

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

**APPLICATION OF ADVANCE ENERGY
PARTNERS HAT MESA LLC
FOR APPROVAL OF A PRODUCED WATER
DISPOSAL WELL, LEA COUNTY,
NEW MEXICO**

Case No. 20827

APPLICATION

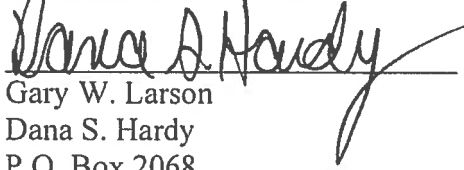
Pursuant to 19.15.26.8(A) NMAC, Advance Energy Partners Hat Mesa LLC ("Advance") applies for an order approving a produced water disposal well in Lea County, New Mexico. In support of its application, Advance states:

1. Advance (OGRID No. 372417) proposes to drill the Quick Shot Unit SWD No. 1 well in Unit H in Section 6, Township 22 South, Range 33 East, NMPM, in Lea County, New Mexico for the purpose of operating a commercial produced water disposal well.
2. Advance seeks authorization to inject produced water into the Devonian, Silurian, and Upper Ordovician Formation at a depth of 16,502 to 17,500 feet.
3. Advance requests that the Division approve a maximum injection pressure of 3,285 psi.
4. A Division Form C-108 is attached hereto as Exhibit A.
5. The granting of this application will prevent waste and protect correlative rights.

WHEREFORE, Advance requests that this application be set for hearing on November 14, 2019 and that, after notice and hearing, the Division enter an order approving this application and authorizing Advance to inject produced water into the Quick Shot Unit SWD No. 1 well for disposal.

Respectfully submitted,

HINKLE SHANOR LLP

A handwritten signature in black ink, appearing to read "Dana S. Hardy", is written over a horizontal line.

Gary W. Larson

Dana S. Hardy

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

Facsimile: (505) 982-8623

glarson@hinklelawfirm.com

dhardy@hinklelawfirm.com

*Counsel for Advance Energy Partners Hat Mesa
LLC*

RECEIVED:	REVIEWER:	TYPE:	APP NO:
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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

Applicant: Advance Energy Partners Hat Mesa LLC **OGRID Number:** 372417
Well Name: Quick Shot Unit SWD No. 1 **API:** _____
Pool: Devonian - Silurian **Pool Code:** 97869

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

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

- ☐ Notice Complete
☐ 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.

6/6/2019**David Harwell**

Print or Type Name

Date

832-672-4604

Phone Number

DHarwell@advanceenergypartners.com

e-mail Address

Signature

5/30/2019

New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

Attn: Ms. Heather Riley, Director

Re Application of Advance Energy Partners Hat Mesa LLC to permit for salt water disposal the proposed **Quick Shot Unit SWD Well No.1** to be located in is **370' FEL & 2667' FNL Section 6, Township 22 South, Range 33 East, NMPM, Lea County, New Mexico.**

Dear Ms. Riley,

Please find enclosed Form C-108 Application for Authority to Inject, supporting the above-referenced request to permit for **commercial disposal**, the Quick Shot Unit SWD No 1. The well (**370' FEL & 2667' FNL Section 6, Township 22 South, Range 33 East**) is on a drill island. Attached is plat defining the drill island and the location of the Advance Energy Partners Hat Mesa LLC "Quick Shot Unit No. 1" within the island.

Advance Energy Partners seeks to optimize efficiency, both economically and operationally, of its operation in the southeast New Mexico. Advance Energy Partners respectfully requests administrative approval, without hearing, to dispose produced water into the Devonian – Silurian Formation. In support of this request please find the following documentation:

- Administrative Application Checklist
- Form C-108 with miscellaneous data attached
- An Injection Well Data Sheet with Wellbore Schematic
- Area of Review and Data Table of Surrounding Wells
- Publication
- Service List with Proof of Certified Mailing attached

Approval of this application is consistent with that goal as well as the NMOCD's mission of preventing waste and protection of correlative rights.

Published legal notice ran or about June 9, 2019 in the Hobbs News-Sun and all offset operators and other interested parties have been notified individually. The legal notice affidavit will be forwarded when received. This application also includes a wellbore schematic, area of review maps, leaseholder plats and other required information for a complete Form C-108.

