

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**

**APPLICATION OF BLACK MOUNTAIN OPERATING
LLC FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NO. 15628

SUPPLEMENTAL AFFIDAVIT

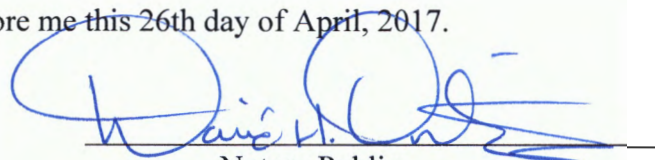
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

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SETH C. MCMILLAN

SUBSCRIBED AND SWORN to before me this 26th day of April, 2017.



Notary Public

My Commission Expires:

6/13/2018

EXHIBIT A
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Attn: Land Manager

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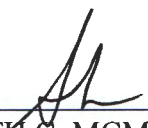
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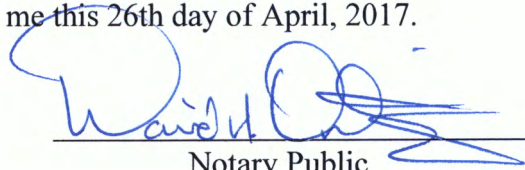
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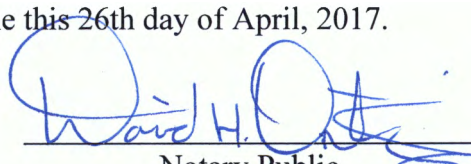
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P.O. Box 210
Artesia, NM 88210

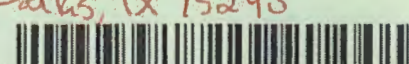
GMT Exploration Company LLC
1560 Broadway Suite 2000
Denver, CO 80202

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702

Matador Production Company
One Lincoln Centre
5400 LBJ Freeway, Ste. 1500
Dallas, TX 75240

7015 1730 0000 9833 5376

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ <u>3.35</u>	
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy) \$ <u>2.75</u>	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$ <u>1.61</u>	
Total Postage and Fees \$ <u>7.71</u>	
Sent To <u>Metador Production Company</u> Street and Apt. No., or PO Box No. <u>One Lincoln Centre, 5100 LBJ Freeway, Ste. 1500</u> City, State, ZIP+4® <u>Dallas, TX 75240</u>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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.	A. Signature <u>Amanda Crawford</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>Amanda Crawford</u> C. Date of Delivery <u>4/3/17</u> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:
1. Article Addressed to: <u>Metador Production Company</u> <u>One Lincoln Centre</u> <u>5100 LBJ Freeway, Ste. 1500</u> <u>Dallas, TX 75240</u>  9590 9403 0913 5223 4526 52	3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☒ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) <u>7015 1730 0000 9833 5376</u>	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

7015 1730 0000 9833 5369

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

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

OFFICIAL USE

Certified Mail Fee	\$ <u>7.71</u>
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	\$ _____
☐ Return Receipt (electronic)	\$ _____
☐ Certified Mail Restricted Delivery	\$ _____
☐ Adult Signature Required	\$ _____
☐ Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To <u>EOG Resources, Inc.</u> Street and Apt. No., or PO Box No. <u>P.O. Box 2267</u> City, State, ZIP+4® <u>Midland, TX 79702</u>	

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EOG Resources, Inc.
P.O. Box 2267
Midland, TX 79702

2. Article Number

(Transfer from service label)

7015 1730 0000 9833 5369

Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert F. Lee

☒ Agent

☐ Addressee

B. Received by (Printed Name)

R. F. Lee

C. Date of Delivery

4-10-17

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9833 5338

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

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

OFFICIAL USE

Certified Mail Fee \$ 7.71

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

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

Postage \$

Total Postage and Fees \$



Sent To BTA Oil Producers

Street and Apt. No., or PO Box No. 104 S. Pecos

City, State, ZIP+4® Midland TX 79701

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BTA Oil Producers
104 S. Pecos
Midland, TX 79701

2. Article Number

(Transfer from service label)

