

CASE NO. 21056

**APPLICATION OF SAN MATEO STEBBINS WATER MANAGEMENT, LLC
FOR APPROVAL OF A SALT WATER DISPOSAL WELL,
EDDY COUNTY, NEW MEXICO**

EXHIBITS

1. Landman's Affidavit
2. Geologist's Affidavit
3. Engineer's Affidavit
4. Affidavit of Notice
5. Affidavit of Publication
6. Application and Proposed Ad
7. Revised Wellbore Diagram

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

**IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:**

**APPLICATION OF SAN MATEO STEBBINS WATER
MANAGEMENT, LLC FOR APPROVAL OF A SALT
WATER DISPOSAL WELL, EDDY COUNTY, NEW MEXICO.**

Case No. 21056

SELF-AFFIRMED STATEMENT OF MARSHALL BROOKS VERSCHOYLE

Marshall Brooks Verschoyle, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18 and I have personal knowledge of the matters set forth herein.
2. I work for MRC Energy Company, an affiliate of Matador Production Company (“Matador”), as the surface land manager for MRC Energy Company. San Mateo Stebbins Water Management, LLC (“San Mateo”) is the applicant in this case and is an affiliated company. I have been qualified by the Division as an expert in petroleum land matters.
3. Attachment A to Exhibit 1 is the Form C-108 prepared for this application. I am familiar with the application, and agree with its contents.
4. San Mateo proposes to drill the Jim Pat SWD No. 4, to be located 3745 feet from the south line and 1716 feet from the west line (Lot 14) of irregular Section 4, Township 21 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.
5. Applicant proposes to dispose of produced water into the Siluro-Devonian formation in the well at depths of approximately 13094 - 14074 feet subsurface. The maximum

injection rate will be 45000 BWPD and the maximum injection pressure will be 2618 psi. This is a commercial disposal well.

6. An administrative application for approval of this well was filed with the Division in the summer of 2019. Due to an objection by XTO Delaware Basin LLC ("XTO"), this application for hearing was filed. San Mateo moved the well's original location to alleviate XTO's concerns.

7. The well is located on fee land, and San Mateo has reached a surface use agreement with the fee owner.

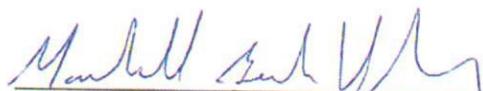
8. The source of injection water is expected to be largely Bone Spring and Wolfcamp produced water. Water analyses are included in Attachment A. No compatibility problem with formation water is anticipated.

9. A search of the records of the Office of the State Engineer reflects that the fresh water in the area of the proposed well is 40-80 feet below the surface.

10. A search of Land records was made to determine the interest owners entitled to receive notice under Division rules and policies, and these owners are identified in the Form C-108. Notice by certified mail and publication has been given to all interested parties.

11. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 10 above is true and correct, and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 2/19/2020



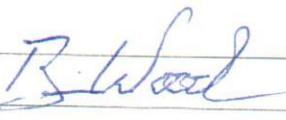
Marshall Brooks Verschoyle

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance XXX Disposal Storage
Application qualifies for administrative approval? Yes No
- II. OPERATOR: SAN MATEO STEBBINS WATER MANAGEMENT, LLC
ADDRESS: 5400 LBJ FREEWAY, SUITE 1500, DALLAS TX 75240
CONTACT PARTY: BRIAN WOOD (PERMITS WEST, INC.) PHONE: 505 466-8120
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes XXX No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
Jim Pat SWD 4
Devonian (96101)
- 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: BRIAN WOOD

TITLE: CONSULTANT

SIGNATURE: 

DATE: JAN. 13, 2020

E-MAIL ADDRESS: brian@permitswest.com

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, attach a copy of the earlier application. 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

ATTACHMENT 

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

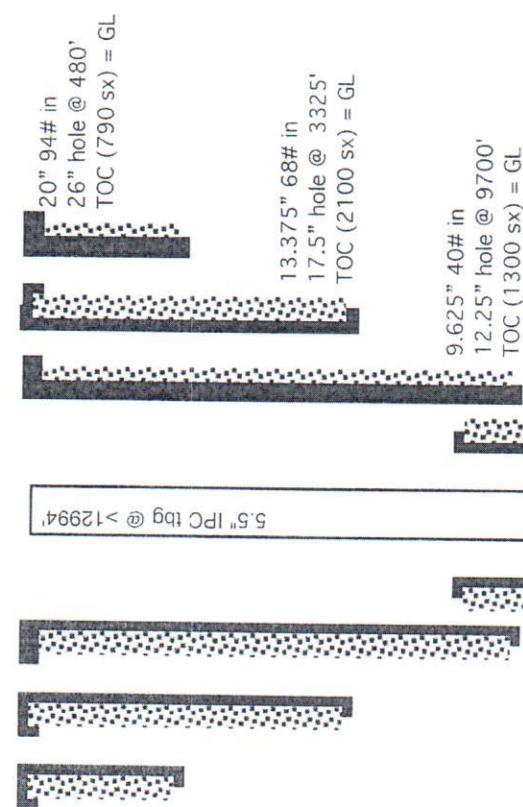
OPERATOR: SAN MATEO STEBBINS WATER MANAGEMENT, LLC

WELL NAME & NUMBER: JIM PAT SWD 4

WELL LOCATION: 3745' FSL & 1716' FWL

FOOTAGE LOCATION
UNIT LETTER
SECTION
TOWNSHIP
RANGELOT 14
4
21 S
28 E
RANGEWELLBORE SCHEMATIC

(not to scale)

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 26" Casing Size: 20"
Cemented with: 790 SX. or ft³

Top of Cement: SURFACE Method Determined: VISUAL

Intermediate Casing

Hole Size: 17.5" & 12.25" Casing Size: 13.375" & 9.625"

Cemented with: 2100 & 1300 SX. or ft³

Top of Cement: SURFACE FOR BOTH Method Determined: VISUAL & CBL

Production Casing

Hole Size: 8.75" Casing Size: 7.625" @ 13,094'
Cemented with: 182 SX. or ft³

Top of Cement: 9,200' Method Determined: CBL
Total Depth: 14,074'

Injection Interval 6.5" OPEN HOLE

13,094 feet to 14,074'

(Perforated or Open Hole; indicate which)

INJECTION WELL DATA SHEET

Tubing Size: 5 . 5" Lining Material: IPC

Type of Packer: STAINLESS STEEL &/OR NICKEL

Packer Setting Depth: 13 , 094' - 14 , 074'

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

Additional Data

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

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

2. Name of the Injection Formation: DEVONIAN

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

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. _____
NO

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: _____

OVER: DELAWARE (3 , 224'), BONE SPRING (5 , 962'), WOLFCAMP (9 , 389'),
STRAWN (10 , 575'), ATOKA (10 , 961'), & MORROW (11 , 344')

UNDER: none

SAN MATEO STEBBINS WATER MANAGEMENT, LLC
JIM PAT SWD 4
3745' FSL & 1716' FWL
SEC. 4, T. 21 S., R. 28 E., EDDY COUNTY, NM

PAGE 1

"Amended"

I. Goal is to drill a 14,074' deep commercial saltwater disposal well on fee land. Disposal interval will be 13,094' – 14,074' in the SWD; Devonian (96101). See Exhibit A for C-102 and map. This "Amended" application reflects a shift in the well from its July 2019 location at 2770' FSL & 1937' FEL. Well has now moved 1896' northwest to 3745' FSL & 1716' FWL.

II. Operator: San Mateo Stebbins Water Management, LLC [OGRID 328762]
Operator phone number: (972) 371-5420
Operator address: 5400 LBJ Freeway, Suite 1500, Dallas TX 75240
Contact for Application: Brian Wood (Permits West, Inc.)
Phone: (505) 466-8120

III. A. (1) Lease (fee): Fenton patent (1922) Lease Size: 160 acres
Lease Area: Lots 14-16 & NESE Sec. 4, T. 21 S., R 28 E.
Well name and number: Jim Pat SWD 4
Location: 3745' FSL & 1716' FWL Section 4, T. 21 S., R. 28 E.

A. (2) Surface casing (20", 94#, J-55, BTC) will be set at 480' in a 26" hole and cemented to GL with 790 sacks (based on 50% OH excess).

First intermediate casing (13.375", 68#, J-55, BTC) will be set at 3,325' in a 17.5" hole and cemented to GL with 2,100 sacks (based on 50% OH excess). (A DV/packer tool may be set at ≈1,400' with 2-stage cement job.)

Second intermediate casing (9.625", 40#, P-110 HC, BTC) will be set at 9,700' in a 12.25" hole and cemented to GL with 1,300 sacks (based on 40% OH excess).

Production liner (7.625", 33.7#, P-110 HC, USS Liberty FJM) will be set from 9,200' to 13,094' in an 8.75" hole and cemented to 9,200' (CBL) with 182 sacks.

"Amended"

A 6.5" open hole will be drilled from 13,094' to 14,074'.

- A. (3) Tubing will be IPC lined, 5.5", 20#, P-110 IC, BTC. Setting depth will be \geq 12,994'. (Disposal interval will be 13,094' to 14,074').
- A. (4) A stainless steel and/or nickel packer will be set at \geq 12,994' (top of the open hole which will be at 13,094').
- B. (1) Disposal zone will be the Devonian (SWD; Devonian (96101) pool). Estimated fracture gradient is from \approx 0.62 to \approx 0.68 psi per foot. Variation depends on whether limestone or dolomite.
- B. (2) Disposal interval will be open hole from 13,094' to 14,074'.
- B. (3) Well has not been drilled. It will be drilled as a saltwater disposal well.
- B. (4) No perforated intervals are in the well.
- B. (5) One well has been drilled in the 1-mile area of review (Exhibit B). It is 12,120' deep. It produced from the Strawn (10,575'). A second well 66' beyond the area of review produced from the Atoka (10,961') and Morrow (11,344'). No oil or gas zone is below the Devonian in the area of review.

IV. This is not an expansion of an existing injection project. It is disposal only.

V. Exhibit B shows and tabulates the 2 wells and within a 5366' radius. Deepest TVD is 12,120'. Closest approved SWD; Devonian well (30-015-45535) is 1.86 miles southeast in E-2-21s-28e. That well is operated by San Mateo Stebbins Water Management. Closest Devonian oil or gas well is $>$ 6 miles away. Exhibit C shows the 41 existing or approved wells (19 oil or gas, 17 P&A, 3 SWD (2 Delaware & 1 Devonian), and 2 water) within a 2-mile radius.

"Amended"

All leases within a one-mile radius are BLM or fee. Exhibit D shows and tabulates all the leases within a mile. Exhibit E shows all lessors within a two-mile radius. Two-mile radius leases are BLM, fee, or NMSLO.

VI. No Devonian penetrator is within a mile. Deepest well within a mile is 12,120'. That well bottomed in the Chester.

- VII.
1. Average injection rate will be \approx 40,000 bwpd.
Maximum injection rate will be 45,000 bwpd.
 2. System will be open and closed. Water will both be trucked and piped.
 3. Average injection pressure will be \approx 2,500 psi
Maximum injection pressure will be 2,618 psi ($= 0.2 \text{ psi/foot} \times 13,094'$ (top of open hole)).
 4. Disposal water will be produced water, mainly from Bone Spring, Delaware, and Wolfcamp wells. There are 98 approved Bone Spring wells, 22 approved Delaware wells, and 11 approved Wolfcamp wells in T. 20 S., R. 29 E. and T. 21 S., R. 28 E. The well will also take other Permian Basin waters. A summary of produced water analyses from T. 20 S., R. 29 E. and T. 21 S., R. 28 E. is in Exhibit F. Compatibility problems are not expected. At least 2,717,486 barrels of water have been disposed in a Devonian SWD (30-015-20866) that is 2.87 miles southeast.
 5. No Devonian production is within >6 miles.

VIII. The Devonian (\approx 1,000' thick) is comprised of limestone and dolomite. Closest possible underground source of drinking water above the proposed disposal interval is the Quaternary at the surface.

According to State Engineer Office (SEO) records (Exhibit G), two water wells are within 2 miles. One was drilled in 1890 and the other in 1905. Neither were found during a June 6-7, 2019 field inspection. C 03266, if SEO data is accurate, appears to have been obliterated by pipeline and US 62/180 construction. C 03267 is in Fenton Draw, but no evidence of it was found. Three

"Amended"

windmills were found. One was turning, but not producing water. The other two windmills were toppled. No underground source of drinking water is below the proposed disposal interval.