I respectfully request that the approval of this salt water disposal well proceed swiftly and if you or your staff requires additional information or has any questions, please do not hesitate to call or email me.

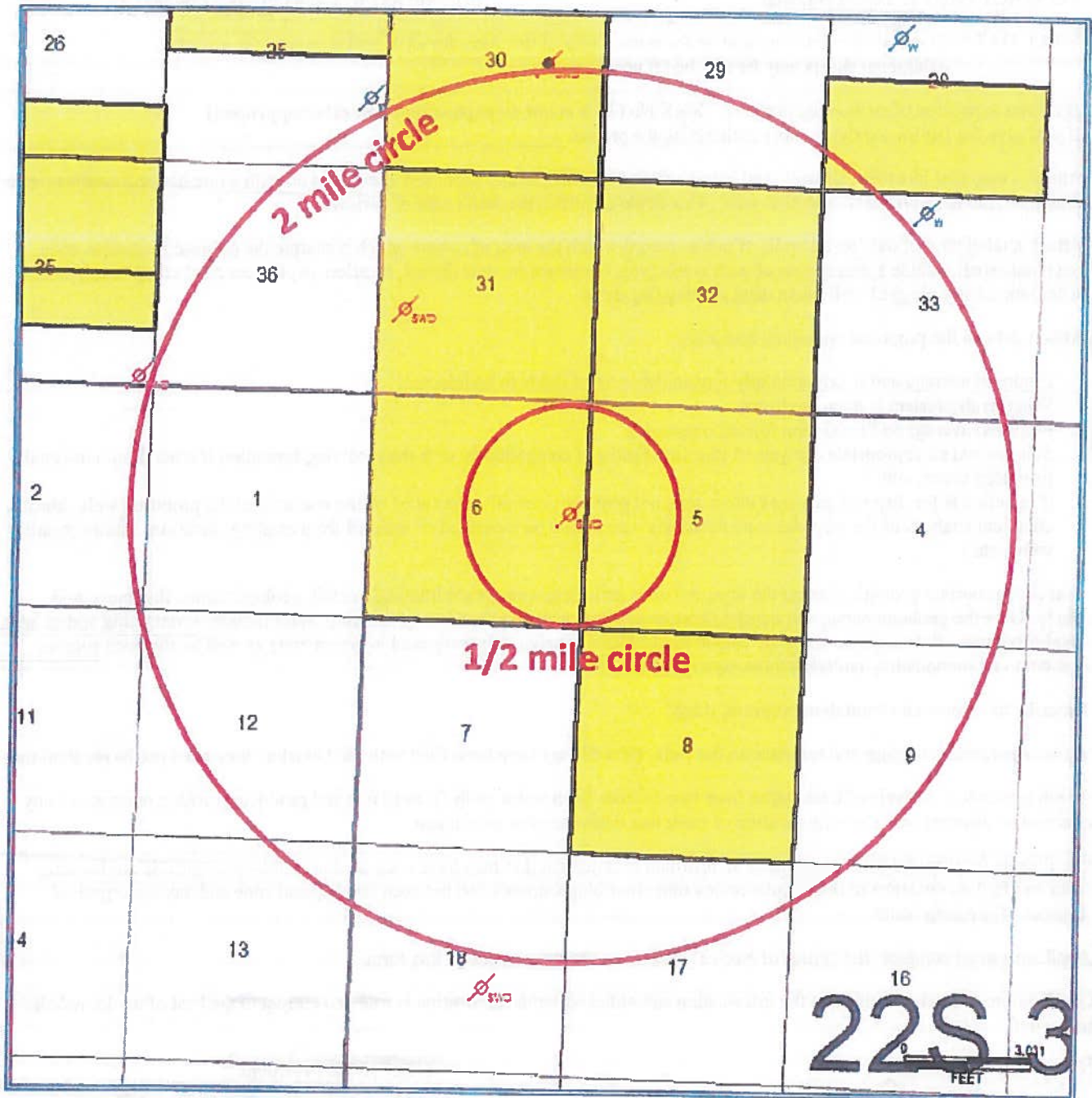
Best regards,



David Harwell

Attachment

**The Quick Shot Unit SWD Well No.1 in Sec 2
(370' FEL & 2667' FNL Section 6, Township 22 South, Range 33 East)**



APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance **XXX** Disposal _____ Storage
Application qualifies for administrative approval? _____ Yes _____ No
- II. OPERATOR: **Advance Energy Partners Hat Mesa LLC**
ADDRESS: **11490 Westheimer Rd. Suite 950, Houston, Texas 77077**
CONTACT PARTY: **David Harwell** PHONE: **832-672-4604 (o) 281-235-3431 ©**
- 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? **XXX No (This is not an expansion of an existing project)**
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: **David Harwell** TITLE: **Vice President**
