

RECEIVED: 8/28/2017	REVIEWER: MAM	TYPE: SWD	APP NO: DMAM 172 4045215
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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

<b>Applicant:</b> Black River Water Management Company, LLC	<b>OGRID Number:</b> 371287
<b>Well Name:</b> Rustler Breaks SWD 3	<b>API:</b> 30-075-44303
<b>Pool:</b> SWD; Devonian	<b>Pool Code:</b> 96101

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

SWD-1695

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- 1) **TYPE OF APPLICATION:** Check those which apply for [A]
- A. Location - Spacing Unit - Simultaneous Dedication  
 NSL       NSP (PROJECT AREA)       NSP (PRORATION UNIT)       SD
- B. Check one only for [I] or [II]
- [I] Commingling - Storage - Measurement  
 DHC     CTB     PLC     PC     OLS     OLM
- [II] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
 WFX     PMX     SWD     IPI     EOR     PPR

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

FOR OCD ONLY	
<input type="checkbox"/>	Notice Complete
<input type="checkbox"/>	Application Content Complete

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

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

Brian Wood

Print or Type Name

*B. Wood*

Signature

8-26-17

Date

505 466-8120

Phone Number

brian@permitswest.com

e-mail Address

**APPLICATION FOR AUTHORIZATION TO INJECT**

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

II. OPERATOR: BLACK RIVER WATER MANAGEMENT COMPANY, LLC  
ADDRESS: 5400 LBJ FREEWAY, SUITE 1500, DALLAS TX 75240  
CONTACT PARTY: BRIAN WOOD (PERMITS WEST, INC.) PHONE: 505 466-8120

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 XXX 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.

Rustler Breaks SWD 3  
30-015-44303

VII. Attach data on the proposed operation, including:  
1. Proposed average and maximum daily rate and volume of fluids to be injected; (Devonian (96101))  
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.

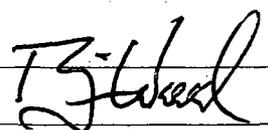
\*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).

\*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 WOOD  TITLE: CONSULTANT  
SIGNATURE: \_\_\_\_\_ DATE: JULY 29, 2017  
E-MAIL ADDRESS: brian@permitswest.com

\* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: \_\_\_\_\_

### III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

### XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

**NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.**

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**NOTICE:** Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

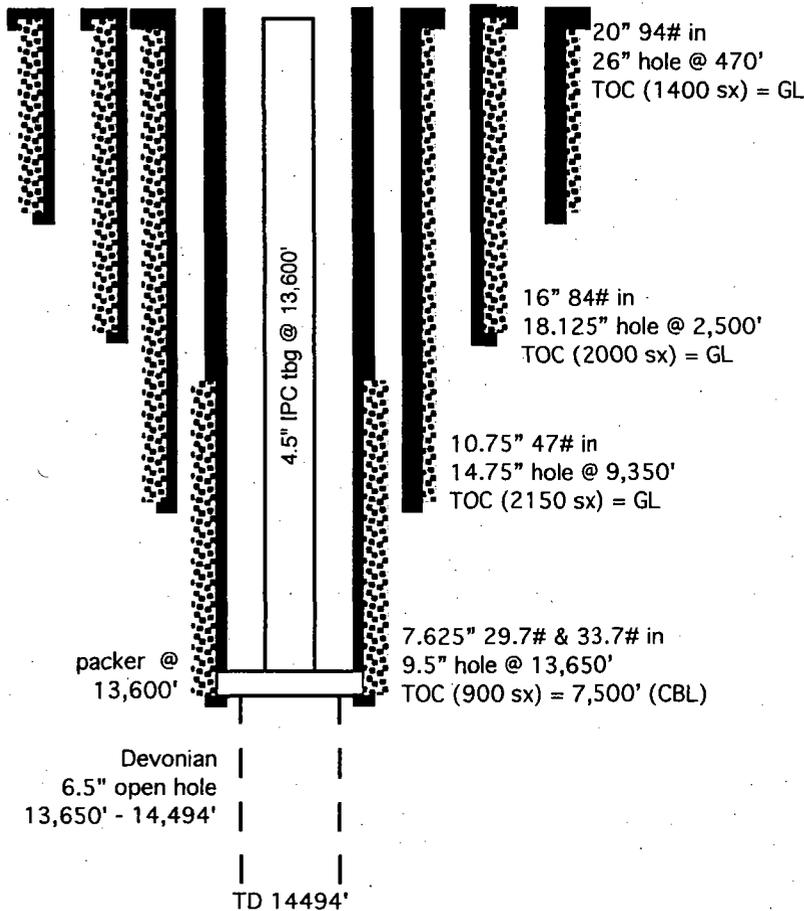
OPERATOR: BLACK RIVER WATER MANAGEMENT COMPANY, LLC

WELL NAME & NUMBER: RUSTLER BREAKS SWD 3

WELL LOCATION: 1798' FSL & 1624' FEL      J      24      23 S      27 E  
 FOOTAGE LOCATION      UNIT LETTER      SECTION      TOWNSHIP      RANGE

WELLBORE SCHEMATIC

(not to scale)



WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 26"      Casing Size: 20"  
 Cemented with: 1400 sx.      or \_\_\_\_\_ ft<sup>3</sup>  
 Top of Cement: SURFACE      Method Determined: VISUAL

Intermediate Casing

Hole Size: 18.125" & 14.75"      Casing Size: 16" & 10.75"  
 Cemented with: 2,000 & 2,150 sx.      or \_\_\_\_\_ ft<sup>3</sup>  
 Top of Cement: SURFACE      Method Determined: VISUAL

Production Casing

Hole Size: 9.5"      Casing Size: 7.625" @ 13,650'  
 Cemented with: 900 sx.      or \_\_\_\_\_ ft<sup>3</sup>  
 Top of Cement: 7,500'      Method Determined: CBL  
 Total Depth: 14,494'

Injection Interval

13,650' feet to 14,494'

(Perforated or Open Hole; indicate which)



INJECTION WELL DATA SHEETTubing Size: 4.5" Lining Material: IPCType of Packer: STAINLESS STEEL &/OR NICKELPacker Setting Depth: 13,600'

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

Additional Data

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

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

2. Name of the Injection Formation:
- DEVONIAN

3. Name of Field or Pool (if applicable):
- SWD; DEVONIAN (POOL CODE 96101)

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: \_\_\_\_\_

OVER: DELAWARE (2423'), BONE SPRING (5882'), WOLFCAMP (9268'),  
ATOKA (11436'), & MORROW (12008')UNDER: none

BLACK RIVER WATER MANAGEMENT COMPANY, LLC  
RUSTLER BREAKS SWD 3  
1798' FSL & 1624' FEL  
SEC. 24, T. 23 S., R. 27 E., EDDY COUNTY, NM

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30-015-44303

I. Goal is to drill a 14,494' deep commercial saltwater disposal well. Proposed disposal interval will be 13,650' - 14,494' in the SWD; Devonian (96101). See Exhibit A for C-102 and map.

II. Operator: Black River Water Management Company, LLC [OGRID 371287]  
Operator phone number: (972) 371-5420  
Operator address: 5400 LBJ Freeway, Suite 1500  
Dallas TX 75240  
Contact for Application: Brian Wood (Permits West, Inc.)  
Phone: (505) 466-8120

III. A. (1) Lease name: Rustler Breaks SWD (fee)  
Well name and number: Rustler Breaks SWD 3  
Location: 1798' FSL & 1624' FEL, Section 24, T. 23 S., R. 28 E.

A. (2) Surface casing (20", 94#, K-55, BTC) will be set at 470' in a 26" hole and cemented to the surface with 1400 sacks.

First intermediate casing (16", 84#, K-55, BTC) will be set at 2,500' in an 18.125" hole and cemented to surface with 2,000 sacks

Second intermediate casing (10.75", 47#, P-110 HC) will be set at 9,350' in a 14.75" hole and cemented to surface with 2,150 sacks.

Production casing (7.625", 29.7# P-110 HC, BTC from GL to 9400' & 7.625", 33.7# P110 EC, BTC from 9400' to 13,650') will be set at 13,650' in a 9.5" hole and cemented to 7,500' (CBL) with 900 sacks.

A 6.5" open hole will be drilled to 14,494'.

A. (3) Tubing will be IPC, 4.5", 11.6#, P-110, IC, BTC. Setting depth will be ≈13,600'. (Disposal interval will be 13,650' to 14,494'.)

- A. (4) A stainless steel and/or nickel packer will be set at  $\approx 13,600'$  (or  $\leq 100'$  above the top of the open hole which will be at  $13,650'$ ).
- B. (1) Disposal zone will be the Devonian (SWD; Devonian (96101) pool). Estimated fracture gradient is  $\approx 0.62$  to  $\approx 0.68$  psi per foot. Variation depends on whether limestone or dolomite.
- B. (2) Disposal interval will be open hole from  $13,650'$  to  $14,494'$ .
- B. (3) Well has not been drilled. It will be drilled as a saltwater disposal well.
- B. (4) No perforated intervals are in the well.
- B. (5) Only zone currently producing in the area of review and above the Devonian ( $13,644'$ ) is the Wolfcamp (TVD  $\leq 9403'$ ). Atoka ( $11,436'$ ) has produced in the past. Morrow ( $12,008'$ ) and Delaware ( $2423'$ ) have been tested in the past. Bone Spring will probably be tested. No oil or gas zone is below the Devonian in the area of review.
- IV. This is not an expansion of an existing injection project. It is disposal only.
- V. Exhibit B shows and tabulates the 6 existing wells (4 gas + 2 P&A) within a half-mile radius. Exhibit C shows all 105 existing wells (27 oil or gas wells + 24 P & A wells + 47 water wells + 7 injection or disposal wells) within a two-mile radius.  
All land within a half-mile radius is leased. All leases ( $\geq 66$ ) within a half-mile radius are fee. Exhibit D shows all the leases within a half-mile and two-mile radius.
- VI. No Devonian penetrators are within a half-mile. Deepest ( $12,740'$  TVD) well (30-015-24061) within a half-mile bottomed in the Morrow,  $904'$  above the Devonian.