Formation tops are:

Quaternary = 0'
Rustler anhydrite = 454'
Salado = 704'
Base salt = 1022'
Yates = 1124'
Seven Rivers = 1299'
Capitan = 1394'
Cherry Canyon = 3224'
Brushy Canyon = 4669'
Bone Spring = 5962'
Wolfcamp = 9389'
Pennsylvania shale = 10006'
Canyon = 10497'
Strawn = 10575'
Atoka = 10961'
Morrow = 11344'
Barnett = 12244'
Mississippian limestone = 12444'
Woodford shale = 12944'
Devonian carbonate = 13084'
disposal interval = 13094' - 14074'
TD = 14074'
(Montoya = 14084')

Two \geq 115 year old water wells are within a 2-mile radius according to State Engineer records (Exhibit G). Neither were found during a June 6-7, 2019 inspection. There will be $>$ 2.4 miles of vertical separation and shale, salt, and anhydrite intervals between the bottom of the only likely underground water source (Quaternary) and the top of the Devonian.

SAN MATEO STEBBINS WATER MANAGEMENT, LLC
JIM PAT SWD 4
3745' FSL & 1716' FWL
SEC. 4, T. 21 S., R. 28 E., EDDY COUNTY, NM

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"Amended"

IX. The well will be stimulated with acid.

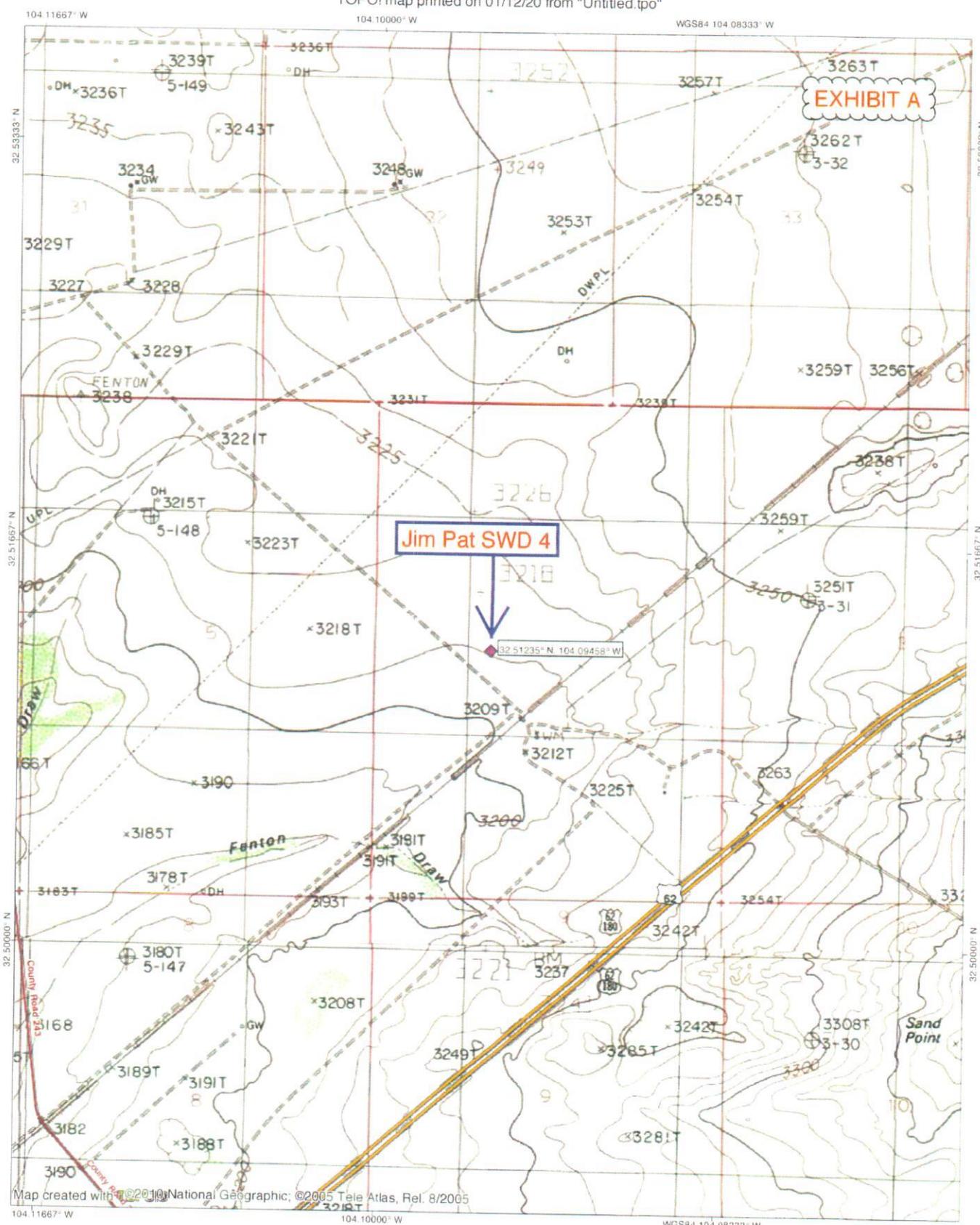
X. Gamma MWD and CBL logs will be run. Triple/quad combo log may be run.

XI. No water wells were found within 2 miles during a June 6-7, 2019 field inspection.

XII. San Mateo Stebbins Management, LLC (Exhibit H) is not aware of any geologic or engineering data that may indicate the Devonian is in hydrologic connection with any underground sources of water. There are 157 active Devonian SWD wells and 9 active Devonian water injection wells in New Mexico. There are no faults within the immediate area.

XIII. A legal ad will be published. Notice (this application) will be sent to the surface owner (Harley & Jan Ballard) and all operators, lessees, and unleased mineral interest owners within a mile who are required to receive notice.

TOPO! map printed on 01/12/20 from "Untitled.tpo"



NATIONAL
GEOGRAPHIC

0.0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 miles
0.0 0.5 1.0 km

TN MN
7
01/12/20

District I
1625 N French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax (575) 393-0720

District II
811 S First St., Artesia, NM 88210
Phone (575) 748-1283 Fax (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone (505) 334-6178 Fax (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3460 Fax (505) 476-3462

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

EXHIBIT A

FORM C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-		² Pool Code 96101		³ Pool Name SWD; Devonian					
⁴ Property Code		⁵ Property Name JIM PAT SWD				⁶ Well Number 4			
⁷ OGRID No. 328762		⁸ Operator Name SAN MATEO STEBBINS WATER MANAGEMENT, LLC				⁹ Elevation 3215'			
¹⁰ Surface Location									
UL or lot no. 14	Section 4	Township 21-S	Range 28-E	Lot Idn -	Feet from the 3745'	North/South line SOUTH	Feet from the 1716'	East/West line WEST	County EDDY
UL or lot no. -	Section -	Township -	Range -	Lot Idn -	Feet from the -	North/South line -	Feet from the -	East/West line -	County -
¹² Dedicated Acres	¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.				

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

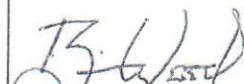
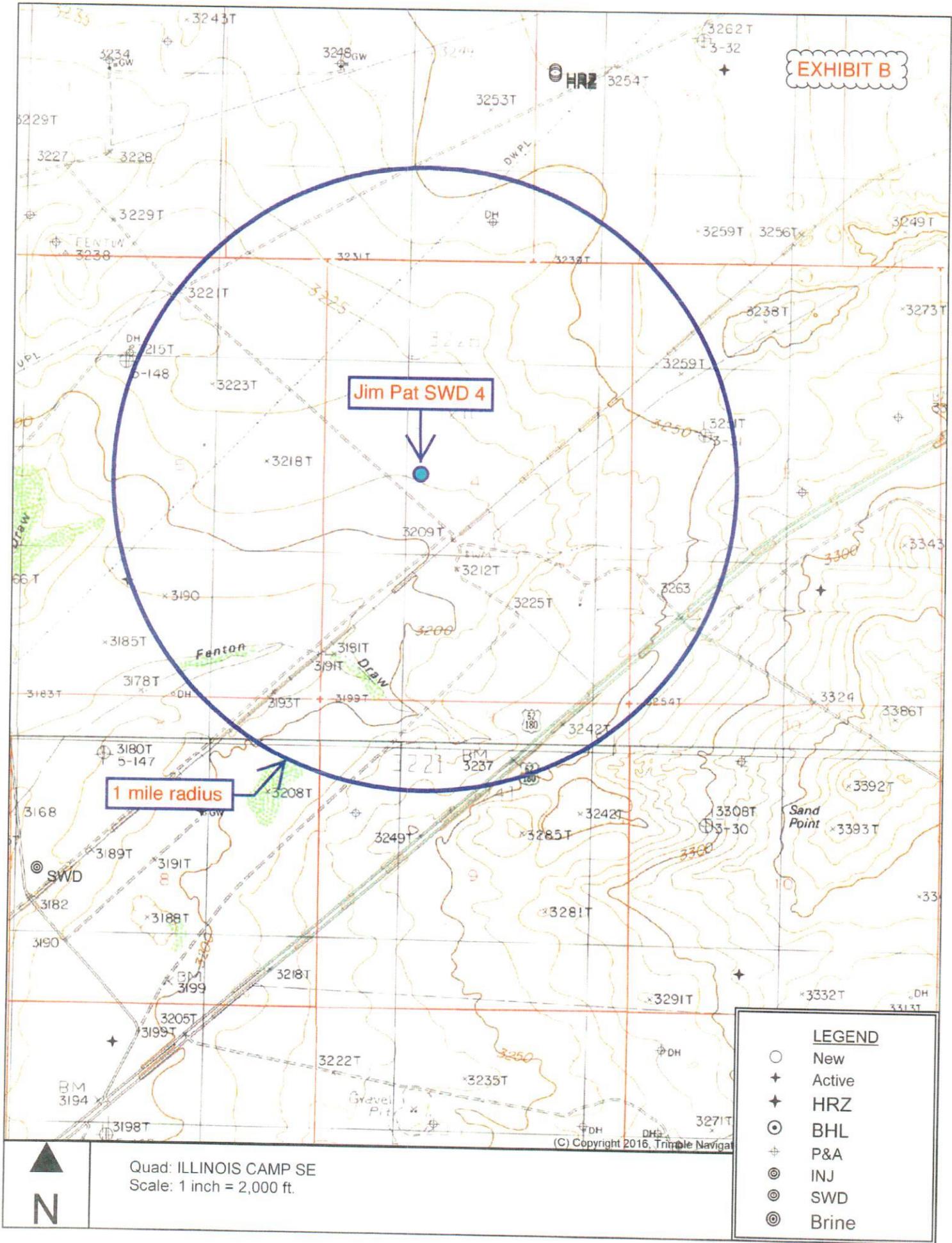
<p style="text-align: center;"> SURFACE LOCATION NEW MEXICO EAST NAD 1983 X=614931 Y=550207 LAT.: N 32.5123525 LONG.: W 104.0945877 NAD 1927 X=573751 Y=550146 LAT.: N 32.5122335 LONG.: W 104.0940847 </p>									
<p>17 OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or option of mineral interest in the land including the proposed bottom hole location or has a right to drill the well at this location pursuant to a contract with an owner of such a mineral or working interest or to a voluntary pooling agreement or a compulsory pooling order hereinafter entered by the division.</i></p>									
 1-12-20									
<p>Brian Wood Printed Name brian@permitswest.com</p>									
<p>E-mail Address 505 466-8120</p>									
<p>18 SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual survey marks by me at under my supervision and that the same is true to the best of my belief.</i></p>									
<p style="text-align: center;">09/06/2019</p>									
<p>Date of Survey Signature and Seal of Professional Surveyor</p>									
									