SIGNATURE: *David Harwell* DATE: *6-25-19*
E-MAIL ADDRESS: **DHarwell@advanceenergypartners.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: _____

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

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.

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: Advance Energy Partners Hat Mesa LLC

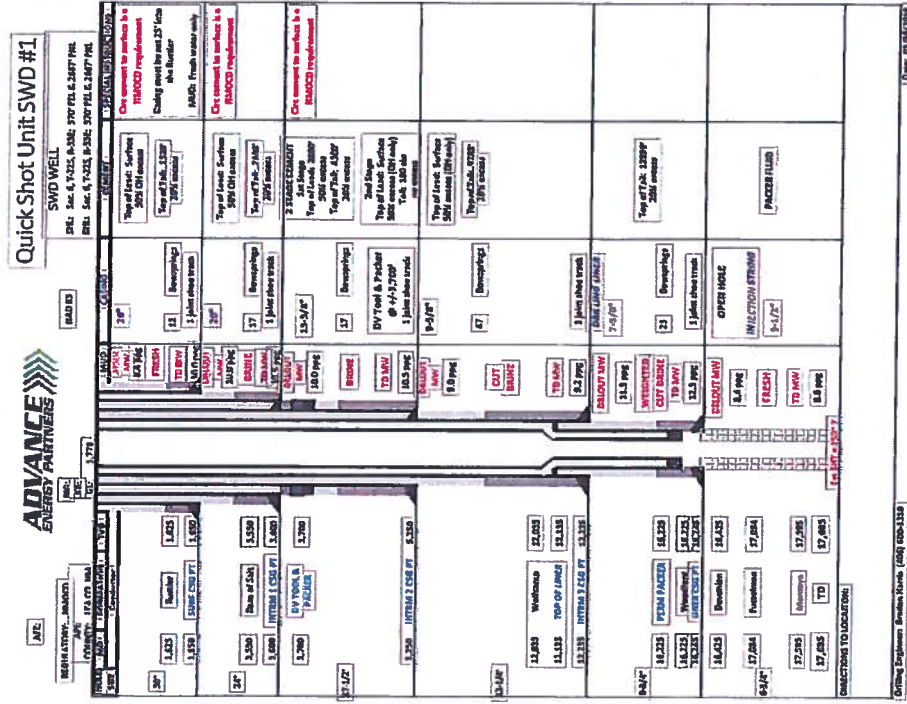
WELL NAME & NUMBER: Quick Shot Unit No. 1

WELL LOCATION: 370' FEL & 2667' FNL
FOOTAGE LOCATION

UNIT LETTER 6 SECTION 22S TOWNSHIP 33E RANGE

WELLBORE SCHEMATIC (Also Attached)

WELL CONSTRUCTION DATA



Surface Casing

Hole Size: 30" & 24"

Casing Size: 26" & 20"

Cemented with: per vendor proposal

or ft³

Top of Cement: Surface & Surface

Method Determined: Designed

Intermediate Casing

Hole Size: 17.5" & 12.25"

Casing Size: 13.625" & 9.875"

Top of Cement: Surface & Surface

Method Determined: Circulation

Production Casing

Hole Size: 8.75"

Casing Size: 7.625", 39# P-110 Csg.