7015 1730 0000 9833 5338

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Louise Brown

☐ 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

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0000 9833 5307

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ <u>7.75</u>	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Send To <u>Chevron USA, Inc.</u> Street and Apt. No., or PO Box No. <u>6301 Deauville Blvd.</u> City, State, ZIP+4® <u>Midland TX 79706</u>	
PS Form 3800, April 2015 PSN 7530-02-000 9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <u>[Signature]</u> ☒ Agent ☐ Addressee
1. Article Addressed to: <u>Chevron USA, Inc.</u> <u>ATTN: Permitting Team</u> <u>6301 Deauville Blvd.</u> <u>Midland, TX 79706</u>	B. Received by (Printed Name) _____ C. Date of Delivery <u>4-10-17</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from) <u>7015 1730 0000 9833 5307</u>	3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee 7.71

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

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

Postage

\$

Total Postage and Fees

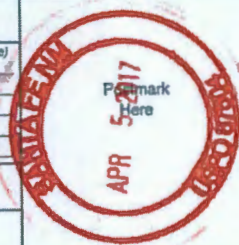
\$

Sent To

GMT Exploration Company LLC
1560 Broadway Suite 2000
Denver, CO 80202

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

See Reverse for Instructions



7015 1730 0000 9833 5352

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GMT Exploration Company LLC
1560 Broadway Suite 2000
Denver, CO 80202

2. Article Number

(Transfer from service label)

7015 1730 0000 9833 5352

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Stayer

☐ 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

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9833 5345

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

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

OFFICIAL USE

Certified Mail Fee	\$ 7.71
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To Regeneration Energy Corp P.O. Box 210 Artesia, NM 88201	

PS Form 3800, Apr. 1 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Regeneration Energy Corp
 P.O. Box 210
 Artesia, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Raye Miller ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Raye Miller

C. Date of Delivery
 4/8/17

Is delivery address different from item 1? ☐ Yes ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7015 1730 0000 9833 5345

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9833 9176

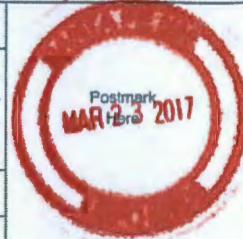
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
 \$ 3.35
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.15
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
 \$ 1.82
 Total Postage and Fees
 \$ 7.92



Sent To Lillian E. and Kenneth E. Rutherford
Family Trust
 Street and Apt. No., or PO 321 Grove Drive
 City, State, Zip+4® Portola Valley CA 94028-7642

PS Form 3800, April 2015 PSN 7530-02-000-0047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Lillian E. and Kenneth E. Rutherford
 Family Trust
 321 Grove Drive
 Portola Valley CA 94028-7642



9590 9401 0118 5225 7014 87

2. Article Number (Transfer from service label)

7015 1730 0000 9833 9176

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/27/15

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature

☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery

☐ Registered Mail™

☒ Certified Mail®

☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Signature Confirmation™

☐ Insured Mail

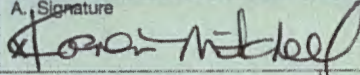
☐ Insured Mail Restricted Delivery (over \$500)

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1730 0000 9833 9138

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ 3.35	
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy) \$ 2.75	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$ 1.61	
Total Postage and Fees \$ 7.71	
Sent To Street and Apt. No., or PO Box City, State, ZIP+4®	Siana Oil and Gas. Co., LLC P.O. Box 10303 Midland, Texas 79702
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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.	A. Signature  ☐ Agent ☐ Addressee
1. Article Addressed to: Siana Oil and Gas. Co., LLC P.O. Box 10303 Midland, Texas 79702	B. Received by (Printed Name) C. Date of Delivery 4/20/17
2. Article Number (Transfer from service label) 7015 1730 0000 9833 9138	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

7015 1730 0000 9833 9114

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

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

OFFICIAL USE

Certified Mail Fee
\$ 3.35
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.15
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
\$ 1.61
Total Postage and Fees
\$ 4.96



Sent To
George M. Ragsdale, Trustee
Street and Apt. No., or PO Box No.
11510 Montmartre Blvd.
City, State, ZIP+4®
Houston, TX 77082

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

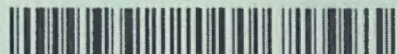
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