<p>Certificate Number 25116</p>									

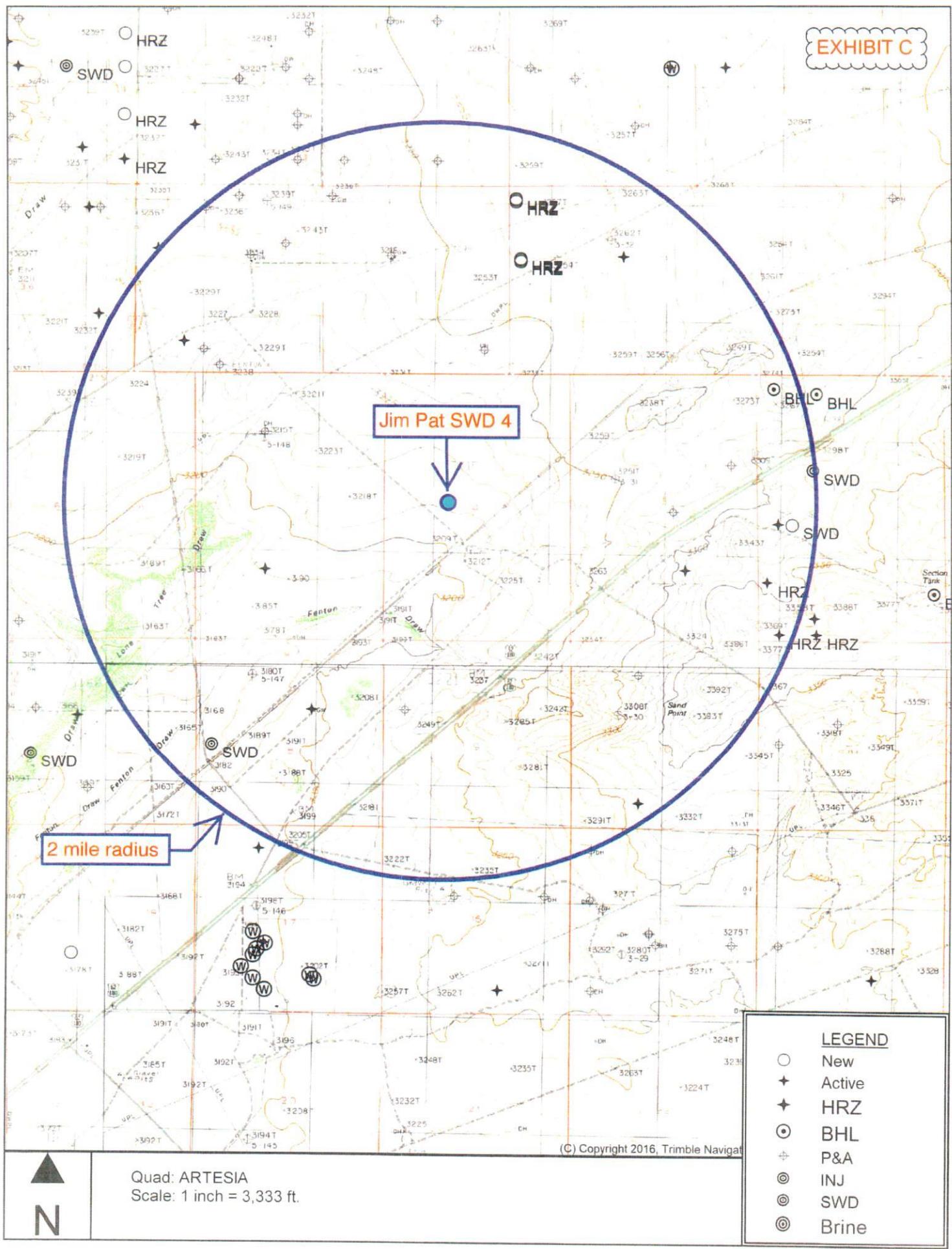
EXHIBIT B



REPORTED BY DISTANCE FROM JIM PAT SW 1

API	OPERATOR	WELL	TYPE WELL	UNIT- SECTION	TVD	ZONE @ TD	FEET FROM JIM PAT SWD 4
30-015-20008	Huber	Yates Fed'l 1	P&A	P-32	12120'	Chester	4555'
30-015-35251	XTO	BEU 165	Oil	K-5	12020'	Miss.	5346'

EXHIBIT C



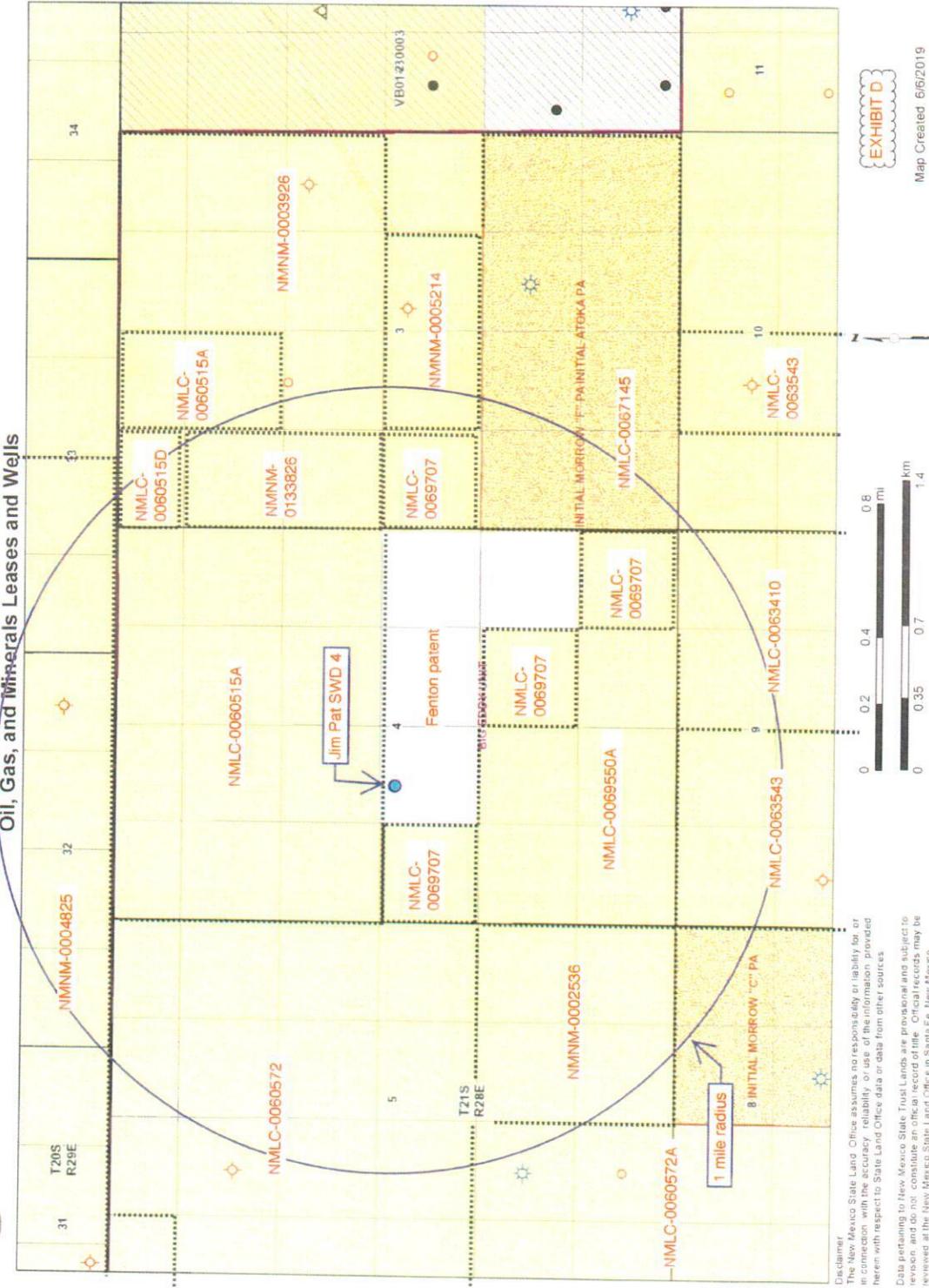


Oil, Gas, and Minerals Leases and Wells

EXHIBIT D

Legend

- Townships
- Sections
- Subdivisions
- Carbon Dioxide Gas
- Injection
- Oil
- Salt Water Disposal
- Water Storage
- Miscellaneous
- Plugged / Dry / Abandoned
- Cancelled / Not Drilled
- Unit Agreement Boundaries
- Participating Areas in Units
- Oil and Gas Leases
- All Minerals
- Coal Only
- Oil and Gas Only
- Oil, Gas and Coal Only
- Other Minerals



Disclaimer
The New Mexico State Land Office assumes no responsibility or liability for errors in connection with the accuracy, reliability, or use of the information provided herein with respect to State Land Office data or data from other sources.
Data pertaining to New Mexico State Trust Lands are provisional and subject to revision, and do not constitute an official record of title. Critical records may be reviewed at the New Mexico State Land Office in Santa Fe, New Mexico.

EXHIBIT D

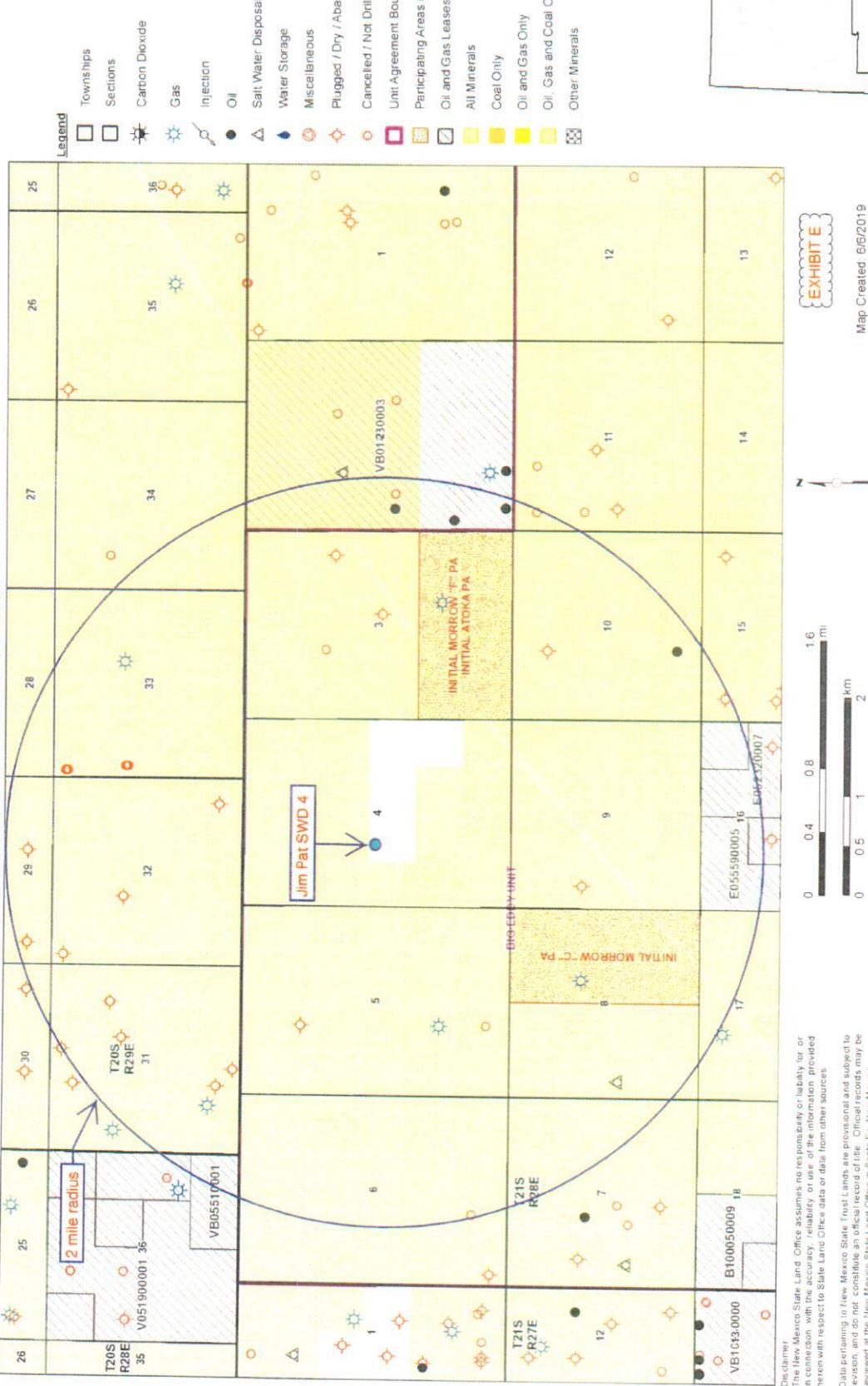
Map Created 6/6/2019

M PAT SWD 4 AREA OF REVIEW LEAS

Aliquot Parts in Area of Review	Lessor	Lease	Lessee(s) of Record	Operators (all shallower than Devonian)
T. 20 S., R. 29 E.				
SESE Sec. 31	BLM	NMNM-0004825	Trigg	Mewbourne
S2SW4, NESW, SE4 Sec. 32	BLM	NMNM-0004825	Trigg	N/A
NWSW & S2SW4 Sec. 33	BLM	NMNM-0004825	Trigg	N/A
T. 21 S., R. 28 E.				
Lot 11 Sec. 3	BLM	NMNM-0003926	XTO Del. Basin	XTO Permian Op.
Lot 6 Sec. 3	BLM	NMLC-0060515A	XTO Del. Basin	XTO Permian Op.
Lot 4 Sec. 3	BLM	NMLC-0060515D	Marshall &	XTO Permian Op.
Lots 5 & 12 Sec. 3	BLM	NMNM-0133826	Occidental	XTO Permian Op.
Lot 13 Sec. 3	BLM	NMLC-0069707	XTO Del. Basin	XTO Permian Op.
Lot 14 Sec. 3	BLM	NMNM-0005214	XTO Del. Basin	XTO Permian Op.
SW4 Sec. 3	BLM	NMLC-0067145	XTO Del. Basin	XTO Permian Op.
Lots 1-12 Sec. 4	BLM	NMLC-0060515A	XTO Del. Basin	N/A
Lot 13 Sec. 4	BLM	NMLC-0069707	XTO Del. Basin	N/A
Lots 14-16 & NESE Sec. 4	fee	Fenton	San Mateo Stebbins	N/A
NWSE & SESE Sec. 4	BLM	NMLC-0069707	XTO Del. Basin	N/A
SW4 & SWSE Sec. 4	BLM	NMLC-0069550A	XTO Del. Basin	N/A
Lots 1, 2, 6-11, & 14-16 Sec. 5	BLM	NMLC-0060572	N. Conrow and B. & R. Trigg	N/A
SE4 Sec. 5	BLM	NMNM-0002536	XTO Del. Basin	XTO Permian Op.
E2SW4 Sec. 5	BLM	NMLC-0060572A	XTO Del. Basin	XTO Permian Op.
N2NE4 Sec. 8	BLM	NMLC-0060572A	XTO Del. Basin	XTO Permian Op.
SWNE & N2NE4 Sec. 9	BLM	NMLC-0063410	XTO Del. Basin	N/A
NW4 Sec. 9	BLM	NMLC-0063543	XTO Del. Basin	N/A
NWNW Sec. 10	BLM	NMLC-0067145	XTO Del. Basin	N/A
all Sections 3-5 & 8-10	BLM	NMNM-068294X	BEPCO	XTO Permian Op.