Cemented with: per vendor proposal

or ft³

Top of Cement: Top of Liner

Method Determined: Circulation

Total Depth: 17500

Injection Interval

Open Hole 16502 feet To 17,500 feet
(Perforated or Open Hole; indicate which)

INJECTION WELL DATA SHEETTubing Size: **5 ½" HCP-110 x 5" HCP-110**Lining Material: **Plastic Coated**Type of Packer: **Nickel plated 10K double grip retrievable or 10K nickel plate permanent or Weatherford Arrow Set Injection Packer**Packer Setting Depth: **+/-16225'**Other Type of Tubing/Casing Seal (if applicable): **N/A****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 - Silurian**3. Name of Field or Pool (if applicable): **No**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:

T / Brushy Canyon 8,450 – 8,500
 T / 2nd Bone Sand 10,400- 10,550
 T / 3rd Bone Sand 11,600 – 11,700
 T Wolfcamp: 11,900 – 12,950
 T / Penn: 12,700 -12,900
 T / Morrow 13,700 – 14,000

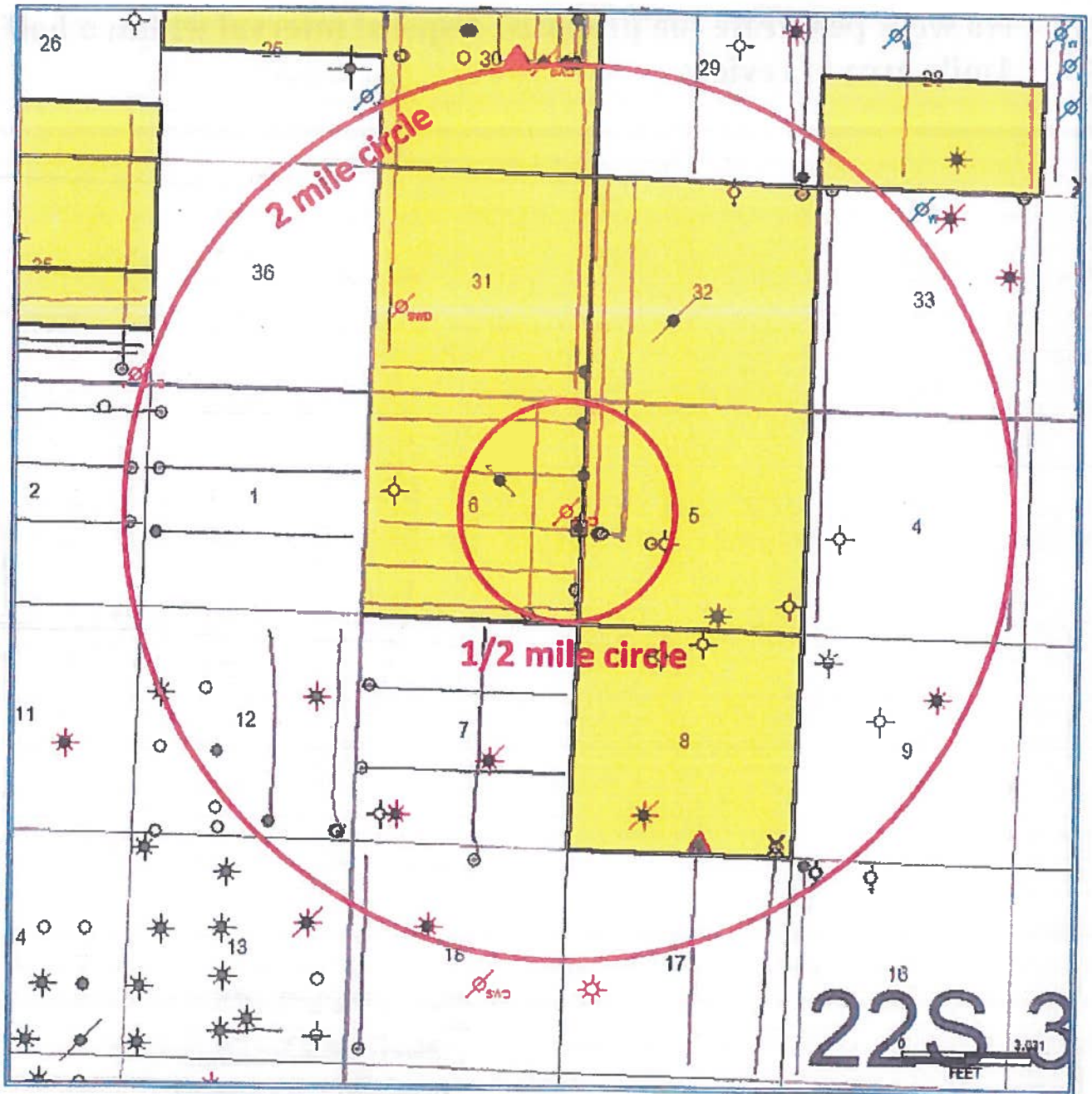
WELLBORE SCHEMATIC



Quick Shot Unit SWD #1

AFE:				ADVANCE ENERGY PARTNERS				QUICK SHOT ON SWD #1			
REGULATORY: NMOCD				RIG: NAD 83				SWD WELL			
API:				SHL: Sec. 6, T-22S, R-33E, 370' FEL & 2667' FNL				BHL: Sec. 6, T-22S, R-33E, 370' FEL & 2667' FNL			
COUNTY: LEA CO, NM				XREF: 3,778							
GL: 3,778											
FORMATION				MUD				CASING			
Conductor				SPUD MW 8.4 ppg				26"			
				FRESH				Top of Lead: Surface 50% OH excess			
30"				TD MW 10.0 ppg				12 Bowsprings			
1,625 Rustler 1,625				DRLOUT MW 10.0 ppg				1 joint shoe track			
1,650 SURF CSG PT 1,650				BRINE				Top of Tail: 1320' 20% excess			
				TD MW 10.5 ppg				20"			
24"				DRLOUT MW 10.0 ppg				Top of Lead: Surface 50% OH excess			
3,550 Base of Salt 3,550				BRINE				Top of Tail: 2880' 20% excess			
3,600 INTRM 1 CSG PT 3,600				TD MW 10.5 ppg				17 Bowsprings			
3,700 DV TOOL & PACKER 3,700				DRLOUT MW 10.0 ppg				1 joint shoe track			
				BRINE				2 STAGE CEMENT			
17-1/2"				TD MW 10.5 ppg				13-3/8"			
5,250 INTRM 2 CSG PT 5,250				DRLOUT MW 9.0 ppg				17 Bowsprings			
				CUT BRINE				DV Tool & Packer @ +/-3,700' 1 joint shoe track			
				TD MW 9.2 ppg				2nd Stage			
				DRLOUT MW 11.5 ppg				Top of Lead: Surface 50% excess (OH only)			
				WEIGHTED CUT BRINE				Top of Tail: 9788' 20% excess			
				TD MW 12.5 ppg				9-5/8"			
				DRLOUT MW 8.4 ppg				47 Bowsprings			
				FRESH				1 joint shoe track			
				TD MW 8.6 ppg				DRILLING LINER			
								7-5/8"			