George M. Ragsdale, Trustee
11510 Montmartre Blvd.
Houston, TX 77082



9590 9401 0118 5225 7014 94

2. Article Number (Transfer from service label)

7015 1730 0000 9833 9114

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ George M. Ragsdale

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

GEORGE RAGSDALE

C. Date of Delivery

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

4-3-17

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

7015 1730 0000 9833 9107

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

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

OFFICIAL USE

Certified Mail Fee
 \$ 3.35
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.75
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ 1.61
 Total Postage and Fees
 \$ 7.71

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Noel and Elizabeth Workman
 181 Carpenter Circle
 Sewanee, TN 34375

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Noel and Elizabeth Workman
 181 Carpenter Circle
 Sewanee, TN 34375



9590 9401 0118 5225 7015 17

2. Article Number (Transfer from service label)

7015 1730 0000 9833 9107

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mary Crawford

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Mary Crawford

C. Date of Delivery

4-5-17

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee
\$ 3.35

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

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage
\$ 1.61

Total Postage and Fees
\$ 7.71

Sent To
Lamar B. Roemer
47 Grand Regency Circle
Spring TX 77382-1607

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

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

MAR 22 2017
USPO 87614

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:

Lamar B. Roemer
47 Grand Regency Circle
Spring TX 77382-1607

2. Article Number (Transfer from service label)
7015 1730 0000 9833 9046

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
3-25

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 Restr. Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

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

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

OFFICIAL USE

Certified Mail Fee
 \$ 3.35
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.75
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ 1.61
 Total Postage and Fees
 \$ 7.71

Sent To

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

 City, State, ZIP+4®



J.W. Neal
 JWN Trust
 P.O. Box 278
 Hobbs NM 88241

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

7015 1730 0000 9833 9060

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:

J.W. Neal
 JWN Trust
 P.O. Box 278
 Hobbs NM 88241



9590 9401 0118 5225 7015 55

2. Article Number (Transfer from service label)

7015 1730 0000 9833 9060

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J.W. Neal

☐ Agent
☐ Addressee

B. Received by (Printed Name)

J.W. Neal

C. Date of Delivery

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

3. Service Type

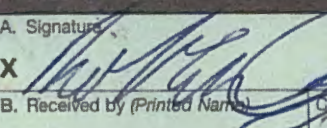
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

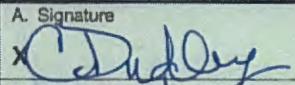
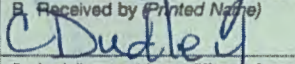
7015 1730 0000 9833 9169

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ 3.35	
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy) \$ 2.75	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$ 1.61	
Total Postage and Fees \$ 7.71	
Sent To LRF Limited Partnership, c/o Robert E. Davis, Jr. Street and Apt. No., or PO Box No. 9605 S. Vandalia Avenue City, State, ZIP+4® Tulsa, OK 74137-48636	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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.	A. Signature  ☐ Agent ☒ Addressee
1. Article Addressed to: LRF Limited Partnership c/o Robert E. Davis Jr 9605 S. Vandalia Avenue Tulsa OK 74137-48636	B. Received by (Printed Name) C. Date of Delivery 3-30-17
	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 7015 1730 0000 9833 9169	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

