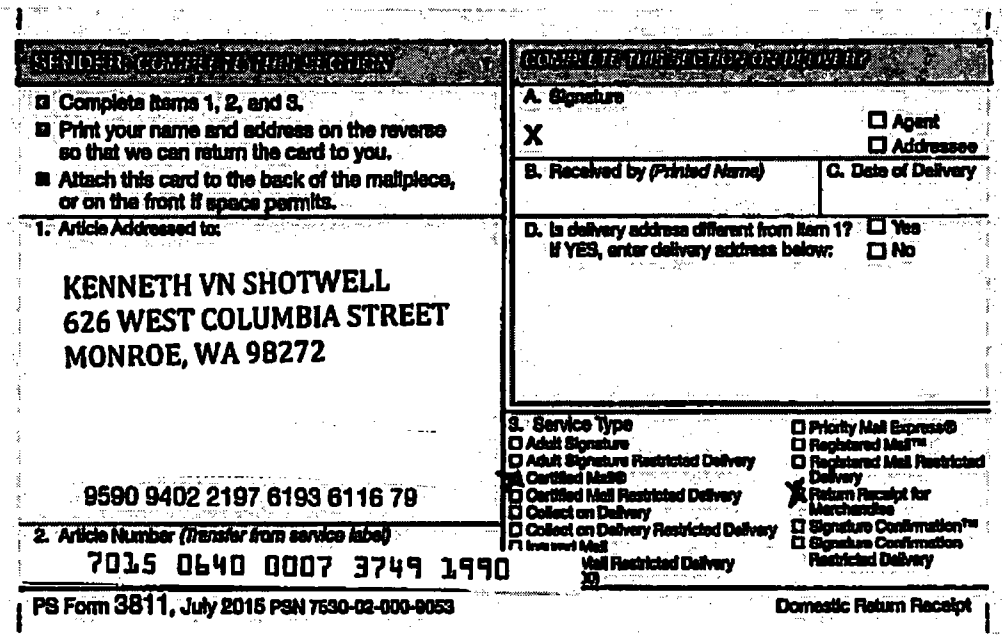
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KENNETH VN SHOTWELL
626 WEST COLUMBIA STREET
MONROE, WA 98272

9590 9402 2197 6193 6116 79

2. Article Number (Transfer from service label)
7015 0640 0007 3749 1990

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
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☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

McMillan, Michael, EMNRD

From: Fisher, Reesa <Reesa.Fisher@apachecorp.com>
Sent: Thursday, April 20, 2017 9:18 AM
To: McMillan, Michael, EMNRD
Subject: RE: APACHE STEVENS B POOL COMMINGLE APPLICATION PACKAGE


Land just e-mailed me back that ownership is identical for all wells. Do you need the e-mail separate? Waiting on engineer for the measurement statement.

Thanks! – R ☺

REESA FISHER
direct 432-818-1062 | *6325C*

From: McMillan, Michael, EMNRD [mailto:Michael.McMillan@state.nm.us]
Sent: Thursday, April 20, 2017 10:10 AM
To: Fisher, Reesa <Reesa.Fisher@apachecorp.com>
Subject: RE: APACHE STEVENS B POOL COMMINGLE APPLICATION PACKAGE

Reesa:
FYI
When the number of affected parties is 10 or greater use administrative order CTB-717-A as a template. It has the owner name, address, and tracking number.
this cuts down on the number of pages you send to us, and we have to scan.
You do not need to do this for this application
Thanks
Mike

From: Fisher, Reesa [mailto:Reesa.Fisher@apachecorp.com]
Sent: Thursday, April 20, 2017 8:52 AM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Subject: RE: APACHE STEVENS B POOL COMMINGLE APPLICATION PACKAGE

Mike, for measurement, do you mean more than the statement that they will be allocated based on monthly well tests? And the ownership is the same for all wells as broken out on the "Stevens B – Ownership Surface Commingling" page towards the back of the packet.

Does this suffice? – R ☺

REESA FISHER
direct 432-818-1062 | *6325C*

From: McMillan, Michael, EMNRD [mailto:Michael.McMillan@state.nm.us]
Sent: Thursday, April 20, 2017 9:45 AM
To: Fisher, Reesa <Reesa.Fisher@apachecorp.com>
Subject: RE: APACHE STEVENS B POOL COMMINGLE APPLICATION PACKAGE

Can you provide the BLM information of how the wells will be measured.

McMillan, Michael, EMNRD

From: Fisher, Reesa <Reesa.Fisher@apachecorp.com>
Sent: Thursday, April 20, 2017 3:57 PM
To: McMillan, Michael, EMNRD
Subject: RE: PC C-103: APACHE STEVENS B

It will have its own gas sales meter, but combined oil.

REESA FISHER
direct 432-818-1062 | *6325C*

From: McMillan, Michael, EMNRD [mailto:Michael.McMillan@state.nm.us]
Sent: Thursday, April 20, 2017 4:45 PM
To: Fisher, Reesa <Reesa.Fisher@apachecorp.com>
Subject: RE: PC C-103: APACHE STEVENS B

Why is the Steven B Well No. 4 part of the application if it is not being commingled?

From: Fisher, Reesa [mailto:Reesa.Fisher@apachecorp.com]
Sent: Thursday, April 20, 2017 2:48 PM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Subject: PC C-103: APACHE STEVENS B

Here you go! Thanks for your help! – R ☺

REESA FISHER
SR STAFF REGULATORY ANALYST
New Mexico Assets
direct 432-818-1062 | *6325C*

APACHE CORP.
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Midland, Texas 79705
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