

**APPLICATION OF VISTA DISPOSAL SOLUTIONS LLC,
FOR A SALT WATER DISPOSAL WELL,
IN LEA COUNTY, NEW MEXICO.**

AFFIDAVIT

STATE OF NEW MEXICO }
COUNTY OF SANTA FE }ss

Ernest L. Padilla, attorney for Vista Disposal Solutions, LLC, the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.


ERNEST L. PADILLA

SWORN TO AND SUBSCRIBED to before me this 2nd day of October,
2019, by Ernest L. Padilla.

John B. Gallagher
Notary Public

My Commission Expires:

4-9-2021



OCD Case 20801
October 3, 2019
Vista Disposal Solutions
Exhibit 6

Charles Federal SWD #1 - Notice of Application Recipients				
Entity	Address	City	State	Zip Code
Landowner & Mineral Owner				
New Mexico RLM	620 E. Greene St.	Carlsbad	NM	88220
OCD District				
NMCCD District 1	1625 N. French Drive	Hobbs	NM	88240
Leasehold Operators				
BTA Oil Producers, LLC (BTA OIL PRODUCERS)	104 S. Pecos St.	Midland	TX	79701
COG Operating, LLC (COG OPERATING LLC)	600 W. Illinois Ave.	Midland	TX	79701
COG Production, LLC (COG PRODUCTION LLC)	600 W. Illinois Ave.	Midland	TX	79701
Commission of Public Lands - State Land Office	310 Old Santa Fe Trail	Santa Fe	NM	87501
Devon Energy Operating Corporation (DEVON ENERGY OPER CO LP)	6488 Seven Rivers Hwy	Artesia	NM	88210
EOG A Resources, Inc. (EOG A RESOURCES INC)	P.O. Box 900	Artesia	NM	88211
EOG M Resources, Inc. (EOG M RESOURCES INC)	P.O. Box 840	Artesia	NM	88211
EOG Resources, Inc. (EOG RESOURCES INC)	4000 N. Big Spring St. Suite 500	Midland	TX	79705
EOG Y Resources, Inc. (EOG Y RESOURCES, INC.)	104 S. Fourth Street	Artesia	NM	88210
Kaiser-Francis Oil Company (KAISER FRANCIS OIL)	6733 S. Yale Ave.	Tulsa	OK	74136
OXY USA Inc. (OXY USA INC)	P.O. Box 27757	Houston	TX	77227-7757
OXY 1 Company	P.O. Box 27570	Houston	TX	77227
Notes: The table above shows the Entities who were identified as parties of interest requiring notification on either the 1-mile well detail list (Attachment 1) or on the 2-mile Mineral Lease Map (Attachment 2). The names listed above in parenthesis, are the abbreviated entity names used on either the 1-mile well detail list (Attachment 1) or on the 2-mile Mineral Lease Map (Attachment 2).				

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☐ Adult Signature Restricted Delivery	\$

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PS Form 3800, A

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New Mexico BLM
620 E. Greene Street
Carlsbad, NM 88220

7018 1130 0000 6249 8321

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:

New Mexico BLM
620 E. Greene Street
Carlsbad, NM 88220



9590 9402 4582 8278 5845 17

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8321

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *GA Williams*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

GA Williams

C. Date of Delivery

09/12/19

- 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
(over \$500)

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery

- ☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and	
\$	

Postmark
Here

Sent To **NMOCD District 1**
 Street and Apt. No. **1625 N. French Drive**
 City, State, ZIP+4® **Hobbs, NM 88240**

PS Form 3800, A

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:

NMOCD District 1
 1625 N. French Drive
 Hobbs, NM 88240



9590 9402 4582 8278 5845 00

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8338

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		☐ Agent ☐ Addressee
B. Received by (Printed Name) Flattman	C. Date of Delivery 9-12-19	
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		

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

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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 \$

Postmark
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Postage

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Total Postage and

\$

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Street and Apt. No.

City, State, ZIP+4

PS Form 3800, 7-15

BTA Oil Producers, LLC
 104 S. Pecos Street
 Midland, TX 79701

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:

BTA Oil Producers, LLC
 104 S. Pecos Street
 Midland, TX 79701



9590 9402 4582 8278 5844 87

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8345

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Taylor M. Smith

C. Date of Delivery

9/12/11

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
☐ Registered Mail Restricted Delivery (over \$500)

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

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

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

Postage

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Total Postage on

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Street and Apt. No.

City, State, ZIP+4

PS Form 3800, 1-11

Postmark
Here

COG Operating, LLC
 COG Production, LLC
 600 W. Illinois Ave
 Midland, TX 79701

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:

COG Operating, LLC
 COG Production, LLC
 600 W. Illinois Ave
 Midland, TX 79701



9590 9402 4582 8278 5844 94

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8352

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *GAMIN VAILER*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

GAMIN VAILER

C. Date of Delivery

9/13/19

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

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☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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Street and Apt. No.