- VII. 1. Average injection rate will be  $\approx 30,000$  bwpd.  
 Maximum injection rate will be  $\approx 42,000$  bwpd.
2. System will be open and closed. Water will both be trucked and piped.
3. Average injection pressure will be  $\approx 2,500$  psi  
 Maximum injection pressure will be 2,730 psi ( $= 0.2$  psi/foot  $\times 13,650'$  (top of open hole)).
4. Disposal water will be produced water, mainly from Bone Spring and Wolfcamp wells. There are 256 approved Bone Spring wells and 434 approved Wolfcamp wells in T. 23 S., R. 27 & 28 E. and T. 24 S., R. 27 & 28 E. The well will take other Permian Basin waters (e. g., Delaware). A summary of water analyses follows. Their abstracts are in Exhibit E.

Parameter	Devonian	Delaware	Bone Spring	Wolfcamp	Morrow
Bicarbonate	1260	122	1,955	1,026	611
Chloride	34,400	130,543	100,110	67,273	33,036
Sulfate	3,600	940	180	88	0
TDS	63,260	211,635	165,550	111,226	54,903

No compatibility problems have been reported from the two closest ( $\leq 8,389'$  south) operating Devonian disposal wells (30-015-21643 & 30-015-43807). The 15,115,460 barrels that have been disposed to date include Delaware, Bone Spring, Strawn, Atoka, and Morrow waters.

5. Closest Devonian producer (30-015-29252) is 24 miles ESE.

VIII. The Devonian (1,000' thick) is comprised of limestone and dolomite. It dips to the east at  $1^\circ$ . Average porosity is 4-6%. Closest possible underground source of drinking water above the proposed disposal interval is the Quaternary at the surface. According to State Engineer records (Exhibit F), 12 water wells are within a mile, deepest of which is 259'. No active water wells were found during a June 24, 2017 field inspection. Expansion of the Loving water system has allowed water well owners to abandon their water wells. No underground source of drinking water is below the proposed disposal interval.

Formation tops are:

Quaternary = 0'  
Castile = 797'  
Lamar (base of salt) = 2392'  
Bell Canyon = 2460'  
Cherry Canyon = 3216'  
Brushy Canyon = 4381'  
Bone Spring limestone = 5882'  
Wolfcamp = 9268'  
Strawn = 11240'  
Atoka = 11436'  
Morrow = 12008'  
Barnett = 12787'  
Mississippian limestone = 13138'  
Woodford shale = 13486'  
Devonian carbonate = 13644'  
*disposal interval = 13650' - 14494'*  
TD = 14494'  
(Montoya = 14644')

Twelve water wells are within a 1-mile radius according to State Engineer records (Exhibit F), deepest of which is 259'. There will be >2 miles of vertical separation and shale, salt, and anhydrite intervals between the bottom of the only likely underground water source (Quaternary) and the top of the Devonian.

IX. The well will be stimulated with acid.

X. A CBL will be run from production casing setting depth to TOC. A triple combo log will be run from the second intermediate to TD.

XI. No active water wells were found within a mile during a June 24, 2017 field inspection. Two wells beyond a mile were sampled (Exhibit F).

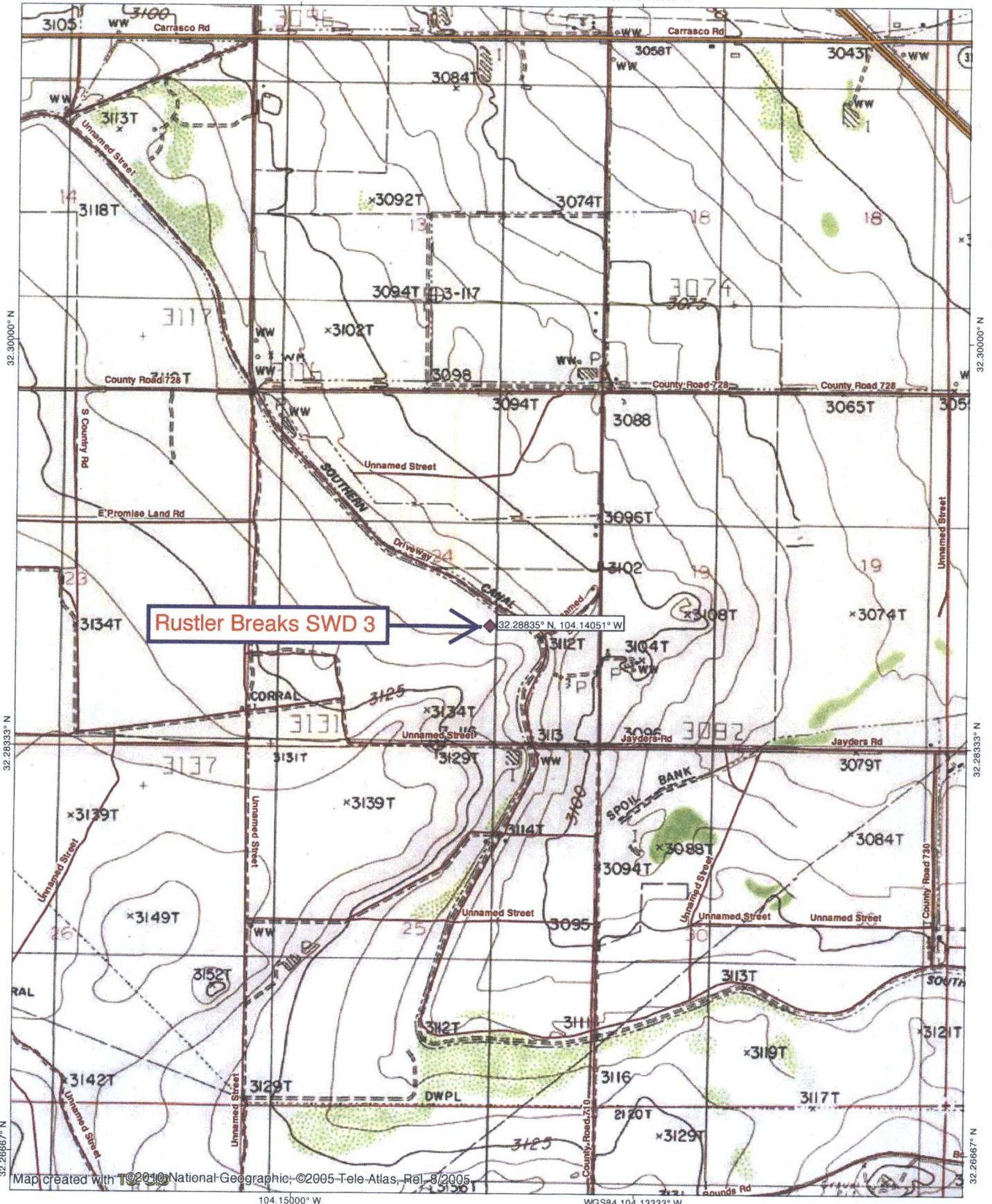
BLACK RIVER WATER MANAGEMENT COMPANY, LLC  
RUSTLER BREAKS SWD 3  
1798' FSL & 1624' FEL  
SEC. 24, T. 23 S., R. 27 E., EDDY COUNTY, NM

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XII. Black River (Exhibit G) is not aware of any geologic or engineering data that may indicate the Devonian is in hydrologic connection with any underground sources of water. Deepest water well within a 2-mile radius is 260'. There are 157 approved Devonian saltwater disposal wells and 11 approved Devonian water injection wells in New Mexico. Closest Quaternary fault is  $\approx$ 52 miles southwest (Exhibit G).

XIII. A legal ad (see Exhibit H) was published on July 7, 2017. Notice (this application) has been sent (Exhibit I) to the surface owner (Walters) and all 20 lessees within a half-mile.



Map created with T@2010 National Geographic, ©2005 Tele-Atlas, Rel. 8/2005

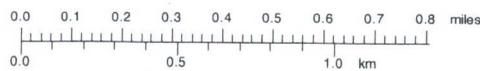


EXHIBIT A

TN+MN  
7°  
06/19/17

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-015- 44303		<sup>2</sup> Pool Code 96101	<sup>3</sup> Pool Name SWD; Devonian
<sup>4</sup> Property Code 318050	<sup>5</sup> Property Name RUSTLER BREAKS SWD		<sup>6</sup> Well Number #3
<sup>7</sup> OGRID No. 371287	<sup>8</sup> Operator Name BLACK RIVER WATER MANAGEMENT COMPANY, LLC.		<sup>9</sup> Elevation 3115'