								Top of Tail: 12996' 20% excess			
								23 Bowsprings			
								1 joint shoe track			
								OPEN HOLE			
								INJECTION STRING			
								5-1/2"			
								PACKER FLUID			

Part 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.

No wells penetrate the proposed disposal interval within a half or 1 mile area of review

Part VII. Operations Plan

1. Upon approval of all permits for SWD, operations would begin within 30 days. Completion of the well operations will take approximately 2 – 3 months. Facility construction including installation of the tank battery, berms, plumbing and other and associated equipment would be occurring during the same interval but at a different location from the well. In any event, it is not expected for the construction phase of the project to last more than 60 days, depending on availability of contractors and equipment. The operator has negotiated a Surface Use Agreement for the facility and well site.
2. Prior to commencing any work, an NOI sundry(ies.) will be submitted to configure the well for SWD and will detail the completion workover including all work otherwise described above, any change to the procedure noted herein and to perform mechanical integrity pressure test per OCD test procedures. (Notify NMOCD 24 hours prior) The casing/tubing annulus will be monitored for communication with injection fluid or loss of casing integrity.
3. The SWD facility will not be fenced so that trucks may access for load disposal 24/7.
4. The well and injection equipment will be a closed system and equipped with pressure limiting devices and volume meters. The annulus, loaded with an inert, anti-corrosion packer fluid, will be monitored for pressure.
5. The tanks will be equipped with telemetry devices and visual alarms to alert the operator and customers of full tanks or an overflow situation.
6. Proposed Maximum injection pressure = ~3285 psi (0.2 psi/ft. x 16,425')
7. Proposed average daily injection rate = 18,000 BWPD
Proposed maximum daily injection rate = 25,000 BWPD
8. Potential releases will be contained and cleaned up immediately. The operator shall repair or otherwise correct the situation within 48 hours before resuming operations. OCD will be notified within 24 hours of any release greater than 5 bbl. If required, remediation will start as soon as practicable. Operator shall comply with 19.15.29 NMAC and 19.15.30 NMAC, as necessary and appropriate.