City, State, Zip+4

PS Form 3800, 7-15

7018 1130 0000 6249 8369

Postmark Here

Commission of Public Lands
 NM State Land Office
 310 Old Santa Fe Trail
 Santa Fe, NM 87501

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. 1. Article Addressed to: Commission of Public Lands NM State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501 9590 9402 4582 8278 5844 70 2. Article Number (Transfer from service label) 7018 1130 0000 6249 8369		A. Signature ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail (insured Mail Restricted Delivery over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

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

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

Postmark
Here

Postage
\$
Total Postage and
\$

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

Devon Energy Operating Corp.
6488 Seven Rivers Highway
Artesia, NM 88210

PS Form 3800, April 2010 Edition

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:

Devon Energy Operating Corp.
6488 Seven Rivers Highway
Artesia, NM 88210



9590 9402 4582 8278 5844 63

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8376

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery 9-18-19	
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)	

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

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- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postmark
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Postage

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Total Postage and

\$

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Street and Apt. No.

City, State, ZIP+4

EOG Y Resources, Inc.
 104 S. Fourth Street
 Artesia, NM 88210

PS Form 3800, April 2012 Edition (5000-00-000-9053)

7018 1130 0000 6249 8413

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EOG Y Resources, Inc.
 104 S. Fourth Street
 Artesia, NM 88210



9590 9402 4038 8079 4182 44

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8413

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Nancy Horanco

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

NANCY H. FRANCO

C. Date of Delivery

SEP 12 2019

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

7018 1130 0000 6249 8420

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☐ 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.
 City, State, ZIP+4

Postmark Here

Kaiser-Francis Oil Co.
 6733 S. Yale Avenue
 Tulsa, OK 74136

PS Form 3800, 7-2015

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. 1. Article Addressed to: Kaiser-Francis Oil Co. 6733 S. Yale Avenue Tulsa, OK 74136 2. Article Number (Transfer from service label) 7018 1130 0000 6249 8420		A. Signature ☒ [Signature] ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery [Signature] 8/13/17 D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
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 ☐ Signature Confirmation Restricted Delivery (over \$500)			

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

Domestic Return Receipt

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

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

Postage

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Total Postage and

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Street and Apt. No.

City, State, ZIP+4[®]

PS Form 3800, A

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OXY 1 Company
PO Box 27570
Houston, TX 77227

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

1. Article Addressed to:

OXY 1 Company
PO Box 27570
Houston, TX 77227



9590 9402 4038 8079 4181 14

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8437

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

9-15-19

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

JAMES BEARD

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
☐ Registered Mail Restricted Delivery over \$500

- ☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

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

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

Postmark
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Postage

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Total Postage and Fees

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City, State, ZIP+4®

PS Form 3800, April 2012

OXY USA Inc.
 PO Box 27757
 Houston, TX 77227-7757

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

1. Article Addressed to:

OXY USA Inc.
 PO Box 27757
 Houston, TX 77227-7757



9590 9402 4038 8079 4181 21

2. Article Number (Transfer from service label)

7018 1130 0000 6249 8444

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Address

B. Received by (Printed Name)

C. Date of Delivery

9/13/19

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

JAMES E BEARD
 JAMES BEARD

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

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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	
\$	

Postmark
Here

M
 EOG Resources, Inc.
 PO Box 840
 Artesia, NM 88211

PS Form 3800, 4A

CERTIFIED MAIL®
 ALBUQUERQUE



7018 1130 0000 6249 8390

PADILLA LAW FIRM, P.A.
 ERNEST L. PADILLA
 P.O. BOX 2523
 SANTA FE, NEW MEXICO 87504



M
 EOG Resources, Inc.
 PO Box 840
 Artesia, NM 88211

88211-0840

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

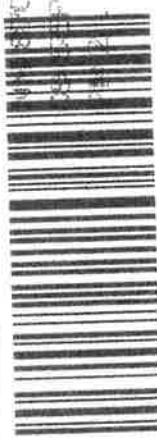
For delivery information, visit our website at www.usps.com®.

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.		
City, State, ZIP+4		
PS Form 3800, 7-10		

Postmark
Here

EOG Resources, Inc.
PO Box 900
Artesia, NM 88211

CERTIFIED MAIL®
ALBUQUERQUE



7018 1130 0000 6249 8383

PADILLA LAW FIRM, P.A.
ERNEST L. PADILLA
P.O. BOX 2523
SANTA FE, NEW MEXICO 87504



EOG Resources, Inc.
PO Box 900
Artesia, NM 88211

6249 8383

U.S. Postal Service™
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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		

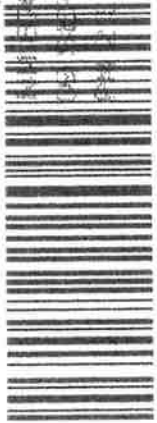
Postmark
Here

EOG Resources, Inc.
 4000 N. Big Spring St. Suite 500
 Midland, TX 79705

Sent To _____
 Street and Apt. No. _____
 City, State, ZIP+4® _____

PS Form 3800, A

CERTIFIED MAIL®
 ALBUQUERQUE



7018 1130 0000 6249 8406

PADILLA LAW FIRM, P.A.
 ERNEST L. PADILLA
 P.O. BOX 2523
 SANTA FE, NEW MEXICO 87504



Return to sender

EOG Resources, Inc.
 4000 N. Big Spring St. Suite 500
 Midland, TX 79705

79705-463025