EXHIBIT E

Oil, Gas, and Minerals Leases and Wells



Disclaimer

The New Mexico State Land Office assumes no responsibility or liability for or in connection with the accuracy, reliability or use of the information provided herein with respect to State Land Office data or data from other sources. Data pertaining to New Mexico State Trust Lands are provisional and subject to review, and do not constitute an official record of title. Official records may be reviewed at the New Mexico State Land Office in Santa Fe, New Mexico.

EXHIBIT E

Map Created: 6/6/2019



April 18, 2019

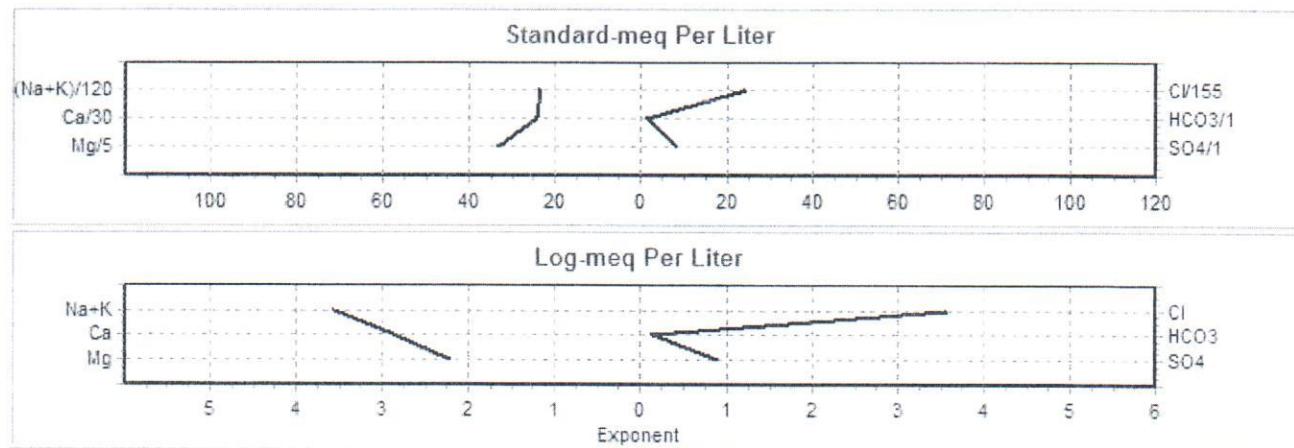
FESCO, Ltd.
1100 FESCO Ave. - Alice, TX 78332

EXHIBIT F

For: Matador Production Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240Field: N/A
County: Eddy, New MexicoSample: Stebbins 20 Federal No. 123H (2nd Bone)
Type: Separator Water
Formation: N/A
Depth (Ft): N/ADate: 4/4/2019
Time: 16:55

REPORT OF WATER ANALYSIS

***** Dissolved Solids *****		***** Other Properties *****	
	mg/L	meq/L	
Sodium (Na)	64031.00	2785.17	pH ----- 5.69
Calcium (Ca)	14773.00	737.18	Specific Gravity @ 60/60 °F ----- 1.150
Magnesium (Mg)	2020.00	166.12	Resistivity (Ohm-meters @ 77.0 °F) ----- 0.039
Barium (Ba)	0.95	0.01	
Potassium (K)	1584.00	40.51	
Iron (Fe)	14.30	---	
Chloride (Cl)	134000.00	3779.97	
Sulfate (SO ₄)	388.00	8.08	
Carbonate (CO ₃)	0.00	0.00	
Bicarbonate(HCO ₃)	85.00	1.39	
Hydroxide (OH)	0.00	0.00	
Sulfide (H ₂ S)	0.00		
Total Solids	216896		
Total Alkalinity (CaCO ₃)	70		
Total Hardness (CaCO ₃)	45228		



Certified: FESCO, Ltd. - Alice, Texas

David Dannhaus 361-661-7015

April 18, 2019



FESCO, Ltd.
1100 FESCO Ave. - Alice, TX 78332

EXHIBIT F

For: Matador Production Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240

Field: N/A
County: Eddy, New Mexico

Sample: Stebbins 20 Federal No. 134H (3rd Bone)
Type: Separator Water
Formation: N/A
Depth (Ft): N/A

Date: 4/4/2019
Time: 16:50

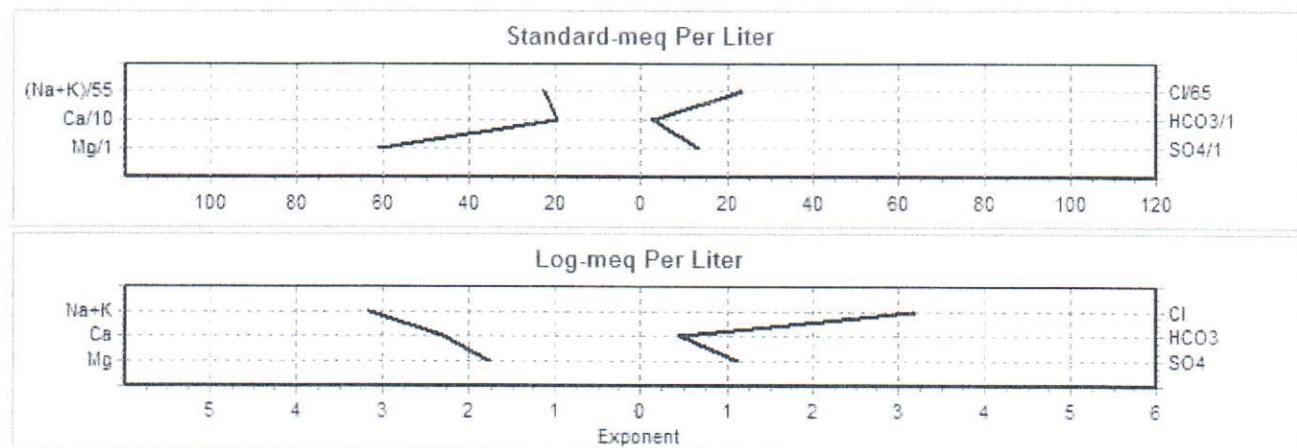
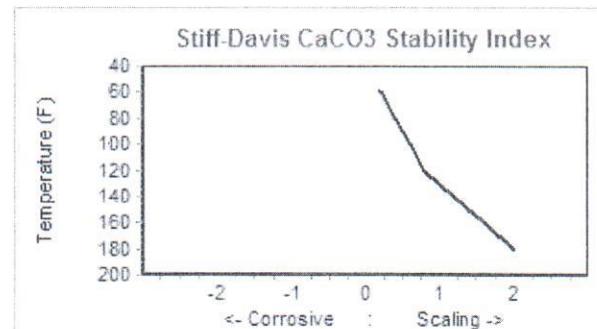
REPORT OF WATER ANALYSIS

***** Dissolved Solids *****

	mg/L	meq/L
Sodium (Na)	28625.00	1245.11
Calcium (Ca)	3992.00	199.20
Magnesium (Mg)	739.00	60.77
Barium (Ba)	1.64	0.02
Potassium (K)	630.00	16.11
Iron (Fe)	0.11	---
Chloride (Cl)	54400.00	1534.56
Sulfate (SO ₄)	650.00	13.53
Carbonate (CO ₃)	0.00	0.00
Bicarbonate(HCO ₃)	179.00	2.93
Hydroxide (OH)	0.00	0.00
Sulfide (H ₂ S)	0.00	
Total Solids	89217	
Total Alkalinity (CaCO ₃)	147	
Total Hardness (CaCO ₃)	13010	

***** Other Properties *****

pH	-----	7.25
Specific Gravity @ 60/60 °F	-----	1.060
Resistivity (Ohm-meters @ 77.0 °F)	-----	0.084



Certified: FESCO, Ltd. - Alice, Texas

David Dannhaus 361-661-7015

Job Number: 191857.1315



FESCO, Ltd.
1100 FESCO Ave. - Alice, TX 78332

EXHIBIT F

For: Matador Production Company
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240

Field: N/A
County: Eddy, New Mexico

Sample: Stebbins 20 Federal No. 204H (Wolfcamp)
Type: Separator Water
Formation: N/A
Depth (Ft): N/A

Date: 9/24/2018
Time: N/A

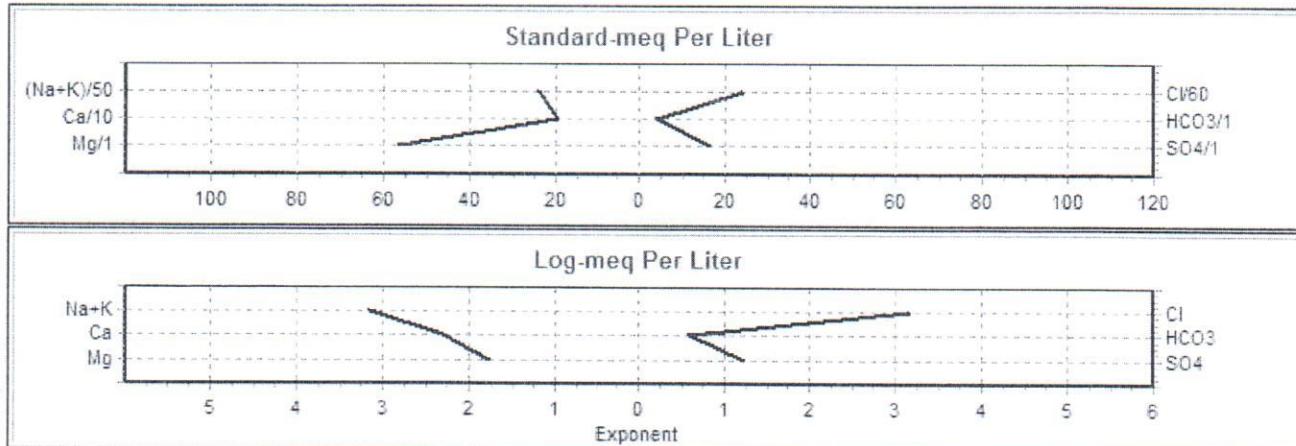
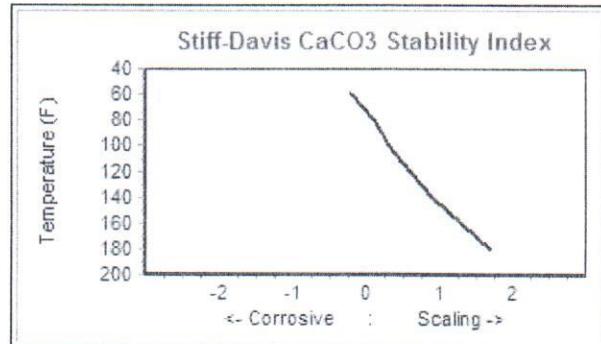
REPORT OF WATER ANALYSIS

***** Dissolved Solids *****

	mg/L	meq/L
Sodium (Na)	26937.00	1171.68
Calcium (Ca)	3920.00	195.61
Magnesium (Mg)	681.00	56.00
Barium (Ba)	1.20	0.02
Potassium (K)	651.00	16.65
Iron (Fe)	9.93	---
Chloride (Cl)	51200.00	1444.29
Sulfate (SO ₄)	788.00	16.41
Carbonate (CO ₃)	0.00	0.00
Bicarbonate(HCO ₃)	240.00	3.93
Hydroxide (OH)	0.00	0.00
Sulfide (H ₂ S)	0.00	
Total Solids	84428	
Total Alkalinity (CaCO ₃)	197	
Total Hardness (CaCO ₃)	12609	