7015 1730 0000 9833 9053

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ <u>3.35</u>	
Extra Services & Fees (check box, add fee as appropriate)	
☒ Return Receipt (hardcopy) \$ <u>2.75</u>	
☐ Return Receipt (electronic)	
☐ Certified Mail Restricted Delivery	
☐ Adult Signature Required	
☐ Adult Signature Restricted Delivery	
Postage \$ <u>1.61</u>	
Total Postage and Fees \$ <u>7.71</u>	
Sent To	Dasco Energy, Inc.
Street and Apt. No., or PO	c/o Maddox, Holloman & Kirksey, P.C.
City, State, ZIP+4®	205 E Bender, STE 150 Hobbs, NM, 88240
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
■ 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.	A. Signature  ☐ Agent ☐ Addressee B. Received by (Printed Name)  C. Date of Delivery <u>3-27-17</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No																
1. Article Addressed to: Dasco Energy, Inc. c/o Maddox, Holloman & Kirksey, P.C. 205 E Bender, STE 150 Hobbs, NM, 88240	3. Service Type <table border="0"> <tr> <td>☐ Adult Signature</td> <td>☐ Priority Mail Express®</td> </tr> <tr> <td>☐ Adult Signature Restricted Delivery</td> <td>☐ Registered Mail™</td> </tr> <tr> <td>☒ Certified Mail®</td> <td>☐ Registered Mail Restricted Delivery</td> </tr> <tr> <td>☐ Certified Mail Restricted Delivery</td> <td>☒ Return Receipt for Merchandise</td> </tr> <tr> <td>☐ Collect on Delivery</td> <td>☐ Signature Confirmation™</td> </tr> <tr> <td>☐ Collect on Delivery Restricted Delivery</td> <td>☐ Signature Confirmation Restricted Delivery</td> </tr> <tr> <td>☐ Insured Mail</td> <td></td> </tr> <tr> <td>☐ Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	☐ Adult Signature	☐ Priority Mail Express®	☐ Adult Signature Restricted Delivery	☐ Registered Mail™	☒ Certified Mail®	☐ Registered Mail Restricted Delivery	☐ Certified Mail Restricted Delivery	☒ Return Receipt for Merchandise	☐ Collect on Delivery	☐ Signature Confirmation™	☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery	☐ Insured Mail		☐ Insured Mail Restricted Delivery (over \$500)	
☐ Adult Signature	☐ Priority Mail Express®																
☐ Adult Signature Restricted Delivery	☐ Registered Mail™																
☒ Certified Mail®	☐ Registered Mail Restricted Delivery																
☐ Certified Mail Restricted Delivery	☒ Return Receipt for Merchandise																
☐ Collect on Delivery	☐ Signature Confirmation™																
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery																
☐ Insured Mail																	
☐ Insured Mail Restricted Delivery (over \$500)																	
2. Article Number (Transfer from service label) <u>7015 1730 0000 9833 9053</u>																	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt																	

7015 1730 0000 9833 9084

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ 3.35
 Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.75
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
 \$ 1.61
 Total Postage and Fees
 \$ 7.71



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

AA Seeligson Oil Co. Ltd.
 1624 Kirby Drive
 Houston TX 77019

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AA Seeligson Oil Co. Ltd.
 1624 Kirby Drive
 Houston TX 77019



9590 9401 0118 5225 7015 31

2. Article Number (Transfer from service label)

7015 1730 0000 9833 9084

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X AA Seeligson ☐ Agent ☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery
3/29/17
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

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

Domestic Return Receipt

7015 1730 0000 9833 9121

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee

\$ 3.35

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

☒ Return Receipt (hardcopy) \$ 2.15

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$ 1.61

Total Postage and Fees

\$ 7.71

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Noel and Elizabeth Workman
 488 Alexian Way Apt 108
 Signal Mountain, TN 37377

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Noel and Elizabeth Workman
 488 Alexian Way Apt 108
 Signal Mountain, TN 37377



9590 9401 0118 5225 7015 00

2. Article Number (Transfer from service label)

7015 1730 0000 9833 9121

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Brenda Carter ☒ Agent
☐ Addressee
 Received by (Printed Name) *Brenda Carter* C. Date of Delivery *3-27-17*
☐ Is delivery address different from item 1? ☐ Yes
 YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☒ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

7015 1730 0000 9833 4188

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ 7

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

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

Postage \$ 7.12

Total Postage and Fees \$

Sent To

Street and Apt. No.