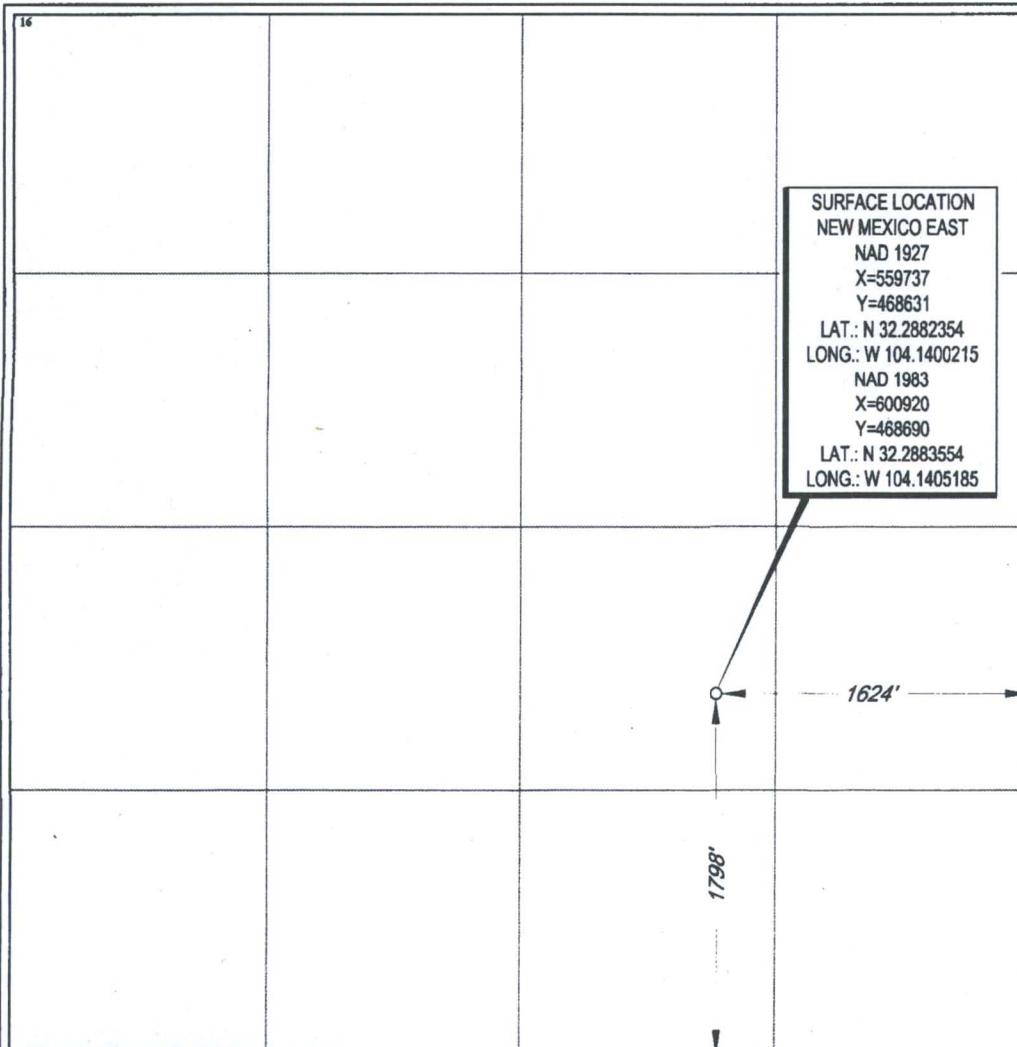
<sup>10</sup>Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	24	23-S	27-E	-	1798'	SOUTH	1624'	EAST	EDDY

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

<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.

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



**<sup>17</sup>OPERATOR CERTIFICATION**  
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Brian Wood* 7-6-17  
Signature Date

Brian Wood  
Printed Name

brian@permitswest.com  
E-mail Address

(505) 466-8120

**<sup>18</sup>SURVEYOR CERTIFICATION**  
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true to the best of my belief.

06/13/2017  
Date of Survey  
Signature and Seal of Professional Surveyor  
MICHAEL BROWN  
NEW MEXICO  
18329  
PROFESSIONAL SURVEYOR

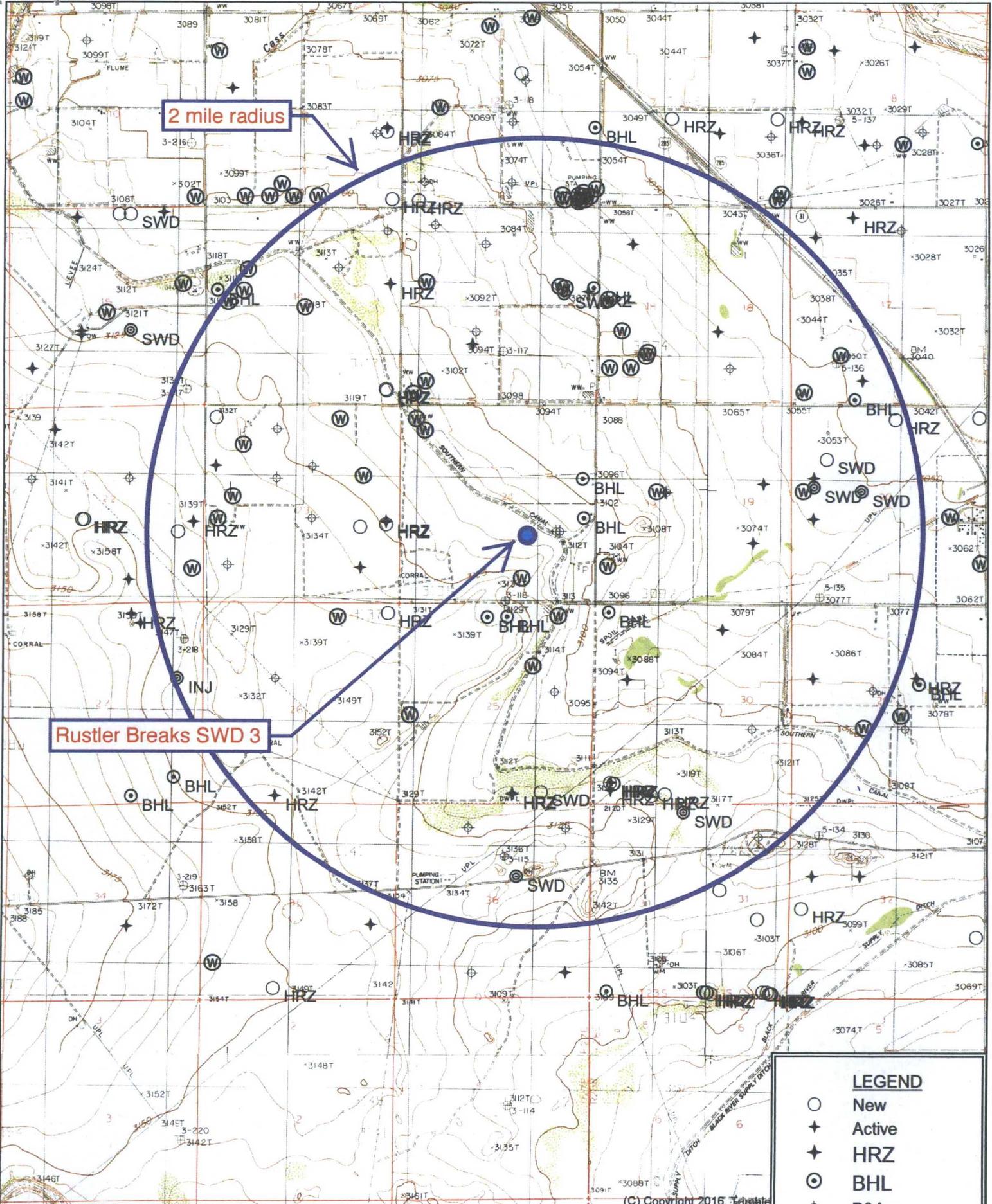
EXHIBIT A

Certificate Number



SORTED BY DISTANCE FROM RUSTLER BREAKS SWD 3

API	WHO	UL-SECTION (SHL)	TOWNSHIP & RANGE	ZONE	TVD	WELL	STATUS	FEET FROM SWD
3001524061	Read & Stevens	I-24	23S-27E	Atoka	12740	Cass Draw 1	P&A	594
3001543378	Matador	I-23	23S-27E	Wolfcamp	9397	Dr. K 203H	gas	512*
3001525486	Read & Stevens	I-24	23S-27E	Delaware	2484	Cass Draw 2	P&A	693
3001543379	Matador	I-23	23S-27E	Wolfcamp	9403	Dr. K 206H	gas	1498*
3001543827	Matador	O-25	23S-27E	Wolfcamp	9379	Warren 203H	gas	2150*
3001543828	Matador	O-25	23S-27E	Wolfcamp	9349	Warren 206H	gas	2431*
						*from closest point on horizontal wellbore		



2 mile radius

Rustler Breaks SWD 3

LEGEND	
○	New
+	Active
✦	HRZ
⊙	BHL
⊕	P&A
⊗	INJ
⊙	SWD
⊖	Water

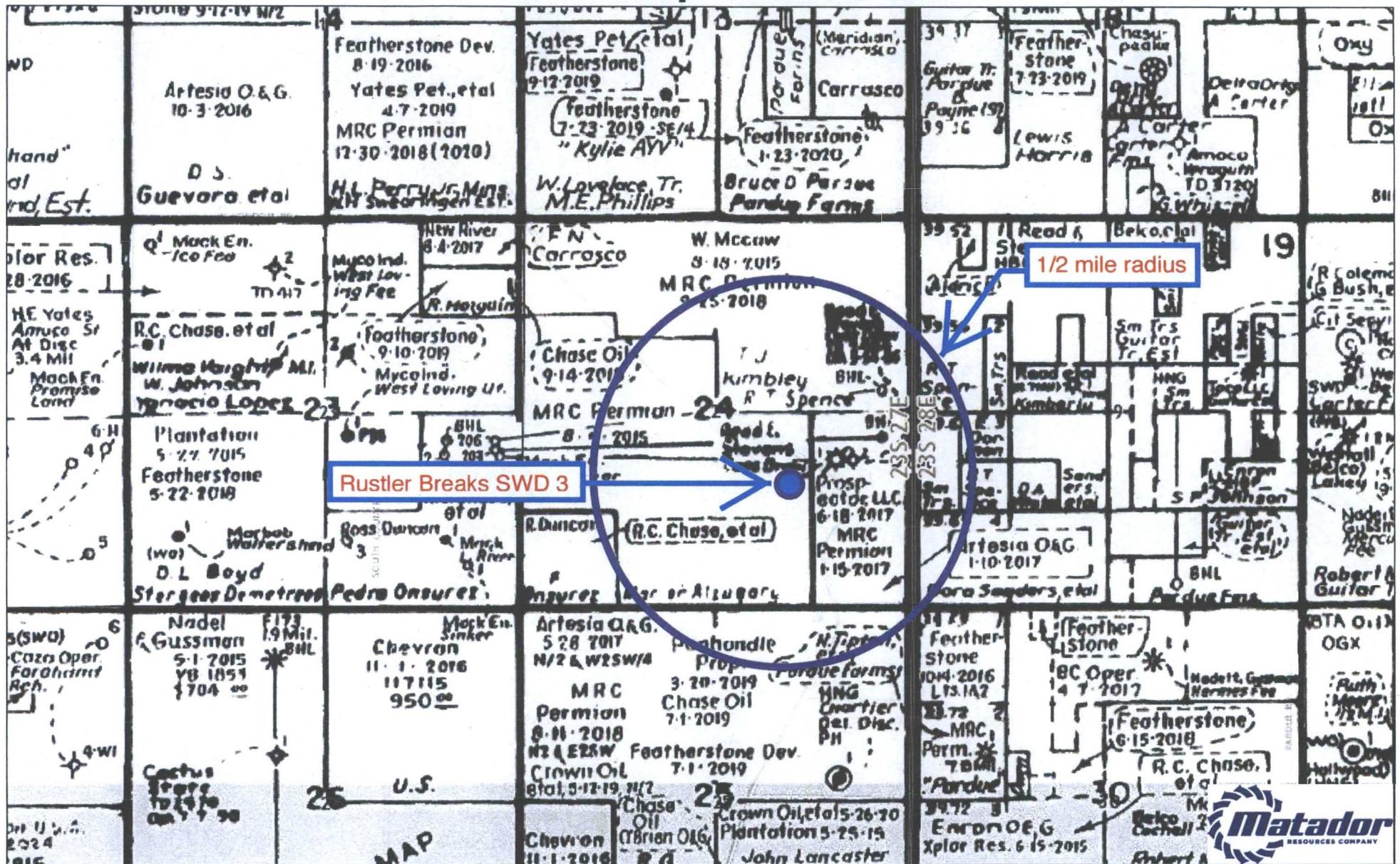
Quad: OTIS  
Scale: 1 inch = 3,333 ft.