- 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.

Quick Shot Unit SWD No. 1 Estimated Tops:

Formation	Depth
Rustler	1565'
Delaware	5335'
Bone Spring	8795'
Wolfcamp	12,035'
Strawn	13,425'
Mississippian Lime	15,630'
Woodford	16,225'
Devonian	16,425'
Silurian	16,869'

The injection zone is the Devonian/Silurian/Upper Ordovician, a mixture of non-hydrocarbon bearing limestones and dolomites estimated from 16,425' to 18,150'. Any underground drinking water sources will be shallower than 1565', the estimated top of the Rustler Anhydrite.

Geoscience Validation

NAME: Donald E. Glover

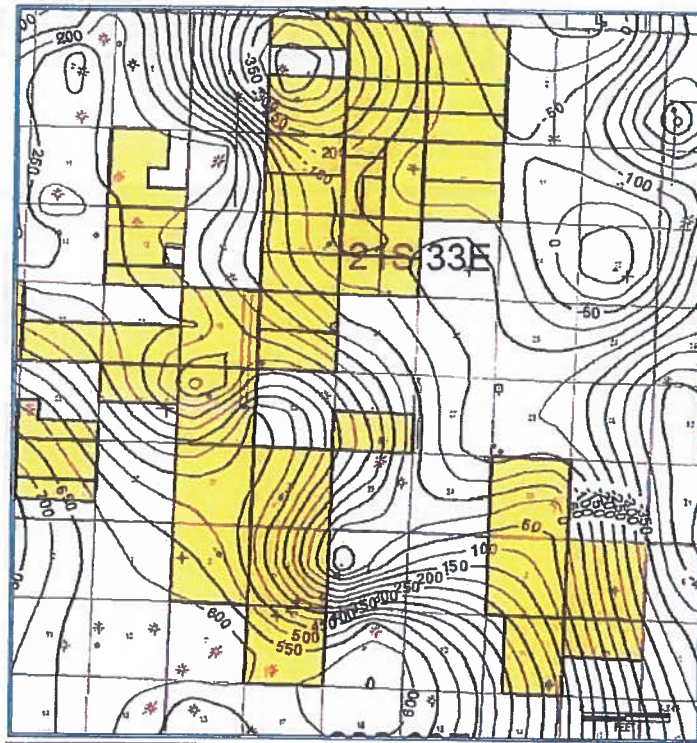
TITLE: President of MVG America LLC

SIGNATURE: 