City, State, ZIP+4®

PS Form 3800, A

The Estate of Max E. Curry, Max E. Curry
 Jr. and Michel E. Curry as
 Representatives
 P.O. Box 2022
 Midland, TX 79702



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:

The Estate of Max E. Curry, Max E.
 Curry Jr. and Michel E. Curry as
 Representatives
 P.O. Box 2022
 Midland, TX 79702



9590 9401 0118 5225 7017 53

2. Article Number (Transfer from service label)

7015 1730 0000 9833 4188

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

[Signature]

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: *[Signature]*

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

7015 1730 0000 9833 3747

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Michel Curry

P.O. Box 2022

Midland, TX 79702



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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michel Curry
P.O. Box 2022
Midland, TX 79702



9590 9401 0118 5225 7012 65

2. Article Number (Transfer from service label)

7015 1730 0000 9833 3747

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

B. Received by (Printed Name)

Michel Curry

☐ Agent

☐ Addressee

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

☒ Return Receipt for

Merchandise

☐ Signature Confirmation™

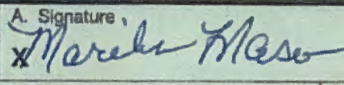
☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

7015 1730 0000 9833 4256

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$	
☐ Return Receipt (electronic) \$	
☐ Certified Mail Restricted Delivery \$	
☐ Adult Signature Required \$	
☐ Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No	Nedwoc Corporation P.O. Box 2377 Midland, TX 79702
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

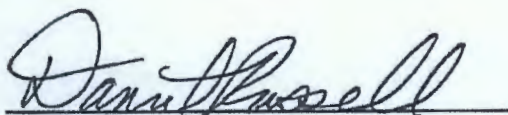
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  ☐ Agent ☐ Addressee B. Received by (Printed Name) Marilyn Mason C. Date of Delivery MAR 10 2017 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No																
1. Article Addressed to: Nedwoc Corporation P.O. Box 2377 Midland, TX 79702	3. Service Type <table border="0"> <tr> <td>☐ Adult Signature</td> <td>☐ Priority Mail Express®</td> </tr> <tr> <td>☐ Adult Signature Restricted Delivery</td> <td>☐ Registered Mail™</td> </tr> <tr> <td>☒ Certified Mail®</td> <td>☐ Registered Mail Restricted Delivery</td> </tr> <tr> <td>☐ Certified Mail Restricted Delivery</td> <td>☒ Return Receipt for Merchandise</td> </tr> <tr> <td>☐ Collect on Delivery</td> <td>☐ Signature Confirmation™</td> </tr> <tr> <td>☐ Collect on Delivery Restricted Delivery</td> <td>☐ Signature Confirmation Restricted Delivery</td> </tr> <tr> <td>☐ Insured Mail</td> <td></td> </tr> <tr> <td>☐ Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	☐ Adult Signature	☐ Priority Mail Express®	☐ Adult Signature Restricted Delivery	☐ Registered Mail™	☒ Certified Mail®	☐ Registered Mail Restricted Delivery	☐ Certified Mail Restricted Delivery	☒ Return Receipt for Merchandise	☐ Collect on Delivery	☐ Signature Confirmation™	☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery	☐ Insured Mail		☐ Insured Mail Restricted Delivery (over \$500)	
☐ Adult Signature	☐ Priority Mail Express®																
☐ Adult Signature Restricted Delivery	☐ Registered Mail™																
☒ Certified Mail®	☐ Registered Mail Restricted Delivery																
☐ Certified Mail Restricted Delivery	☒ Return Receipt for Merchandise																
☐ Collect on Delivery	☐ Signature Confirmation™																
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery																
☐ Insured Mail																	
☐ Insured Mail Restricted Delivery (over \$500)																	
2. Article Number (Transfer from service label) 7015 1730 0000 9833 4256																	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt																	

Affidavit of Publication

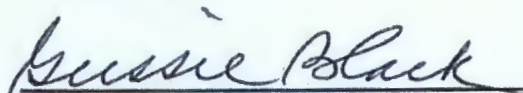
STATE OF NEW MEXICO
COUNTY OF LEA

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

Beginning with the issue dated
April 13, 2017
and ending with the issue dated
April 13, 2017.


Publisher

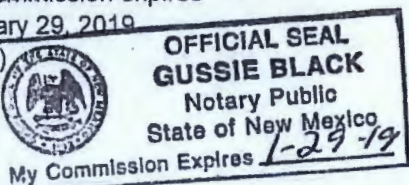
Sworn and subscribed to before me this
13th day of April 2017.