EXHIBIT C



(C) Copyright 2016, Tri-State

# Midland Map 24-23S-27E



Rustler Breaks SWD 3

1/2 mile radius

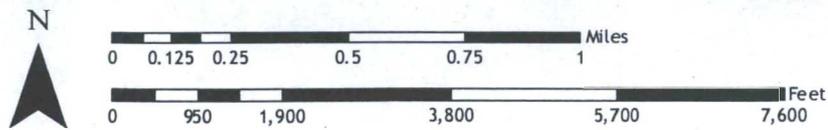


EXHIBIT D

Author: Matador Access Portal

Date: 7/24/2017

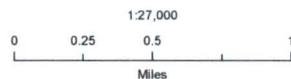


# Matador Production Company

## Proposed Rustler Breaks SWD #3 2 Mile Mineral Ownership Map

Section 24, Township 23S, Range 27E  
Eddy County, New Mexico

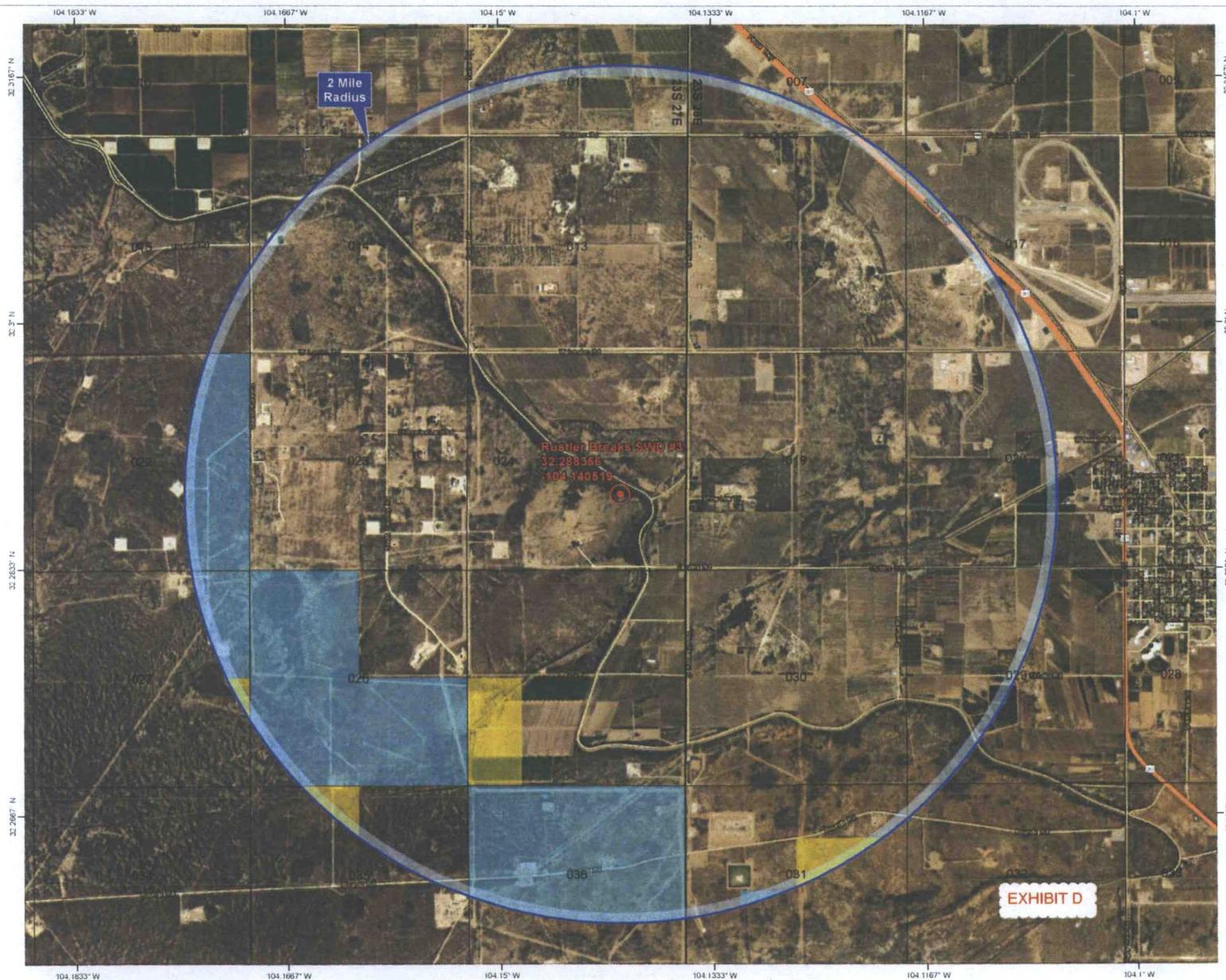
-  Proposed SWD
-  State Minerals
-  Federal Minerals



NAD 1983 New Mexico State Plane East  
FIPS 3001 Feet

**PERMITS WEST**  
INCORPORATED

Prepared by Permits West, Inc., July 26, 2017  
for Matador Production Company



# NM WAIDS

DATA

MAPS

HOME

SCALE

CORROSION

General Information About: Sample 5199			
SQUARE LAKE DEEP UNIT 001			
API	3001503979	Sample Number	
Unit/Section/ Township/Range	J / 33 / 16 S / 30 E	Field	
County	Eddy	Formation	DEV
State	NM	Depth	
Lat/Long	32.87982 / -103.97885	Sample Source	DST
TDS (mg/L)	63260	Water Type	
Sample Date(MM/DD/YYYY)		Analysis Date(MM/DD/YYYY)	
Remarks/Description			
Cation Information (mg/L)		Anion Information (mg/L)	
Potassium (K)		Sulfate (SO)	3600
Sodium (Na)		Chloride (Cl)	34400
Calcium (Ca)		Carbonate (CO <sub>3</sub> )	
Magnesium (Mg)		Bicarbonate (HCO <sub>3</sub> )	1260
Barium (Ba)		Hydroxide (OH)	
Manganese (Mn)		Hydrogen Sulfide (H <sub>2</sub> S)	
Strontium (Sr)		Carbon Dioxide (CO <sub>2</sub> )	
Iron (Fe)		Oxygen (O)	



EXHIBIT E













# 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	Code	POD Sub-basin	County	Q 64	Q 16	Q 4	Sec	Tws	Rng	X	Y	Distance	Depth	Well	Depth	Water	Column
<u>C 02004</u>		C	ED	3	4	24	23S	27E		580825	3572378*	359	232		190	42	
<u>C 01477</u>			ED	1	3	3	19	23S	28E	581532	3572484*	647	127		10	117	
<u>C 00010</u>		CUB	ED	1	2	2	25	23S	27E	581129	3572075*	676	250		103	147	
<u>C 00010.CLW191759</u>	O		ED	1	2	2	25	23S	27E	581129	3572075*	676	259				
<u>C 00010.ENLGD</u>		CUB	ED	1	2	2	25	23S	27E	581129	3572075*	676	259				
<u>C 00010.CLW191724</u>	O		ED	2	3	2	25	23S	27E	580926	3571666*	1056	259				
<u>C 01992</u>		C	ED	3	4	1	19	23S	28E	581929	3573094*	1066	232		45	187	
<u>C 00276 S</u>			ED	1	1	24	23S	27E		580017	3573576*	1250	248		130	118	
<u>C 00276</u>		C	ED	1	1	1	24	23S	27E	579945	3573670*	1367	232		70	162	
<u>C 03390.POD1</u>		C	ED	1	4	2	23	23S	27E	579511	3573200*	1497	200		180	20	
<u>C 03082</u>		C	ED	1	3	3	18	23S	28E	581529	3574096*	1498	220		217	3	
<u>C 00368</u>			ED	3	3	3	13	23S	27E	579916	3573877*	1536	250		40	210	
<u>C 00368.CLW197578</u>	O		ED	3	3	13	23S	27E		580017	3573978*	1552	250		40	210	
<u>C 00368 S</u>			ED	3	3	13	23S	27E		580017	3573978*	1552	250		120	130	
<u>C 03779.POD1</u>		C	ED	2	3	3	18	23S	28E	581707	3574103*	1584	110		70	40	
<u>C 02180</u>		C	ED		3	18	23S	28E		581831	3574198*	1729	140		80	60	
<u>C 02567</u>		C	ED	2	1	2	26	23S	27E	579314	3572049*	1750	187		89	98	
<u>C 03922.POD1</u>		C	ED	3	2	3	18	23S	28E	581844	3574230*	1763	138		75	63	
<u>C 02697</u>		C	ED	1	3	18	23S	28E		581629	3574401*	1818	220		42	178	
<u>C 02999</u>		C	ED	2	1	2	23	23S	27E	579314	3573661*	1869			160		
<u>C 03753.POD1</u>		C	ED	3	3	1	18	23S	28E	581515	3574658*	2023	210		60	150	
<u>C 03941.POD2</u>		CUB	ED	3	4	2	13	23S	27E	581152	3574745*	2035	32				
<u>C 03941.POD1</u>		CUB	ED	3	4	2	13	23S	27E	581110	3574757*	2043	37		19	18	
<u>C 00312</u>	O		ED	3	3	1	20	23S	28E	583140	3573106*	2243	230		70	160	
<u>C 01661</u>		C	ED	3	1	13	23S	27E		580014	3574783*	2255	238		195	43	
<u>C 00518.CLW197989</u>	O		ED	2	1	3	23	23S	27E	578510	3572840*	2422	210				
<u>C 00313</u>			ED	3	3	3	17	23S	28E	583136	3573915*	2507	250		75	175	
<u>C 03488.POD1</u>		C	ED	4	3	1	23	23S	27E	578430	3573023*	2517	217		122	95	