***** Other Properties *****

pH	-----	6.87
Specific Gravity @ 60/60 °F	-----	1.055
Resistivity (Ohm-meters @ 77.0 °F)	-----	0.085



Certified: FESCO, Ltd. - Alice, Texas

David Dannhaus 361-661-7015

PRODUCED WATER ANALYSES (mg/l)

API	Section	Township	Range	UL	Formation	TDS	Chloride	Bicarbonate	Sulfate
3001510002	2	20S	29E	E	ARTESIA	23528	8526	2416	4466
3001503642	11	20S	29E	K	ARTESIA	29411	14350	1578	2808
3001503642	11	20S	29E	K	ARTESIA	28684	17030	61	612
3001503645	13	20S	29E	C	ARTESIA	26017	12160	1622	3042
3001502475	36	21S	28E	C	ATOKA	50026	29200	762	1150
3001502475	36	21S	28E	C	ATOKA	31911	18000	1220	887
3001524707	7	21S	28E	F	DELAWARE	153408	103522	719	248
3001521715	35	21S	28E	F	DELAWARE	149252	99299	267	2082
3001521853	35	21S	28E	L	DELAWARE	146197	96177	400	1764
3001522229	35	21S	28E	K	DELAWARE	148805	99247	335	1729
3001522671	35	21S	28E	N	DELAWARE	144959	95968	200	1883
3001522673	35	21S	28E	O	DELAWARE	163756	110195	135	1662
3001524968	35	21S	28E	E	DELAWARE	136419	89021	398	1682
3001527939	27	20S	29E	E	DELAWARE/ WOLFCAMP	189739	116724	427	750
3001502475	36	21S	28E	C	DEVONIAN	16223	7000	1030	2290
3001502475	36	21S	28E	C	DEVONIAN	19941	10700	640	1130
3001503625	2	20S	29E	O	MORROW	31170			
3001510044	24	20S	29E	M	MORROW	11718	4466	1634	1441
3001510044	24	20S	29E	M	MORROW	31191	18540	188	1318
3001524722	11	20S	29E	F	STRAWN	77532		244	13
3001523698	11	20S	29E	H	STRAWN	117276	72846	146	50
3001526762	12	20S	29E	C	STRAWN	113541	69864	171	13
3001526697	28	20S	29E	H	STRAWN	90201	55380	244	13
3001520008	32	20S	29E	P	STRAWN	108466	66700	146	270
3001520008	32	20S	29E	P	STRAWN	99199	61300	146	180



Water Column/Average Depth to Water

(A CLW#### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced,

O=orphaned,

C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

POD Number	Code	Sub-basin	County	POD				X	Y	Distance	Depth	Well Depth	Water Column		
				Q	Q	Q	Q								
C_03266 POD1		CUB	ED	3	4	4	04	21S	28E	585844	3596555*	800	260	80	180
C_03267 POD1		CUB	ED	4	3	3	04	21S	28E	584833	3596541*	1039	52	40	12
											Average Depth to Water:	60 feet			
											Minimum Depth:	40 feet			
											Maximum Depth:	80 feet			

Record Count: 2

UTMNAD83 Radius Search (in meters):

Easting (X): 585545

Northing (Y): 3597298

Radius: 3220

*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

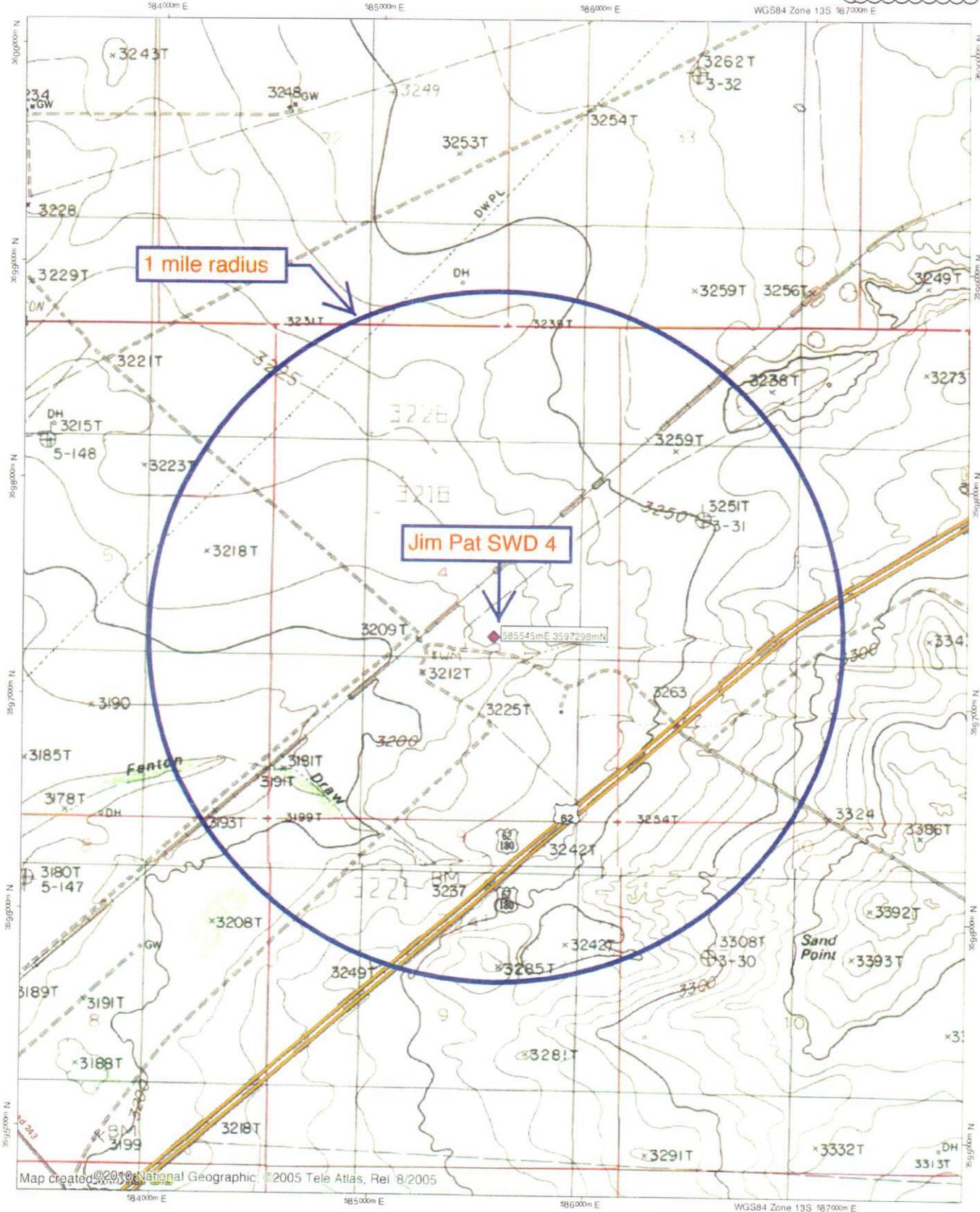
5/16/19 8:24 AM

WATER COLUMN/ AVERAGE DEPTH TO WATER

EXHIBIT G

TOPO! map printed on 05/16/19 from "Untitled.tpo"

WGS84 Zone 13S 587000m E



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

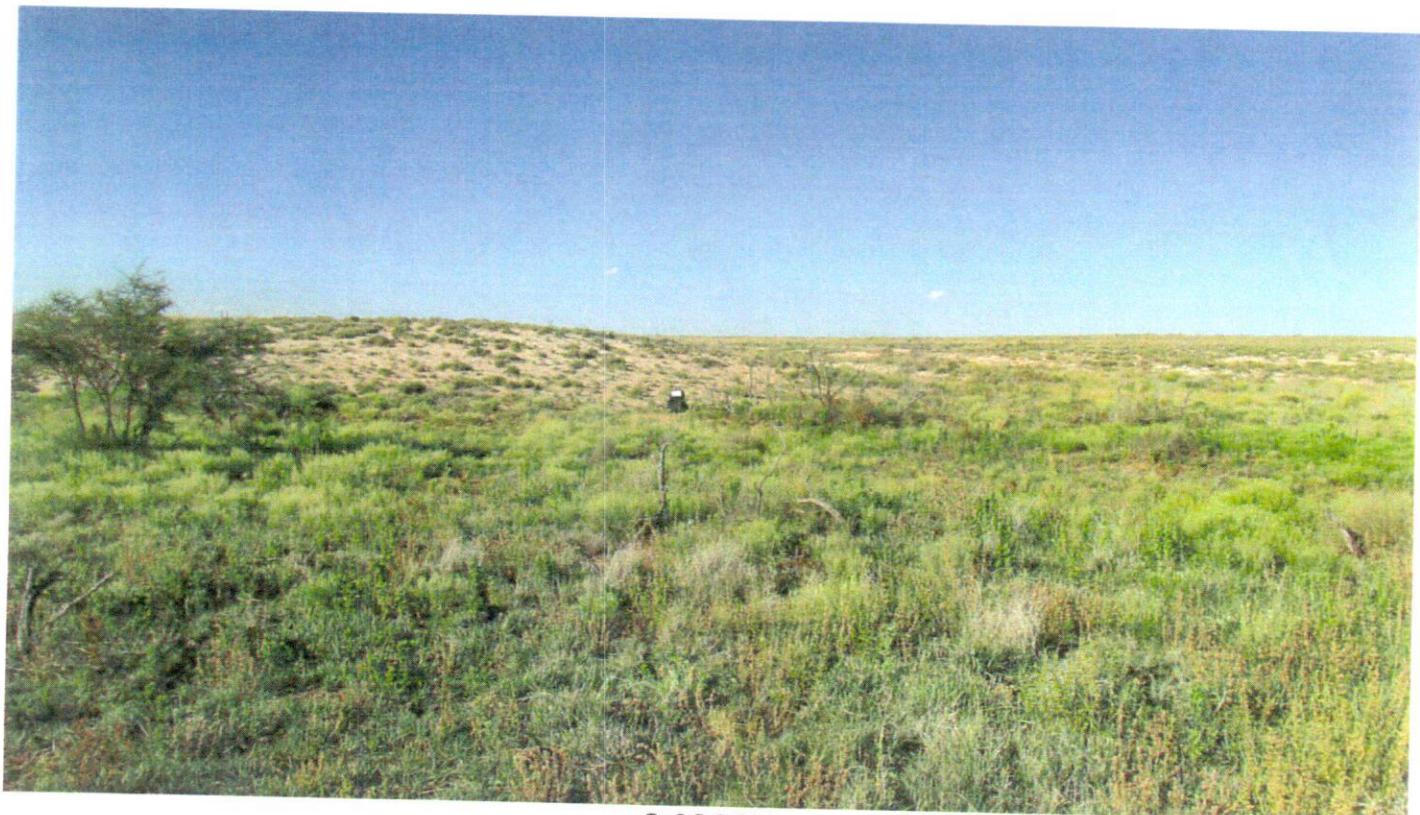
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TN * MN
7°
05/16/19