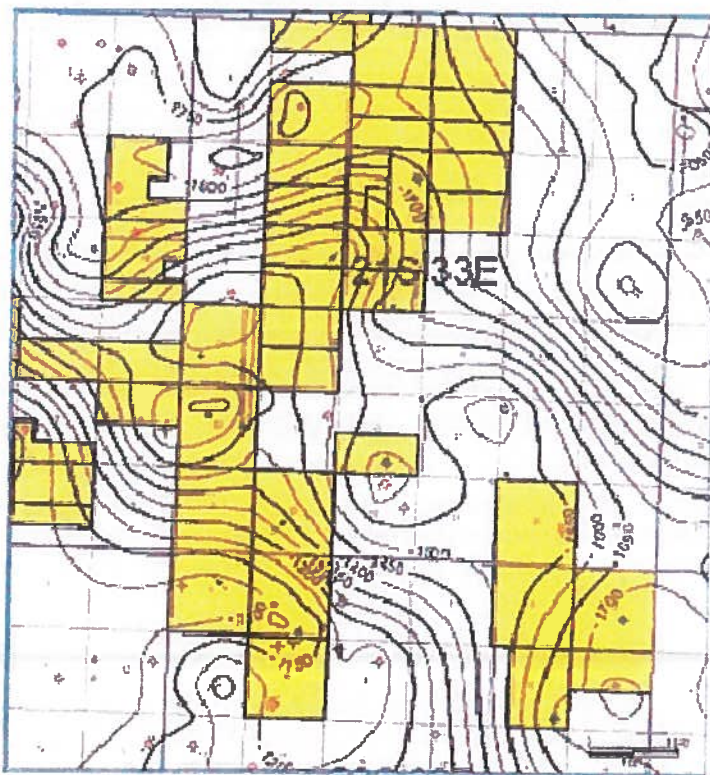
DATE: 6/25/19

Capitan Reef Basement

Top Capitan Reef SSTVD Structure Map



Base Capitan Reef SSTVD Structure Map



IX. Describe the proposed stimulation program, if any.

20 to 40 Gallons per feet of 20% HCL acid.
The estimated open hole footage is between
1000' – 1500'.

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

**No Log Available Across Proposed
Devonian/Silurian/Upper
Ordovician Injection Interval.
Well logs will be filed with the
Division.**

*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

No Fresh water wells are with the 2 miles radius. Attached is potential disposed water samples:

SOURCE ZONE

WOLFCAMP

Lab ID

SOURCE ZONE

BONE SPRING

Lab ID

API No 3002502429

Sample ID

4916

Well Name LEA UNIT

005

Sample No

Location ULSTR 12 20 S 34 E
1980 S 1980 E

Lat / Long 32.58504

-103.51106

County Lea

Operator (when sampled)

Field LEA

Unit J

Sample Date

Analysis Date

Sample Source DST

Depth (if known)

Water Typ

ph

alkalinity_as_caco3_mgL

ph_temp_F

hardness_as_caco3_mgL

specificgravity

hardness_mgL

specificgravity_temp_F

resistivity_ohm_cm

tds_mgL

202606

resistivity_ohm_cm_temp_

tds_mgL_180C

conductivity

chloride_mgL

118100

conductivity_temp_F

sodium_mgL

carbonate_mgL

calcium_mgL

bicarbonate_mgL

5196

iron_mgL

sulfate_mgL

992

barium_mgL

hydroxide_mgL

magnesium_mgL

h2s_mgL

potassium_mgL

co2_mgL

strontium_mgL

o2_mgL

manganese_mgL

anionremarks

Remarks

SOURCE ZONE

DELAWARE

API No	3002508367			Lab ID	
Well Name	BELL LAKE UNIT			Sample ID	4347
			007	Sample No	
Location	ULSTR	01	24	S 33 E	Lat / Long 32.25143 -103.51924
		660	N	660 E	County Lea
Operator (when sampled)					
	Field	SWD			Unit 1
Sample Date				Analysis Date	
	Sample Source	UNKNOWN			Depth (if known)
	Water Typ				
ph				alkalinity_as_caco3_mgL	
ph_temp_F				hardness_as_caco3_mgL	
specificgravity				hardness_mgL	
specificgravity_temp_F				resistivity_ohm_cm	
tds_mgL		87686		resistivity_ohm_cm_temp_	
tds_mgL_180C				conductivity	
chloride_mgL		53920		conductivity_temp_F	
sodium_mgL				carbonate_mgL	
calcium_mgL				bicarbonate_mgL	391
iron_mgL				sulfate_mgL	749
barium_mgL				hydroxide_mgL	
magnesium_mgL				h2s_mgL	
potassium_mgL				co2_mgL	
strontium_mgL				o2_mgL	
manganese_mgL				anionremarks	
Remarks					