**1610 meters = 1 mile**



<u>C 00231 AS</u>		ED	4	1	1	23	23S	27E	578512	3573447*	2524	230	100	130
<u>C 00498</u>		ED	4	1	1	23	23S	27E	578512	3573447*	2524	210	120	90
<u>C 00498 CLW194833</u>	O	ED	4	1	1	23	23S	27E	578512	3573447*	2524	165	80	85
<u>C 00518</u>		ED	1	1	3	23	23S	27E	578310	3572840*	2622	178		
<u>C 04045 POD1</u>	CUB	ED	3	3	2	14	23S	27E	579013	3574571	2663	240	150	90
<u>C 03888 POD4</u>	CUB	ED	3	4	4	12	23S	27E	581139	3575462	2748	35		
<u>C 03819 POD5</u>	CUB	ED	4	4	4	12	23S	27E	581256	3575451	2748	36		
<u>C 03819 POD1</u>	CUB	ED	4	4	4	12	23S	27E	581270	3575463	2762	36		
<u>C 03819 POD2</u>	CUB	ED	4	4	4	12	23S	27E	581270	3575463	2762	34		
<u>C 03819 POD4</u>	CUB	ED	4	4	4	12	23S	27E	581306	3575464	2767	35		
<u>C 00333</u>		ED	3	1	2	18	23S	28E	582325	3575118*	2772	147		
<u>C 03053</u>	C	ED	3	4	4	12	23S	27E	581122	3575505*	2789	94	14	80
<u>C 03888 POD5</u>	CUB	ED	4	4	4	12	23S	27E	581295	3575494	2796	35		
<u>C 03819 POD3</u>		ED	4	4	4	12	23S	27E	581256	3575500	2797	35		
<u>C 03888 POD3</u>	CUB	ED	4	4	4	12	23S	27E	581348	3575495	2804	35		
<u>C 03457</u>	C	ED	3	4	4	12	23S	27E	581081	3575530	2812	200		
<u>C 03888 POD1</u>	CUB	ED	4	4	4	12	23S	27E	581295	3575525	2827	35		
<u>C 00518 POD2</u>		ED	2	4	4	22	23S	27E	578105	3572431*	2839	220	98	122
<u>C 03888 POD2</u>	CUB	ED	4	4	4	12	23S	27E	581400	3575557	2873	30		
<u>C 00851</u>	C	ED		3	17	23S	28E	583438	3574217*	2919	200	50	150	
<u>C 03557 POD1</u>	C	ED	3	3	3	12	23S	27E	579895	3575503	2967	250		
<u>C 03767 POD1</u>	C	ED	4	3	1	14	23S	27E	578503	3574702	3132	235	140	95
<u>C 01648</u>	C	ED		2	3	29	23S	28E	583667	3571184*	3139	65	15	50
<u>C 02037</u>	C	ED		2	3	29	23S	28E	583667	3571184*	3139	260		
<u>C 03766 POD1</u>	C	ED	3	3	1	14	23S	27E	578373	3574609	3177	260	25	235
<u>C 03997 POD1</u>	C	ED	2	3	1	14	23S	27E	578534	3574872	3219	230	125	105

Average Depth to Water: 91 feet  
 Minimum Depth: 10 feet  
 Maximum Depth: 217 feet

Record Count: 54

**UTMNAD83 Radius Search (in meters):**

Easting (X): 580930

Northing (Y): 3572722

Radius: 3220

\*UTM location was derived from PLSS - see Help

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.

6/19/17 9:24 AM

WATER COLUMN/ AVERAGE DEPTH TO WATER



**Hall Environmental Analysis Laboratory, Inc.**

**CLIENT:** Permits West

**Client Sample ID:** MRB HAHA

**Project:** Matador Rustler Brecks 3

**Collection Date:** 6/24/2017 4:22:00 PM

**Lab ID:** 1706F68-001

**Matrix:** AQUEOUS

**Received Date:** 6/28/2017 4:40:00 PM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
<b>EPA METHOD 300.0: ANIONS</b> <span style="float: right;">Analyst: MRA</span>						
Chloride	530	25	*	mg/L	50	7/14/2017 11:28:34 AM
<b>EPA METHOD 1664B</b> <span style="float: right;">Analyst: tnc</span>						
N-Hexane Extractable Material	ND	10.6		mg/L	1	7/6/2017 11:44:00 AM
<b>SM2540C MOD: TOTAL DISSOLVED SOLIDS</b> <span style="float: right;">Analyst: KS</span>						
Total Dissolved Solids	2290	20.0	*	mg/L	1	7/2/2017 2:34:00 PM

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

<b>Qualifiers:</b>	* Value exceeds Maximum Contaminant Level.	B Analyte detected in the associated Method Blank
	D Sample Diluted Due to Matrix	E Value above quantitation range
	H Holding times for preparation or analysis exceeded	J Analyte detected below quantitation limits
	ND Not Detected at the Reporting Limit	P Sample pH Not In Range
	PQL Practical Quantitative Limit	RL Reporting Detection Limit
	S % Recovery outside of range due to dilution or matrix	W Sample container temperature is out of limit as specified



**Hall Environmental Analysis Laboratory, Inc.**

**CLIENT:** Permits West

**Client Sample ID:** MRB Sec 18 Tank

**Project:** Matador Rustler Brecks 3

**Collection Date:** 6/24/2017 4:51:00 PM

**Lab ID:** 1706F68-002

**Matrix:** AQUEOUS

**Received Date:** 6/28/2017 4:40:00 PM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
<b>EPA METHOD 300.0: ANIONS</b>						
Chloride	590	25	*	mg/L	50	7/14/2017 11:40:59 AM
<b>EPA METHOD 1664B</b>						
N-Hexane Extractable Material	ND	9.87		mg/L	1	7/6/2017 11:44:00 AM
<b>SM2540C MOD: TOTAL DISSOLVED SOLIDS</b>						
Total Dissolved Solids	3620	20.0	*	mg/L	1	7/2/2017 2:34:00 PM

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

- |                    |   |   |
|--------------------|---|---|
| <b>Qualifiers:</b> | * Value exceeds Maximum Contaminant Level.              | B Analyte detected in the associated Method Blank           |
|                    | D Sample Diluted Due to Matrix                          | E Value above quantitation range                            |
|                    | H Holding times for preparation or analysis exceeded    | J Analyte detected below quantitation limits                |
|                    | ND Not Detected at the Reporting Limit                  | P Sample pH Not In Range                                    |
|                    | PQL Practical Quantitative Limit                        | RL Reporting Detection Limit                                |
|                    | S % Recovery outside of range due to dilution or matrix | W Sample container temperature is out of limit as specified |



# QC SUMMARY REPORT

## Hall Environmental Analysis Laboratory, Inc.

WO#: 1706F68  
24-Jul-17

Client: Permits West  
Project: Matador Rustler Brecks 3

Sample ID	MB-32662	SampType:	MBLK	TestCode:	EPA Method 1664B					
Client ID:	PBW	Batch ID:	32662	RunNo:	44036					
Prep Date:	7/6/2017	Analysis Date:	7/6/2017	SeqNo:	1388568	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	ND	10.0								

Sample ID	LCS-32662	SampType:	LCS	TestCode:	EPA Method 1664B					
Client ID:	LCSW	Batch ID:	32662	RunNo:	44036					
Prep Date:	7/6/2017	Analysis Date:	7/6/2017	SeqNo:	1388569	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	38.0	10.0	40.00	0	95.0	78	114			

**Qualifiers:**

- \* Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- PQL Practical Quantitative Limit
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified



# QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1706F68

24-Jul-17

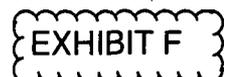
Client: Permits West  
Project: Matador Rustler Brecks 3

Sample ID	MB	SampType:	mblk	TestCode:	EPA Method 300.0: Anions					
Client ID:	PBW	Batch ID:	R44240	RunNo:	44240					
Prep Date:		Analysis Date:	7/14/2017	SeqNo:	1396863	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	ND	0.50								

Sample ID	LCS	SampType:	Ics	TestCode:	EPA Method 300.0: Anions					
Client ID:	LCSW	Batch ID:	R44240	RunNo:	44240					
Prep Date:		Analysis Date:	7/14/2017	SeqNo:	1396864	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	4.7	0.50	5.000	0	94.6	90	110			

### Qualifiers:

- \* Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- PQL Practical Quantitative Limit
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified



# QC SUMMARY REPORT

## Hall Environmental Analysis Laboratory, Inc.

WO#: 1706F68  
24-Jul-17

Client: Permits West  
Project: Matador Rustler Brecks 3

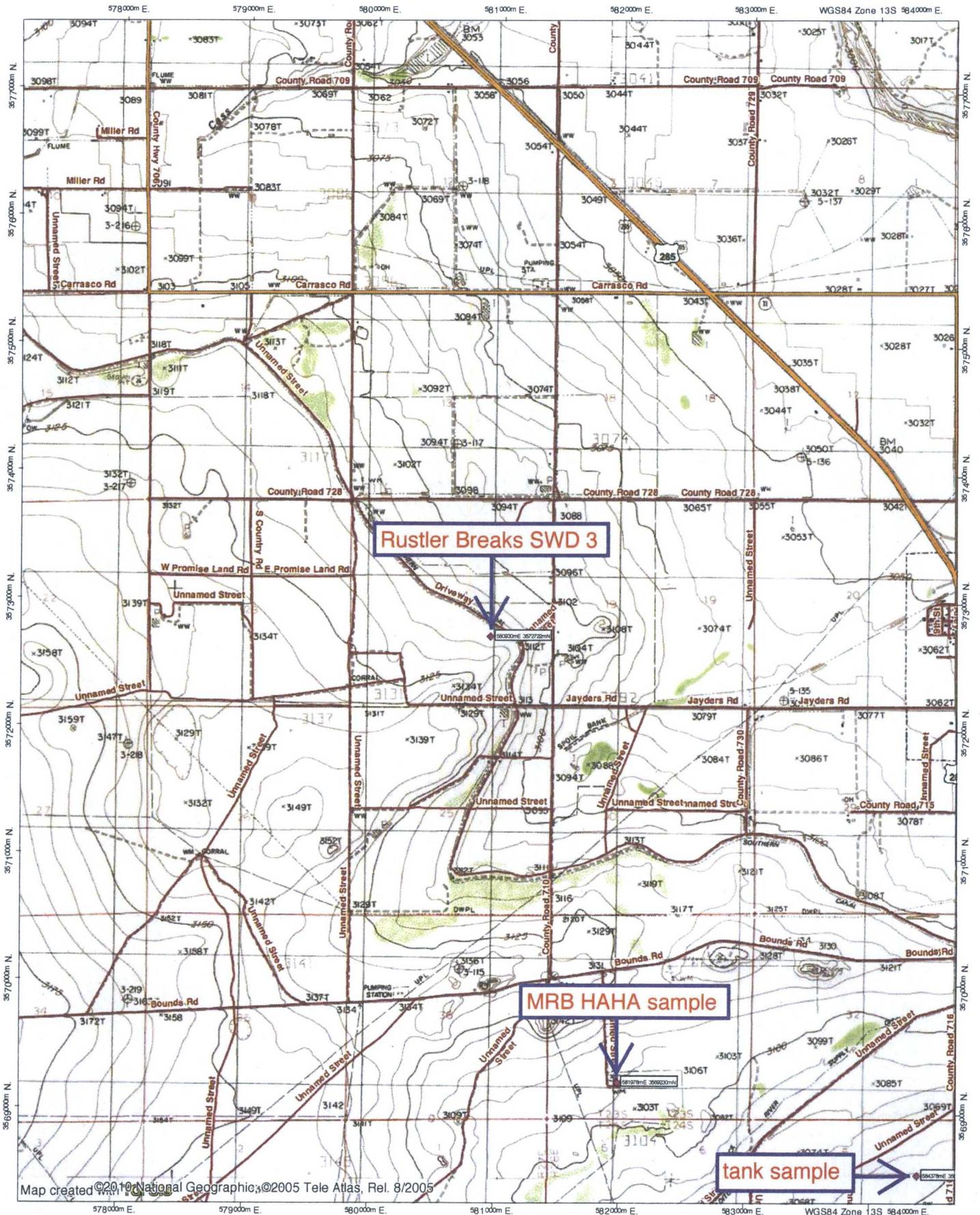
Sample ID	MB-32575	SampType:	MBLK	TestCode:	SM2540C MOD: Total Dissolved Solids					
Client ID:	PBW	Batch ID:	32575	RunNo:	43954					
Prep Date:	6/30/2017	Analysis Date:	7/2/2017	SeqNo:	1385414	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Total Dissolved Solids	ND	20.0								

Sample ID	LCS-32575	SampType:	LCS	TestCode:	SM2540C MOD: Total Dissolved Solids					
Client ID:	LCSW	Batch ID:	32575	RunNo:	43954					
Prep Date:	6/30/2017	Analysis Date:	7/2/2017	SeqNo:	1385415	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Total Dissolved Solids	991	20.0	1000	0	99.1	80	120			

### Qualifiers:

- \* Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- PQL Practical Quantitative Limit
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified





Map created ©2010 National Geographic, ©2005 Tele Atlas, Rel. 8/2005

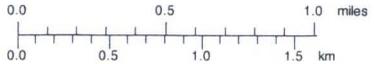
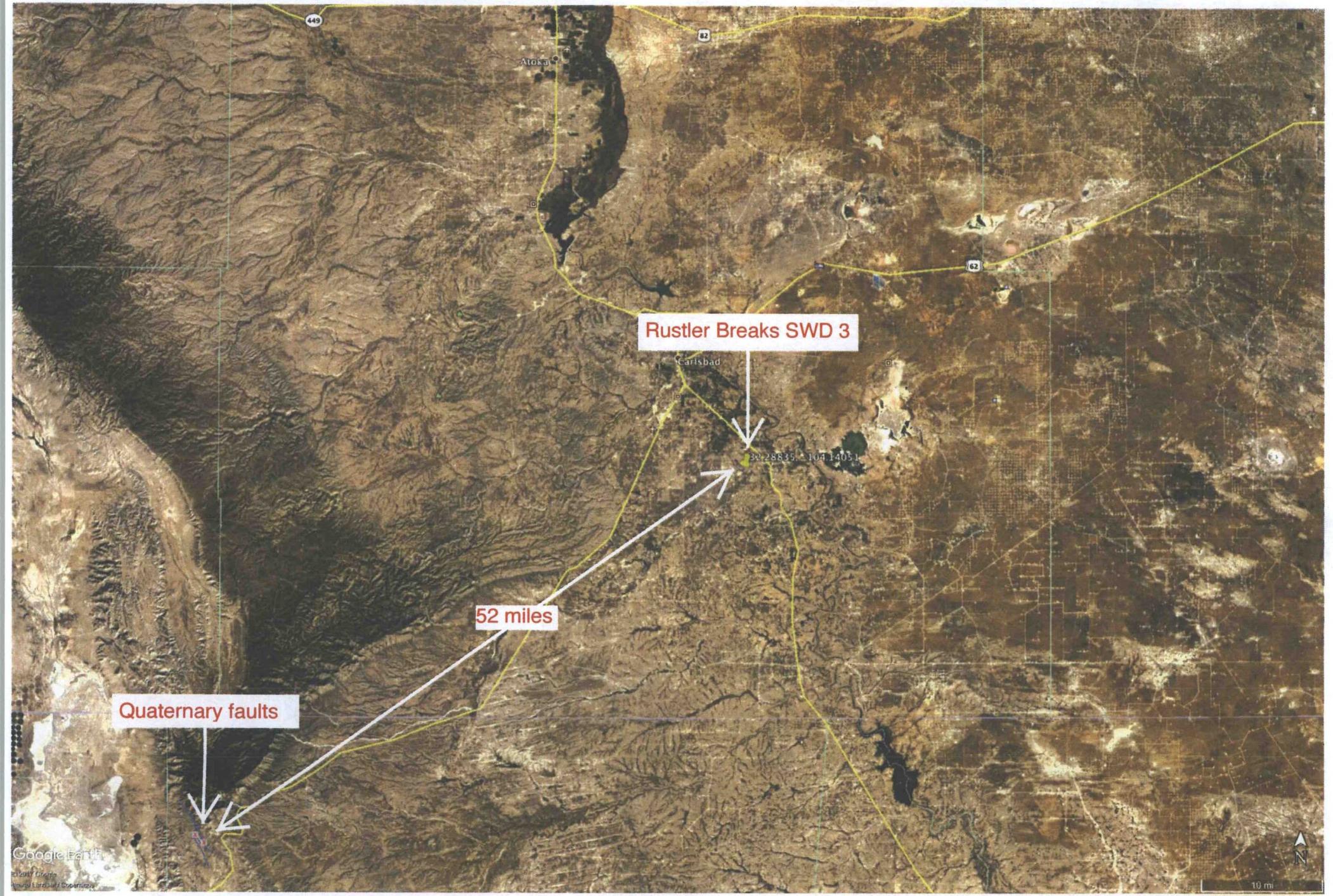


EXHIBIT F



Rustler Breaks SWD 3

52 miles

Quaternary faults

EXHIBIT G

# Black River Water Management Company, LLC

One Lincoln Centre • 5400 LBJ Freeway • Suite 1500 • Dallas, Texas 75240

Voice 972.371.5454 • Fax 214.866.4832

[ccollier@matadorresources.com](mailto:ccollier@matadorresources.com)

---

Clark Collier  
Geologist

July 28, 2017

New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, New Mexico 87505  
David.Catanach@state.nm.us

**Re: Geology Statement  
Rustler Breaks SWD #3 ("the Well")  
Section 24, Township 23 South, Range 28 East, N.M.P.M.  
Eddy County, New Mexico**

To whom it may concern:

Available geologic and engineering data related to the proposed Well has been thoroughly reviewed, and no evidence for a hydrological connection between the proposed deep Devonian injection zone, located at approximately 13,694', and any underground sources of drinking water has been found.

Sincerely,  
Black River Water Management  
Company, LLC



Clark Collier

EXHIBIT G

**Affidavit of Publication**

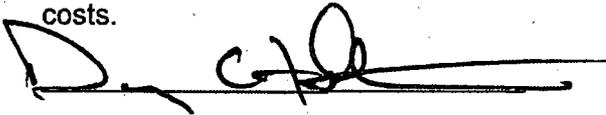
State of New Mexico,  
County of Eddy, ss.