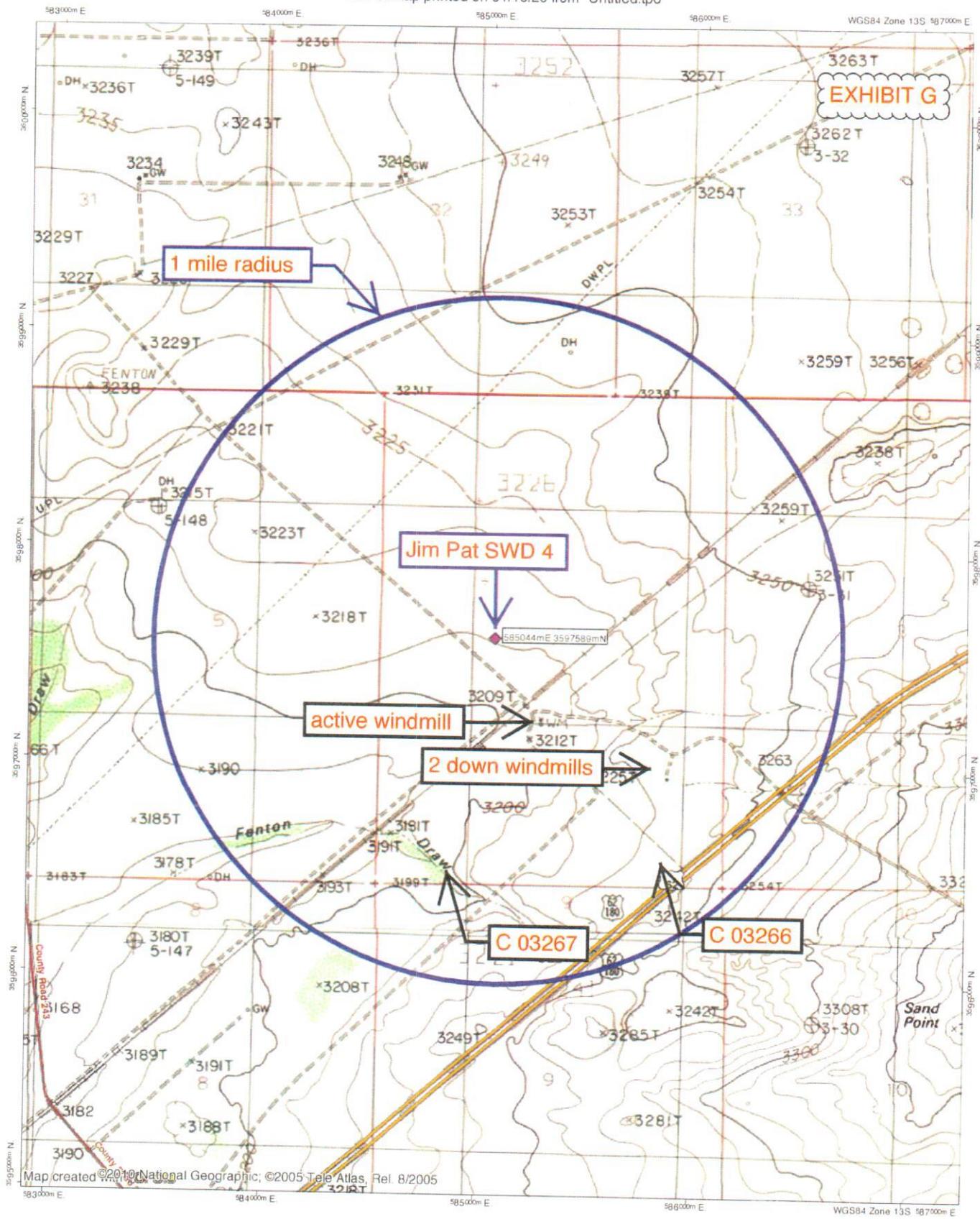
EXHIBIT G

C 03266



C 03267

TOPO! map printed on 01/10/20 from "Untitled.tpo"



NATIONAL
GEOGRAPHIC

TN * MN
7th
01/10/20



Water Column/Average Depth to Water

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced,

O=orphaned,

C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

POD Number	Code	Sub-basin	County	POD				X	Y	Distance	Depth	Well Depth	Water Column		
				Q	Q	Q	Q								
C_03267 POD1		CUB	ED	4	3	3	04	21S	28E	584833	3596541*	1069	52	40	12
C_03266 POD1		CUB	ED	3	4	4	04	21S	28E	585844	3596555*	1307	260	80	180

Average Depth to Water: 60 feet

Minimum Depth: 40 feet

Maximum Depth: 80 feet

Record Count: 2

UTMNAD83 Radius Search (in meters):

Easting (X): 585044

Northing (Y): 3597589

Radius: 3220

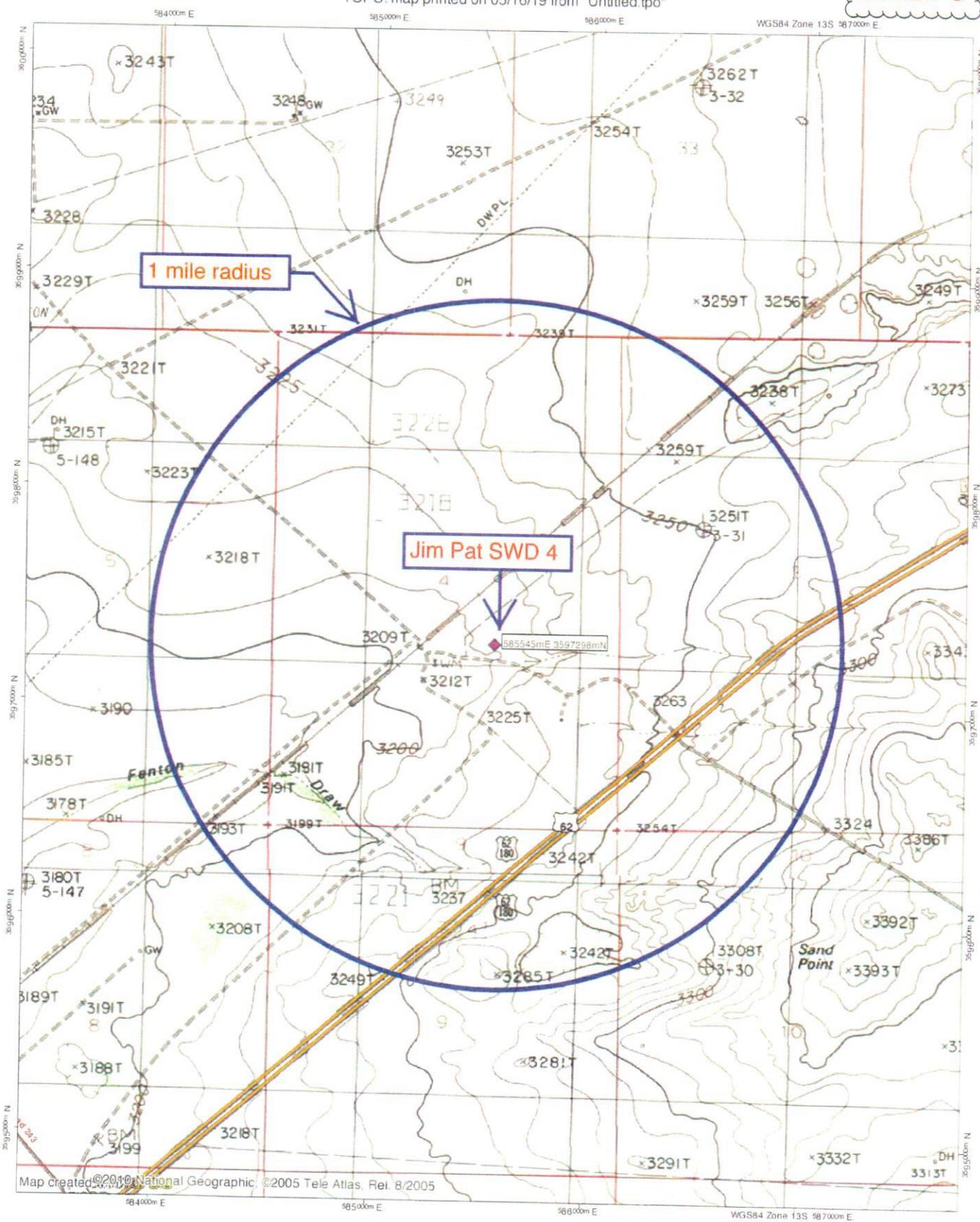
*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

1/10/20 5:33 PM

WATER COLUMN/ AVERAGE DEPTH TO WATER

EXHIBIT G



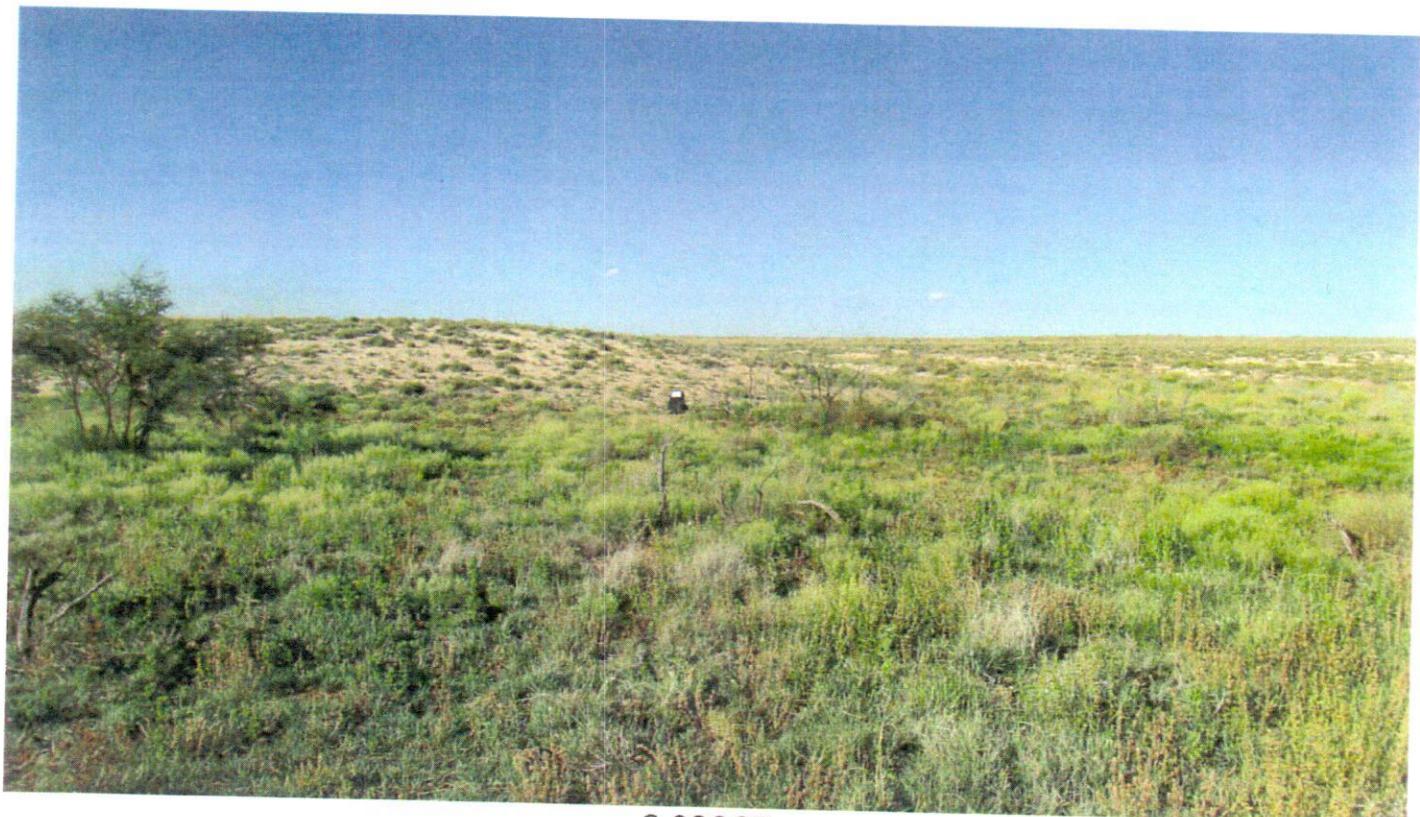
NATIONAL
GEOGRAPHIC

TN MN
7
05/16/19



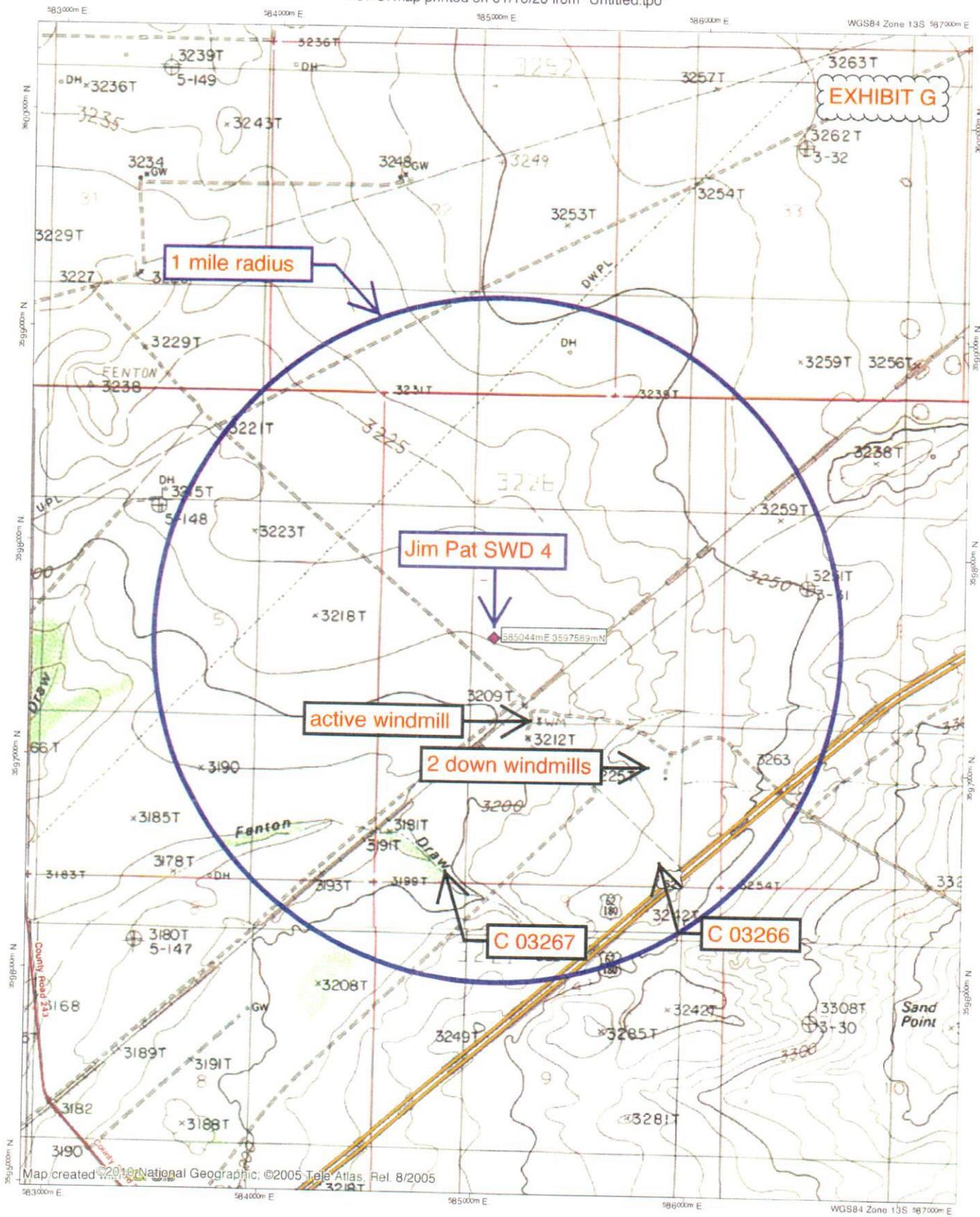
EXHIBIT G

C 03266



C 03267

TOPO! map printed on 01/10/20 from "Untitled.tpo"