Business Manager

My commission expires

January 29, 2019

(Seal)



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

LEGAL NOTICE April 13, 2017

NOTICE

To the following entities, individuals, their heirs, personal representatives, trustees successors or assigns: Joe E. Fitzgerald; George M. Ragsdale, Trustee; EOG Resources Inc.; Blanco Holdings I, Ltd.; Attwell Interests, Inc.; Curry Services LLLP; Chemily Management Company; Borrego Properties, Inc.; Trach Anderson; Vantage Tubulars; The Dow Chemical Company; Stacy L. Kinney; Michele L. Mays; Texas Independent Exploration, Inc.; ABC Oil & Gas Properties; Lisa Rambo; Douglas A. Tatum PC; Ubiquity Communications, Inc.

Black Mountain Operating, LLC has filed three (3) applications with the New Mexico Oil Conservation Division as follows:

Case No. 15628: Application of Black Mountain Operating LLC for a Non-Standard Oil Spacing and Proration Unit and Compulsory Pooling, Lea County, New Mexico. Applicant seeks an order approving a non-standard oil spacing and proration unit in the Bone Spring formation comprised of the E/2W/2 of Section 15 and the E/2SW/4 of Section 10, Township 23 South, Range 34 East, NMPM, Lea County, New Mexico, and pooling all mineral interests in the Bone Spring formation underlying the non-standard unit. The unit will be dedicated to Applicant's proposed Duke Federal 10 #10H well to be drilled at a location approximately 2470 feet from the south line and 1906 feet from the west line (surface) of Section 10 to 330 feet from the south line and 1546 feet from the west line (terminus) of Section 15. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Applicant as Operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well and lands are located approximately 20 miles northwest of Jal, New Mexico.

Case No. 15629: Application of Black Mountain Operating LLC for a Non-Standard Oil Spacing and Proration Unit and Compulsory Pooling, Lea County, New Mexico. Applicant seeks an order approving a non-standard oil spacing and proration unit in the Bone Spring formation comprised of the W/2E/2 of Section 15 and the W/2SE/4 of Section 10, Township 23 South, Range 34 East, NMPM, Lea County, New Mexico, and pooling all mineral interests in the Bone Spring formation underlying the non-standard unit. The unit will be dedicated to Applicant's proposed Duke Federal 10 #18H well to be drilled at a location approximately 2470 feet from the south line and 1840 feet from the east line (surface) of Section 10 to 330 feet from the south line and 1792 feet from the east line (terminus) of Section 15. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Applicant as Operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well and lands are located approximately 20 miles northwest of Jal, New Mexico.

Case No. 15630: Application of Black Mountain Operating LLC for a Non-Standard Oil Spacing and Proration Unit and Compulsory Pooling, Lea County, New Mexico. Applicant seeks an order approving a non-standard oil spacing and proration unit in the Bone Spring formation comprised of the E/2E/2 of Section 15 and the E/2SE/4 of Section 10, Township 23 South, Range 34 East, NMPM, Lea County, New Mexico, and pooling all mineral interests in the Bone Spring formation underlying the non-standard unit. The unit will be dedicated to Applicant's proposed Duke Federal 10 #26H well to be drilled at a location approximately 2442 feet from the south line and 461 feet from the east line (surface) of Section 10 to 330 feet from the south line and 461 feet from the east line (terminus) of Section 15. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Applicant as Operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The well and lands are located approximately 20 miles northwest of Jal, New Mexico.

These applications have been consolidated for a hearing which has been continued until 8:15 a.m. on Thursday, April 27, 2017 at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As the owner of an interest that may be affected, you have the right to appear and present testimony. Failure to appear and become a party of record will preclude you from challenging this application at a later time.

For further information, contact the applicant's attorneys, J. Scott Hall and Seth G. McMillan, Montgomery & Andrews, P.A., 325 Paseo de Peralta, Santa Fe, New Mexico 87501 (505) 982-3873. #31717

01101398

00191635

J. SCOTT HALL
MONTGOMERY & ANDREWS, P.A.
P.O. BOX OFFICE BOX 2307
A/C 451986
SANTA FE, NM 87504-2307

NMOCD Case Nos. 15628, 15629, 15630
BLACK MOUNTAIN OPERATING
Exhibit 10
April 27, 2017