**Danny Fletcher**, being first duly sworn, on oath says:

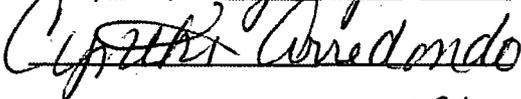
That he is the Publisher of the Carlsbad Current-Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements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

July 7 2017

That the cost of publication is **\$51.48** and that payment thereof has been made and will be assessed as court costs.

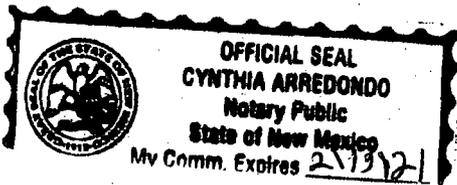


Subscribed and sworn to before me this 10 day of July, 2017



My commission Expires 2/13/21

Notary Public



**July 7, 2017**  
Black River Water Management Company, LLC is applying to drill the Rustler Breaks SWD-3 as a saltwater disposal well. The well is staked at 1798 FSL & 1624 FEL Sec. 24, T. 23 S., R. 27 E., Eddy County and is 2 miles west of Loving, NM. Disposal will be in the Devonian from 13,511 to 14,494'. Maximum injection pressure will be 2,702 psi. Maximum disposal rate will be 42,000 bwpd. Interested parties must file objections or requests for hearing with the NM Oil Conservation Division, 1220 South Saint Francis Dr., Santa Fe, NM 87505 within 15 days. Additional information can be obtained by contacting Brian Wood, Permits West, Inc., 37 Verano Loop, Santa Fe, NM 87508. Phone number is (505) 466-8120.

EXHIBIT H

July 29, 2017

Diane Walters  
PO Box 1332  
Loving, NM 88256

TYPICAL LETTER

Black River Water Management Company, LLC is applying (see attached application) to drill the Rustler Breaks SWD 3 well as a saltwater disposal well. As required by NM Oil Conservation Division (NMOCD) rules, I am notifying you of the following proposed saltwater disposal well. This letter is a notice only. No action is needed unless you have questions or objections.

Well Name: Rustler Breaks SWD 3 (fee lease) ID = 14,494'  
Proposed Disposal Zone: Devonian (from 13,650' to 14,494')  
Location: 1798' FSL & 1624' FEL Sec. 24, T. 23 S., R. 27 E., Eddy County, NM  
Approximate Location: ≈2 miles west of Loving, NM  
Applicant Name: Black River Water Management Company, LLC (972) 371-5420  
Applicant's Address: 5400 LBJ Freeway, Suite 1500, Dallas TX 75240

Submittal Information: Application for a saltwater disposal well will be filed with the NMOCD. If you have an objection, or wish to request a hearing, then it must be filed with the NMOCD within 15 days of receipt of this letter. NMOCD address is 1220 South St. Francis Dr. Santa Fe, NM 87505. Phone is (505) 476-3440.

Please call me if you have any questions.

Sincerely,



Brian Wood

EXHIBIT I

7014 2870 0001 8951 4463

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

Sent to: **PANHANDLE-PROPERTIES LLC**  
PO-BOX 847  
ARTESIA NM 88211  
Rustler Breaks SWD 3

Postmark: **PECOS NM AUG - 8 2017**  
87552-9998

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4470

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

Sent to: **PLANTATION-OPERATING LLC**  
4700 W. SAM HOUSTON PKWY.  
NORTH  
HOUSTON TX 77041  
Rustler Breaks SWD 3

Postmark: **PECOS NM AUG - 8 2017**  
87552-9998

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4531

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

Sent to: **YATES PETROLEUM CORPORATION**  
810 HOUSTON ST.  
FORT WORTH TX 76102  
Rustler Breaks SWD 3

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87552-9998

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4449

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

Sent to: **NADEL & GUSSMAN LLC**  
801 N. MARIENFELD # 508  
MIDLAND TX 79701  
Rustler Breaks SWD 3

Postmark: **PECOS NM AUG - 8 2017**  
87552-9998

PS Form 3800, July 2014 See Reverse for Instructions

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

Sent to: **TERRA-EXPLORATION INC**  
BOX 56  
MIDLAND TX 79702  
Rustler Breaks SWD 3

Postmark: **PECOS NM AUG - 8 2017**  
87552-9998

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4467

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

Sent to: **PROSPECTOR LLC**  
PO BOX 429  
ROSWELL NM 88202  
Rustler Breaks SWD 3

Postmark: **PECOS NM AUG - 8 2017**  
87552-9998

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4494

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

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

OFFICIAL USE

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

Sent to: **ROLLA R. HINKLE III**  
PO BOX 2292  
ROSWELL NM 88202  
Rustler Breaks SWD 3

Postmark: **PECOS NM AUG - 8 2017**  
87552-9998

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4456

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OFFICIAL USE

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

Sent to: **O'BRIEN OIL & GAS INC.**  
P.O.-BOX-1743  
MIDLAND TX 79701  
Rustler Breaks SWD 3

Postmark: **PECOS NM AUG - 8 2017**  
87552-9998

PS Form 3800, July 2014 See Reverse for Instructions

EXHIBIT I

7014 2870 0001 8951 4548

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Postage	\$ 1.61
Certified Fee	3.35
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.71

Sent To: YATES DRILLING CO  
105 S. FOURTH ST  
ARTESIA NM 88210  
Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4579

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**OFFICIAL USE**

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

Sent To: MYGO INDUSTRIES  
105 S. FOURTH ST  
ARTESIA NM 88210  
Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4524

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**OFFICIAL USE**

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

Sent To: UPLAND CORP  
BOX 582  
MIDLAND TX 79702  
Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4562

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**OFFICIAL USE**

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

Sent To: ABO PETROLEUM CORPORATION  
105 S. FOURTH ST  
ARTESIA NM 88210  
Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4593

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CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

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

Sent To: REED-KIMBERLY  
PO BOX 599  
LOVING NM 88256  
Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4555

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**OFFICIAL USE**

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

Sent To: YATES PETROLEUM CORPORATION  
105 S. FOURTH ST  
ARTESIA NM 88210  
Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4586

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**OFFICIAL USE**

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

Sent To: DIANE WALTERS  
PO BOX 1332  
LOVING NM 88256  
Rustler Breaks SWD 3

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

PS Form 3800, July 2014

7014 2870 0001 8951 4517

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**OFFICIAL USE**

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

Sent To: TIERRA OIL CO LLC  
PO BOX 700968  
SAN ANTONIO TX 78270  
Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

EXHIBIT I

2014 2870 0001 8951 4432

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**OFFICIAL USE**

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

PECOS NM  
 AUG - 8 2017  
 Here  
 87552-9998

Sent To  
**JAMES W. MARBASH**  
 1762 QUEEN HWY  
 CARLSBAD NM 88220  
 Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

2014 2870 0001 8951 4401

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

PECOS NM  
 AUG - 8 2017  
 Postmark Here  
 87552-9998

Sent To  
**CROWN OIL PARTNERS V LP AND ENERGY PARTNERS II LLC**  
 PO BOX 50820  
 MIDLAND TX 79710  
 Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

2014 2870 0001 8951 4444

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**OFFICIAL USE**

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

PECOS NM  
 AUG - 8 2017  
 Postmark Here  
 87552-9998

Sent To  
**FEATHERSTONE DEVELOPMENT CORPORATION**  
 P.O. BOX 429  
 ROSWELL NM 88202  
 Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

2014 2870 0001 8951 4444

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

**OFFICIAL USE**

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

PECOS NM  
 AUG - 8 2017  
 Postmark Here  
 87552-9998

Sent To  
**CHASE OIL CORPORATION**  
 PO BOX 1767  
 ARTESIA NM 88211  
 Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

2014 2870 0001 8951 4388

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 Domestic Mail Only

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**OFFICIAL USE**

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

PECOS NM  
 AUG - 8 2017  
 Postmark Here  
 87552-9998

Sent To  
**DEVON ENERGY PRODUCTION**  
 333 W. SHERIDAN AVENUE  
 OKLAHOMA CITY OK 73102  
 Rustler Breaks SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

2014 2870 0001 8951 4388

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**OFFICIAL USE**

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

PECOS NM  
 AUG - 8 2017  
 Postmark Here  
 87552-9998

Sent To  
**ARTESIA OIL & GAS LLC**  
 P.O. BOX 1768  
 ARTESIA NM 88211  
 RUSTLER BREAKS SWD 3

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

PS Form 3800, July 2014 See Reverse for Instructions

EXHIBIT I

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>ABO PETROLEUM CORPORATION</b> 105 S. FOURTH ST ARTESIA NM 88210</p> <p style="text-align: center;">Rustler Breaks SWD 3</p> <p style="text-align: center;">9590 9402 2852 7069 1225 34</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4562</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restrict  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for  <input type="checkbox"/> Collect on Delivery Merchandise  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation  <input type="checkbox"/> Signature Confirmation  <input type="checkbox"/> Restricted Delivery  <input type="checkbox"/> Restricted Delivery (500)</p>

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>ARTESIA OIL &amp; GAS LLC</b> P.O. BOX 1768 ARTESIA NM 88211</p> <p style="text-align: center;">Rustler Breaks SWD 3</p> <p style="text-align: center;">9590 9402 2852 7069 1225 10</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4388</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restrict  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for  <input type="checkbox"/> Collect on Delivery Merchandise  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation  <input type="checkbox"/> Signature Confirmation  <input type="checkbox"/> Restricted Delivery  <input type="checkbox"/> Restricted Delivery</p>