NATIONAL
GEOGRAPHIC

0.0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 miles
0.0 0.5 1.0 km

TN MN
7
01/10/20

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

San Mateo Stebbins Water Management, LLC

One Lincoln Centre • 5400 LBJ Freeway • Suite 1500 • Dallas, Texas 75240
Voice 972.371.5200 • Fax 972.371.5201
jharrington@matadorresources.com

Jake Harrington
Senior Geologist

January 13, 2020

NM Oil Conservation Division
1220 S. St. Francis Dr.
Santa Fe, NM 87505

Re: Geology Statement
Jim Pat SWD #4
Section 4, T. 21S, R. 28E
Eddy County, New Mexico

To whom it may concern:

Available geologic and engineering data related to the proposed Well have been thoroughly reviewed, and no evidence for a hydrological connection between the proposed deep Devonian injection zone, located at approximately 13,084 ft., and any underground sources of drinking water has been found.

Sincerely,
San Mateo Stebbins Water Management, LLC



Jake Harrington

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

**IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:**

**APPLICATION OF SAN MATEO STEBBINS WATER
MANAGEMENT, LLC FOR APPROVAL OF A SALT
WATER DISPOSAL WELL, EDDY COUNTY, NEW MEXICO.**

Case No. 21056

SELF-AFFIRMED STATEMENT OF DR. EDMUND LOCKE FROST III

Dr. Edmund Locke Frost III, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18 and I have personal knowledge of the matters set forth herein.
2. I work for MRC Energy Company, an affiliate of Matador Production Company (“Matador”), as the Senior Vice President of Geoscience for Matador and all of its affiliates. San Mateo Stebbins Water Management, LLC (“San Mateo”) is the applicant in this case and is an affiliated company. I have been qualified by the Division as an expert in petroleum geology.
3. Applicant proposes to dispose of produced water into the Siluro-Devonian formation in the Jim Pat SWD No. 4 at depths of approximately 13094 - 14074 feet subsurface. I have reviewed geologic information in the area surrounding the proposed well. Item VIII in the C-108 in Exhibit 1 contains all geologic information, including a geologic description of the target injection interval and the approximate depth of the formation tops in the area. The proposed injection interval is the Siluro-Devonian aged Wristen Formation, which is comprised of limestone and dolomite and is approximately 1,000 feet thick in the area of the proposed Jim Pat SWD No. 4.

EXHIBIT 2

4. The Woodford shale forms an impermeable barrier at the top of the Siluro-Devonian which will prevent water from migrating up and out of the injection zone. Also, the Simpson Group forms a barrier below the Devonian which will prevent water from escaping below the Devonian formation.

5. There is no faulting present in the area that would provide a hydrologic connection between the injection interval and any other zone, or which would adversely affect drilling a Devonian disposal well. As a result, the Siluro-Devonian formation is a very good candidate for disposal.

6. Attachment A hereto is a Fault Slip Probability Assessment I prepared for the Jim Pat SWD No. 4, which shows that there is minimal risk of induced seismicity associated with the well. My opinion and conclusions are based on my review of both publicly available data and information on the geology and injection interval in this area, as well as proprietary and confidential business records.

7. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 6 above is true and correct, and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 2/19/2020



Dr. Edmund Locke Frost III

Fault-Slip Probability Assessment for the Jim Pat SWD No. 4

Dr. Edmund L Frost III, Senior Vice President—Geoscience

In order to minimize the potential risk of induced seismicity associated with deep waste water disposal, San Mateo Stebbins Water Management LLC (“SMSWM”) has undertaken a study to characterize the fault-slip potential for the Jim Pat SWD No. 4 in Eddy County, New Mexico. This document presents the results of an five well model, which investigates the impact of waste water injection at a rate of 35,000 bbl/day until 2050 (Figure 1a, Table 1). This study utilizes a mix of public and proprietary data in conjunction with the Stanford Center for Induced and Triggered Seismicity’s (SCITS) Fault Slip Potential code (FSP; Walsh et al., 2017; table 2).

The model presented here interrogates the stability of a population of 150 stochastically oriented, and located, faults. The orientations (strike, dip) of the model fault population are constrained by data from regional basement faults mapped by SMSWM in the Jim Pat SWD No. 4 area on a 752 mi² proprietary PSTM 3D seismic volume. A modeled maximum horizontal stress orientation of N15°E was derived from proprietary image log data, published regional stress orientations (Lund Snee and Zoback 2018), and moment tensor data (St. Louis University). Horizontal stress magnitudes were not modeled explicitly by SMSWM, instead the published $A\phi$ value of 0.57 (Lund Snee and Zoback 2018; Table 2) for southern Eddy County, New Mexico was used, which implies a pure normal faulting environment.

The impact of high-rate injection in the five-well case can be seen as a modest regional increase in pore pressure with time (Figure 1b). At the Jim Pat SWD No. 4, the model predicts a maximum reservoir pressure increase of 99 psi by year 2050. At the modeled depth of 13,000 ft, this translates to a pore pressure gradient increase of 0.008 psi/ft. Based on the simulations run by this study, the overall probability of fault slip is at, or less than, 15% well into the future (2050), even with multiple high-volume injectors spaced roughly one mile apart. However, caution still needs to be exercised to avoid injection near unstable features. In order to minimize risk, San Mateo Stebbins Water Management screens all of its SWD locations, including the Jim Pat SWD No. 4, against its 3D seismic to avoid injection near faults.

ATTACHMENT 

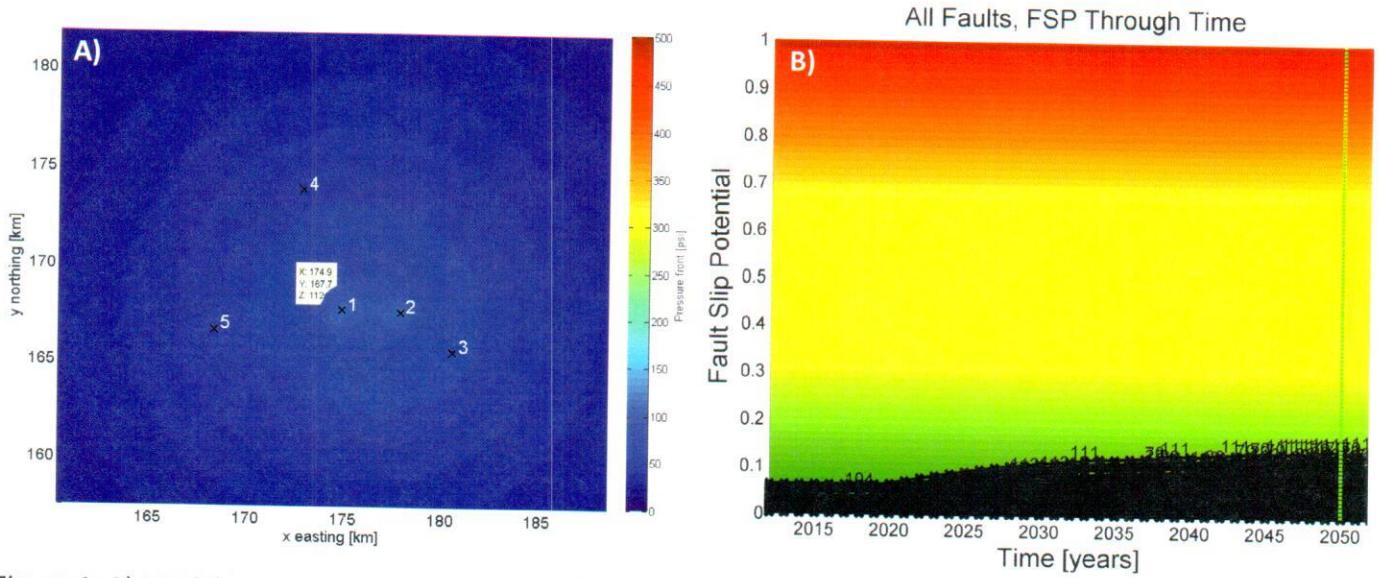


Figure 1: A) Modeled reservoir pressure for the five-well case at year 2050. A maximum pressure of 99 psi is observed at the Jim Pat SWD No. 4. B) Fault slip potential (FSP) for the five-well case. On all faults FSP remains near or below 15%. The green dashed line marks year 2050, the black lines and numbers denote the slip probability of individual faults.

#	Well Name	Modeled Volume (bbl/d)	Start	End
1	Jim Pat SWD #4	35,000	2020	2050
2	Shinnery Oak SWD #3	35,000	2019	2050
3	Shinnery Oak Fed SWD #1	4,100	2018	2050
4	Derringer Fed SWD #1	5,000	2014	2050
5	Burton Flat Deep SWD #1	5,500	2013	2050

Table 1: Well Data for FSP Modeling. Note, rates for wells 3, 4, and 5 reflect historic average injection rates.

Parameter	Input Value	Variability (+/-)	Data Source
Vertical Stress Gradient	1.05 psi/ft	0.05 psi/ft	Pilot Hole
Shmax	N 15° E	5°	Pilot Hole, Literature, Moment Tensors
Fault Strike	variable	10°	3D Seismic
Fault Dip	variable	5°	3D Seismic
Reference Depth	13500 ft	na	Pilot Hole, 3D Seismic, Regional Mapping
Initial Reservoir Pressure Gradient	0.43 psi/ft	0.03 psi/ft	Pilot Hole
A Phi Parameter	0.57	0.03	Lund Snee and Zoback 2018
Reference Friction Coefficient	0.6	0.01	Standard Value
Aquifer Thickness	1000 ft	200	Pilot Hole, Regional Mapping
Porosity	6%	2%	Pilot Hole
Permeability	150 mD	100 mD	Pilot Hole, Step-Rate Tests
Fluid Density	1029 kg/m³	10 kg/m³	Assumed value
Dynamic Viscosity	0.0004 Pa. S	0.0001 Pa. S	Calculated value corrected for reservoir temperature

Table 2: Model Inputs, Variance, and Source.

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

**IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:**

**APPLICATION OF SAN MATEO STEBBINS WATER
MANAGEMENT, LLC FOR APPROVAL OF A SALT
WATER DISPOSAL WELL, EDDY COUNTY, NEW MEXICO.**

Case No. 21056

SELF-AFFIRMED STATEMENT OF BRADLEY M. ROBINSON

Bradley M. Robinson being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and I have personal knowledge of the matters set forth herein.
2. I work for MRC Energy Company, an affiliate of Matador Production Company ("Matador"), as the Executive Vice President of Reservoir Engineering and Chief Technology Officer for Matador and all of its affiliates. San Mateo Stebbins Water Management, LLC ("San Mateo") is the applicant in this case and is an affiliated company. I have been qualified by the Division as an expert in reservoir engineering.
3. Applicant proposes to dispose of produced water into the Siluro-Devonian formation in the Jim Pat SWD No. 4 at depths of approximately 13094 - 14074 feet subsurface. All well data and operational information required by the C-108 are included in the application. The proposed well design is contained in the Injection Well Data sheet at pages 3-4 of the C-108 in Exhibit 1. A description of the proposed well design may be found at pages 5-6 of the C-108 in Exhibit 1.

EXHIBIT 3

4. The well's casing and completion program has been designed to ensure there will be no hydrologic connection between the injection interval and any other zone.