DISPOSAL ZONE

DEVONIAN

API No.	3002508483	Lab ID	
Well Name	BELL LAKE UNIT	Sample ID	5733
	006	Sample No	
Location	ULSTR 06 23 S 34 E	Lat / Long	32.32821 -103.60663
	660 S 1980 E	County	Lea
Operator (when sampled)			
	Field BELL LAKE NORTH	Unit	O
Sample Date		Analysis Date	
	Sample Source HEATER/TREATER	Depth (if known)	
	Water Type		
ph	7	alkalinity_as_caco3_mgL	
ph_temp_F		hardness_as_caco3_mgL	
specificgravity		hardness_mgL	
specificgravity_temp_F		resistivity_ohm_cm	
tds_mgL	71078	resistivity_ohm_cm_temp_	
tds_mgL_180C		conductivity	
chloride_mgL	42200	conductivity_temp_F	
sodium_mgL		carbonate_mgL	
calcium_mgL		bicarbonate_mgL	500
iron_mgL		sulfate_mgL	1000
barium_mgL		hydroxide_mgL	
magnesium_mgL		h2s_mgL	
potassium_mgL		co2_mgL	
strontium_mgL		o2_mgL	
manganese_mgL		anionremarks	
Remarks			

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.

Advance Energy Partners Hat Mesa LLC has examined available geologic and engineering data and find no obvious 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.

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).

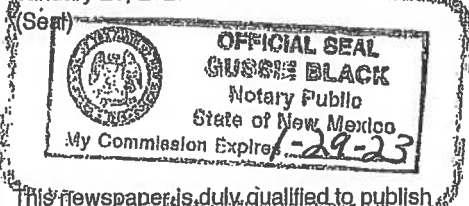
Beginning with the issue dated
June 09, 2019
and ending with the issue dated
June 09, 2019.


Publisher

Sworn and subscribed to before me this
9th day of June 2019.


Business Manager

My commission expires
January 29, 2023



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

LEGALS

LEGAL NOTICE
JUNE 9, 2019

Notice for Quick Shot SWD


Advance Energy Partners
Hat Mesa LLC, 11490
Westheimer RD, STE 950
Houston, TX, 77077, is filing
Form C-108 (Application for
Authority to Inject) with the
New Mexico Oil
Conservation Division
seeking administrative
approval for a salt water
disposal well. The proposed
well, the Quick Shot SWD
No. 1 will be located 370'
FEL & 2667' FNL, Section 6,
Township 22 South, Range
33 East, Lea County, New
Mexico. Produced water
from the area production will
be commercially disposed
into the Devonian, Silurian,
and Upper Ordovician
formation at a depth of +/-
16,000' to 17,500' at a
maximum surface pressure
of 3285 psi and rate limited
only by pressure.


Interested parties wishing to
object to the proposed
application must file with the
New Mexico Oil
Conservation Division 1220
St. Francis Dr. Santa Fe, NM
87505, (505) 476-3460
within 15 days of the date of
this notice. Additional
information may be obtained
from Advance Energy
Partners Vice President of
Engineering 832-872-4700
#34269


67115359

00229400

PAUL BURDICK
ADVANCE ENERGY PARTNERS
11490 WESTHEIMER RD, STE 950
HOUSTON, TX 77077

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Bureau of Land Management Carlsbad Field Office 620 East Greene Street Carlsbad, NM 88220</p> <p>Quick Shot SWD</p>  <p>9590 9402 4165 8092 9752 08</p>		<p>A. Signature X <i>Chell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Chell</i> C. Date of Delivery <i>6/10/19</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>2. Article Number (Transfer from service label) 7019 0160 0000 0273 5175</p>		<p>3. Service Type <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"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Occidental Permlan Ltd. 5 Greenway Plaza Houston, Texas 77046</p> <p>Quick Shot SWD</p>  <p>9590 9402 4165 8092 9752 22</p>		<p>A. Signature X <i>Superior</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Superior</i> C. Date of Delivery <i>6/10/19</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>2. Article Number (Transfer from service label) 7019 0160 0000 0273 5182</p>		<p>3. Service Type <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"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>State of New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe., New Mexico 87504</p> <p>Quick Shot SWD</p>  <p>9590 9402 4165 8092 9752 15</p>		<p>A. Signature X <i>State</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7019 0160 0000 0273 5168</p>		<p>3. Service Type <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"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt			

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form. 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.