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>CHASE OIL CORPORATION</b> PO BOX 1767 ARTESIA NM 88211</p> <p style="text-align: center;">Rustler Breaks SWD 3</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4395</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Rachel Lange <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  LC CROWN OIL PARTNERS V LP AND CRUMP ENERGY PARTNERS II PO BOX 50820 MIDLAND TX 79710 Rustler Breaks SWD 3	B. Received by (Printed Name) Rachel Lange	
	C. Date of Delivery 8-14-17	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number 7014 2870 0001 8951 4401		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> David Carrillo <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  DEVON ENERGY PRODUCTION COMPANY L.P. 333 W. SHERIDAN AVENUE OKLAHOMA CITY OK 73102 Rustler Breaks SWD 3	B. Received by (Printed Name)	
	C. Date of Delivery AUG 11 2017 	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number 7014 2870 0001 8951 4418		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> M. Hernandez <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  FEATHERSTONE DEVELOPMENT CORPORATION P.O. BOX 429 ROSWELL NM 88202 Rustler Breaks SWD 3	B. Received by (Printed Name) M. Hernandez	
	C. Date of Delivery 8-11-17	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number 7014 2870 0001 8951 4425		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" 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>ROLLA R. HINKLE III PO BOX 2292 ROSWELL NM 88202</p> <p>Rustler Breaks SWD 3</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> 
<p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4494</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (30)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" 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>REED KIMBERLY</p> <p>BLANE WALTERS P.O. 525 PO BOX 1332 LOVING NM 88256</p> <p>Rustler Breaks SWD 3</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4593</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (30)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" 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>JAMES W. MARBACH 1762 QUEEN HWY CARLSBAD NM 88220</p> <p>Rustler Breaks SWD 3</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4432</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (30)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <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><b>MYCO INDUSTRIES</b>  <b>105 S. FOURTH ST</b>  <b>ARTESIA NM 88210</b></p> <p><b>Rustler Breaks SWD 3</b></p> <p>9590 9402 2852 7069 1225 27</p>	<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>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4579</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

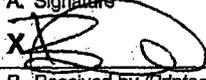
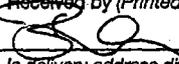
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<p>1. Article Addressed to:</p> <p><b>PROSPECTOR LLC</b>  <b>PO BOX 429</b>  <b>ROSWELL NM 88202</b></p> <p><b>Rustler Breaks SWD 3</b></p> <p>9590 9402 2852 7069 1226 19</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4487</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p><b>PANHANDLE PROPERTIES LLC</b>  <b>PO BOX 647</b>  <b>ARTESIA NM 88211</b></p> <p><b>Rustler Breaks SWD 3</b></p> <p>9590 9402 2266 6225 8443 71</p>	<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>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 8951 4463</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p><b>TIERRA OIL CO LLC</b>  <b>PO BOX 700968</b>  <b>SAN ANTONIO TX 78270</b></p> <p><b>Rustler Breaks SWD 3</b></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p><b>9590 9402 2852 7069 1225 89</b></p> <p><b>7014 2870 0001 8951 4517</b></p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Diane Walters</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Diane Walters</i> C. Date of Delivery <i>8-19-17</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><b>DIANE WALTERS</b>  <b>PO BOX 1332</b>  <b>LOVING NM 88256</b></p> <p><b>Rustler Breaks SWD 3</b></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p><b>9590 9402 2852 7069 1229 30</b></p> <p><b>7014 2870 0001 8951 4586</b></p>	
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<p>1. Article Addressed to:</p> <p><b>YATES DRILLING CO.</b>  <b>105 S. FOURTH ST</b>  <b>ARTESIA NM 88210</b></p> <p><b>Rustler Breaks SWD 3</b></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p><b>9590 9402 2852 7069 1225 58</b></p> <p><b>7014 2870 0001 8951 4548</b></p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>   <span style="float: right;">8/11/17</span></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>YATES PETROLEUM CORPORATION</b>  <b>105 S. FOURTH ST</b>  <b>ARTESIA NM 88210</b></p> <p style="text-align: center;"><b>Rustler Breaks SWD 3</b></p> <p style="text-align: center;">9590 9402 2852 7069 1225 41</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 <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;">Mail Restricted Delivery (0)</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7014 2870 0001 8951 4555</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

# Black River Water Management Company, LLC

One Lincoln Centre • 5400 LBJ Freeway • Suite 1500 • Dallas, Texas 75240

Voice 972.371.5454 • Fax 214.866.4832

[ccollier@matadorresources.com](mailto:ccollier@matadorresources.com)

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Clark Collier  
Geologist

July 28, 2017

New Mexico Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, New Mexico 87505  
David.Catanach@state.nm.us

**Re: Geology Statement  
Rustler Breaks SWD #3 ("the Well")  
Section 24, Township 23 South, Range 28 East, N.M.P.M.  
Eddy County, New Mexico**

To whom it may concern:

Available geologic and engineering data related to the proposed Well has been thoroughly reviewed, and no evidence for a hydrological connection between the proposed deep Devonian injection zone, located at approximately 13,694', and any underground sources of drinking water has been found.

Sincerely,  
Black River Water Management  
Company, LLC



Clark Collier

EXHIBIT G

## McMillan, Michael, EMNRD

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**From:** Brian Wood <brian@permitswest.com>  
**Sent:** Thursday, September 14, 2017 8:13 AM  
**To:** McMillan, Michael, EMNRD  
**Subject:** Re: Black River Water Management SWD Well No. 3  
**Attachments:** C-108 wbd.pdf; ATT00001.htm; fault statement.pdf; ATT00002.htm

Matador narrowed their focus after the ad ran.  
Disposal interval (open hole) will be 13650' - 14494'  
Casing will be set at 13650'  
Packer will be set at 13600'.  
Fault statement attached.



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. 3 Well Name(s): RUSTLER BREAKS SW

API: 30-0 15-44303 Spud Date: TBD New or Old: N (UIC Class II Primacy 03/07/1982)

Footages 1798 FSL Lot \_\_\_\_\_ or Unit J Sec 24 Tsp 23S Rge 27E County Eddy

General Location: 3 miles W/Louisa Pool: SWD DEUNA Pool No.: 9610'

BLM 100K Map: Carlsbad Operator: BLACK RIVER WATER MGMT OGRID: \_\_\_\_\_ Contact: \_\_\_\_\_

COMPLIANCE RULE 5.9: Total Wells: \_\_\_\_\_ Inactive: \_\_\_\_\_ Fincl Assur: \_\_\_\_\_ Compl. Order? \_\_\_\_\_ IS 5.9 OK? \_\_\_\_\_ Date: \_\_\_\_\_

WELL FILE REVIEWED  Current Status: \_\_\_\_\_

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

Planned Rehab Work to Well: \_\_\_\_\_

Well Construction Details	Sizes (in) Borehole / Pipe	Setting Depths (ft)	Cement Sx or Cf	Cement Top and Determination Method
Planned ___ or Existing ___ Surface	20 1/2" / 20"	470	1400	SURFACE / VISUAL
Planned ___ or Existing ___ Intern/Prod	18 1/8" / 16"	2500	2000	SURFACE / VISUAL
Planned ___ or Existing ___ Intern/Prod	14 3/4" / 10 1/2"	9350	2150	SURFACE / VISUAL
Planned ___ or Existing ___ Prod/Liner	9 5/8" / 7 9/16"	13650	900	7500 / C-B-L
Planned ___ or Existing ___ Liner				
Planned ___ or Existing <input checked="" type="radio"/> PERF	13650 / 14454		Inj Length: 844	Completion/Operation Details:
Injection Lithostratigraphic Units:	Depths (ft)	Injection or Confining Units	Tops	Drilled TD <u>14454</u> PBDT _____
Adjacent Unit: Litho. Struc. Por.				NEW TD _____ NEW PBDT _____
Confining Unit: Litho. Struc. Por.				NEW Open Hole <input checked="" type="checkbox"/> or NEW Perfs <input type="checkbox"/>
Proposed Inj Interval TOP:				Tubing Size <u>4 1/2</u> in. Inter Coated? <input checked="" type="checkbox"/>
Proposed Inj Interval BOTTOM:				Proposed Packer Depth _____ ft
Confining Unit: Litho. Struc. Por.				Min. Packer Depth _____ (100-ft limit) <u>2702</u>
Adjacent Unit: Litho. Struc. Por.				Proposed Max. Surface Press. _____ psi
				Admin. Inj. Press. <u>2730</u> (0.2 psi per ft)

AOR: Hydrologic and Geologic Information

POTASH: R-111-P MA Noticed? \_\_\_\_\_ BLM Sec Ord  WIPP  Noticed? \_\_\_\_\_ Salt/Salado T: 797B: 2352 NW: Cliff House fm \_\_\_\_\_

FRESH WATER: Aquifer Quaternary Max Depth 14217 HYDRO AFFIRM STATEMENT By Qualified Person

NMOSE Basin: CARLSBAD CAPITAN REEF: thru adj NA No. Wells within 1-Mile Radius? 12 FW Analysis

Disposal Fluid: Formation Source(s) WOLF CAMP Analysis?  On Lease  Operator Only  or Commercial

Disposal Int: Inject Rate (Avg/Max BWPD): 300/300 Protectable Waters? \_\_\_\_\_ Source: \_\_\_\_\_ System: Closed or Open

HC Potential: Producing Interval? MA Formerly Producing? \_\_\_\_\_ Method: Logs/DST/P&A/Other regional 2-Mile Radius Pool Map

AOR Wells: 1/2-M Radius Map?  Well List?  Total No. Wells Penetrating Interval: 0 Horizontals? \_\_\_\_\_

Penetrating Wells: No. Active Wells 0 Num Repairs? \_\_\_\_\_ on which well(s)? \_\_\_\_\_ Diagrams? \_\_\_\_\_

Penetrating Wells: No. P&A Wells \_\_\_\_\_ Num Repairs? \_\_\_\_\_ on which well(s)? \_\_\_\_\_ Diagrams? \_\_\_\_\_

NOTICE: Newspaper Date July 7, 2017 Mineral Owner Wolfe Camp Surface Owner Wolfe Camp N. Date 8-15-2017

RULE 26.7(A): Identified Tracts? \_\_\_\_\_ Affected Persons: Featherstone, Devon, ytttes N. Date 8-19-2017

Order Conditions: Issues: Run C-B-L from 500' top Liner - base of Liner

dd Order Cond: \_\_\_\_\_