5. The deepest potable water in this area is found at a maximum depth of 80 feet subsurface. The surface casing will be set at 480 feet subsurface. Therefore, fresh water will be protected by the casing program for the Jim Pat SWD No. 4.

6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct, and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 02/19/2020

Bradley M. Robinson
Bradley M. Robinson

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

APPLICATION OF SAN MATEO STEBBINS WATER
MANAGEMENT, LLC FOR APPROVAL OF A SALT
WATER DISPOSAL WELL, EDDY COUNTY, NEW MEXICO.

Case No. 21056

SELF-AFFIRMED STATEMENT OF NOTICE

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

James Bruce deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for San Mateo Stebbins Water Management, LLC.
3. San Mateo Stebbins Water Management, LLC has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.
5. San Mateo Stebbins Water Management, LLC has complied with the notice provisions of Division Rules.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date:

2/19/20

James Bruce
James Bruce

EXHIBIT

4

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)
jamesbruc@aol.com

January 30, 2020

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for approval of a salt water disposal well, filed with the New Mexico Oil Conservation Division by San Mateo Stebbins Water Management, LLC, regarding the Jim Pat SWD Well No. 4 to be located in Lot 14 of irregular Section 4, Township 21 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 20, 2020, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application or as an objecting person, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, February 13, 2020. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

James Bruce
James Bruce

Attorney for San Mateo Stebbins Water Management, LLC

ATTACHMENT

A

EXHIBIT A

Mewbourne Development Corp. CWM 2000-B II, Ltd. 500 West Texas, Suite 1020 Midland, Texas 79701
MRC Delaware Resources LLC MRC Permian Company 5400 LBJ Freeway, Suite 1500 Dallas, Texas 75240
Yates Energy Corp. P.O. Box 2323 Roswell, New Mexico 88202
3MG Corp. P.O. Box 7698 Roswell, NM 88202
Jalapeno Corp. P.O. Box 1608 Albuquerque, NM 87103
Santo Legado LLC P.O. Box 1020 Artesia, NM 88211
EOG Resources, Inc. 5509 Champions Drive Midland, Texas 79706
Sharbro Energy LLC P.O. Box 840 Artesia, NM 88211
Black Stone Minerals Co., LP Black Stone Natural Resources IV-B, LP 1001 Fannin, Suite 2020 Houston, Texas 77002
McClellan Oil Corp. P.O. Drawer 730 Roswell, NM 88202
Don G. Furr Roy K. Furr Shelly Furr Hall c/o Western Bank, Lubbock 5701 82 nd Street Lubbock, TX 79424
QuienSabe Oil & Gas Co., LLC 1001 McKinney Street, Suite 2200 Houston, TX 77002

Angela Brown Management Trust Northern Trust Co., Agent P. O. Box 226270 Dallas, TX 75222
Roper Family Properties, Ltd. 4607 West Industrial Avenue Midland, TX 79703
Oxy Y-1 Company Occidental Permian L.P. 5 Greenway Plaza, Suite 110 Houston, Texas 77046
David Petroleum Corp. 116 West 1st Street Roswell, NM 88203
Marshall & Winston Inc. P.O. Box 50880 Midland, TX 79710
XTO Delaware Basin, LLC 22777 Springwoods Village Parkway Spring, TX 77389
Blue Ridge Royalties P.O. Box 1973 Roswell, NM 88202
Nuevo Seis L.P. P.O. Box 2588 Roswell, NM 88202
Trigg-Conrow, LLC 8800 Silver Spur Road Park City, UT 84098
Trigg Oil, LLC 4 Maize Trail Placitas, NM 87403
Boulders Royalty Corp. PO Box 7808 Dallas, TX 75209-7808
Gary L. Lamb, Inc. PO Box 3383 Midland, TX 79702
Morgan Capital Group, Inc. PO Box 1015 Midland, TX 79702
Master Mineral Holdings, Inc. PO Box 10886 Midland, TX 79702

SENDER: COMPLETE THIS SECTION											
COMPLETE THIS SECTION ON DELIVERY											
<table border="1"> <tr> <td>A. Signature </td> <td>B. Received by (Printed Name) </td> <td>C. Date of Delivery 7-10-2002</td> <td>D. Is delivery address different from item 1? If YES, enter delivery address below: _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Agent</td> <td><input type="checkbox"/> Addressee</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>				A. Signature 	B. Received by (Printed Name) 	C. Date of Delivery 7-10-2002	D. Is delivery address different from item 1? If YES, enter delivery address below: _____	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. Signature 	B. Received by (Printed Name) 	C. Date of Delivery 7-10-2002	D. Is delivery address different from item 1? If YES, enter delivery address below: _____								
<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
<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>1. Article Addressed to:</p> <p>EOG Resources, Inc. 5509 Champions Drive Midland, Texas 79706</p>											

2. A		7019 1640 0000 1700 9337	5/11/2015	PS Form 3811, July 2015 FSN 7530-02-000-9053
<p>3. Service type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery</p>				
 <p>9590 9402 4582 8278 6082 13</p> <p>5/11/2015</p>				
<p align="right">Domestic Return Receipt</p>				

<p>U.S. Postal Service™</p> <p>CERTIFIED MAIL® RECEIPT</p> <p>Domestic Mail Only</p> <p>OFFICIAL</p>		<p>For delivery information, visit our website at www.usps.com.</p> <p>Postmark _____ Here _____</p> <p>Postage _____</p> <p>Total Postage and Fees _____ \$ _____</p> <p>Sent To _____ Street and Apt. No. _____ City, State, Zip/4# _____</p> <p>PS Form 3800, April 2015 PSN 7830-02-2000-9047 See Reverse for Instructions</p>
<p>Certified Mail Fee</p>		<p>Extra Services & Fees (check box and fee as applicable)</p> <p><input type="checkbox"/> Return Receipt (Hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (Electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>

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>A. Signature  B. Received by (Printed Name)  C. Date of Delivery <i>July 16, 2015</i> </p> <p>D. Is delivery address different from item 1? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If YES, enter delivery address below: <i>Julie Chardell</i></p>	
<p>1. Article Addressed to:</p> <hr/> <p>Jalapeno Corp. P.O. Box 1608 Albuquerque, NM 87103</p>		<p>2. Article Number <input style="width: 100%; height: 1.2em; border: 1px solid black; border-radius: 5px; padding: 2px; font-size: 10pt; margin-bottom: 5px;" type="text" value="70191640000017009351"/> <small>(over \$500)</small></p> <p>3. Service Type</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Priority Mail® Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Received Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>			

A vertical rectangular label for a certified mail receipt. At the top, it says "U.S. Postal Service™ CERTIFIED MAIL® RECEIPT". Below that, in a smaller font, is "Domestic Mail Only". To the right of the text is a large, stylized "C" logo. To the right of the "C" is the word "Certified Mail Fee". At the bottom right is a small "S" with the words "Extra Services & Fees" underneath. The background of the label has faint horizontal lines.

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

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:

Morgan Capital Group, Inc.
 PO Box 1015
 Midland, TX 79702



9590 9402 4582 8278 6085 89

2. Article Number (Transfer from)
 7019 1640 0000 1700 9153
 (Insured Mail Restricted Delivery
 over \$500)

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

596

0027

0497

6707

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

If YES, enter delivery address below:

No

- D. Is delivery address different from item 1?
 Yes
 No
- If YES, enter delivery address below:
- 1308*

596

0027

0497

6707

Domestic Return Receipt

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

<input type="checkbox"/> Certified Mail Fee	<input type="checkbox"/> Postmark Here
<input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate)	<input type="checkbox"/> Return Receipt (hardcopy)
<input type="checkbox"/> Return Receipt (electronic)	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Adult Signature Restricted Delivery
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Adult Signature Restricted Delivery

Postmark
Here

- Postage
 \$
 Total Postage and Fees
 \$
 Sent To
 Street and Apt. No. or
 City, State, Zip+4 #

<input type="checkbox"/> Certified Mail Fee	<input type="checkbox"/> Postmark Here
<input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate)	<input type="checkbox"/> Return Receipt (hardcopy)
<input type="checkbox"/> Return Receipt (electronic)	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Adult Signature Restricted Delivery
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Adult Signature Restricted Delivery

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

Total Postage and Fees

\$

Postage

\$

Send To

Street and Apt. No. or

City, State, Zip+4 #

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
<input checked="" type="checkbox"/> Ralph Singg	<input type="checkbox"/> Date of Delivery
<input checked="" type="checkbox"/> Ralph Singg	<input type="checkbox"/> Postmark Here
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Return Receipt (hardcopy)
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Return Receipt (electronic)
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Adult Signature Required
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Adult Signature Restricted Delivery
<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Restricted Delivery

<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

<input type="checkbox"/> Certified Mail Fee	<input type="checkbox"/> Postmark Here
<input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate)	<input type="checkbox"/> Return Receipt (hardcopy)
<input type="checkbox"/> Return Receipt (electronic)	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Adult Signature Restricted Delivery
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Adult Signature Restricted Delivery

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

<input type="checkbox"/> Certified Mail Fee	<input type="checkbox"/> Postmark Here
<input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate)	<input type="checkbox"/> Return Receipt (hardcopy)
<input type="checkbox"/> Return Receipt (electronic)	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Adult Signature Restricted Delivery
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Adult Signature Restricted Delivery

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

<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Restricted Delivery

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

Domestic Return Receipt

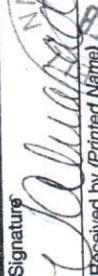
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com.	
	
Certified Mail Fee	
\$ <input type="text"/> Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (holograph) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage	
\$ <input type="text"/> Total Postage and Fees Nuevo Seis L.P. P.O. Box 2588 Roswell, NM 88202 Street and Apt. No. <i>707-707</i> City, State, Zip <i>27P-4</i>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		For delivery information, visit our website at www.usps.com ®.	
 		 	
		 	
		 	
		 	
		 <img alt="Delivery point barcode" data-bbox="100 29800 150 298	

COMPLETE THIS SECTION ON DELIVERY			
A- Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) John S. Jones	C. Date of Delivery 2/10/20
D. Is delivery address different from item 1? If YES, enter delivery address below:  ROSIN FEE 2020 10 188	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Restricted Delivery <input type="checkbox"/> Restricted Delivery			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)			
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery			

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-99053

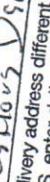
SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p>  <p>B. Received by (Printed Name)</p> <p><i>John Michael</i></p> <p>C. Date of Delivery</p> <p><i>7/27/02</i></p> <p>D. Is delivery address different from item A? Yes _____ If YES, enter delivery address below:</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p><i>Veronica Alvarez</i></p> <p>C. Date of Delivery</p> <p><i>7/27/02</i></p> <p>D. Is delivery address different from item A? Yes _____ If YES, enter delivery address below:</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p>Blue Ridge Royalties P.O. Box 1973 Roswell, NM 88202</p>	
<p>1. Article Addressed to:</p>			

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

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



<p>U.S. Postal Service™</p> <p>CERTIFIED MAIL® RECEIPT</p> <p><i>Domestic Mail Only</i></p>	
<p>For delivery information, visit our website at www.usps.com.</p>	
	
<p>Certified Mail Fee</p>	
<p>\$ 226 000 000 272 674 202</p>	
<p>Certified Mail Fee</p>	
<p>\$ 226 000 000 272 674 202</p>	
<p>Extra Services & Fees (check box and fee as appropriate)</p>	
<p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p>	
<p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p>	
<p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p>	
<p><input type="checkbox"/> Adult Signature Required \$ _____</p>	
<p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	
<p>Postage</p>	
<p>Total Postage and Fees</p>	
<p>\$ 226 000 000 272 674 202</p>	
<p>Sent To</p>	
<p>X 10 Delaware Basin, L.L.C. 2277 Springwoods Village Parkway Spring, TX 77389</p>	
<p>Street and Apt. No., or City, State, Zip+4</p>	
<p>See Reverse for instructions</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 		<p>A. Signature <input checked="" type="checkbox"/> </p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> </p> <p>C. Date of Delivery <input checked="" type="checkbox"/> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>XTO Delaware Basin L.L.C. 22777 Springwoods Village Parkway Spring, TX 77389</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input 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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number</p> <p>7019 1640 0000 1700</p>		<p>9221</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>			

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marshall & Winston Inc.
P.O. Box 50880
Midland, TX 79710



9590 9402 4582 8278 6085 03

2. Article Number (Transfer from carrier label)

7019 1640 0000 1700 9238

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature 
- B. Received by (Printed Name) **SM**
- C. Date of Delivery **2/10/20**
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
5426 0000 0477 6700 0200 0000 1700 9238

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

Postmark
Here

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery

Postage **5426 0000 0477 6700 0200 0000 1700 9238**

Domestic Return Receipt **5426 0000 0477 6700 0200 0000 1700 9238**

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:

David Petroleum Corp.
116 West 1st Street
Roswell, NM 88203

2. Article Number (Transfer from carrier label)	7019 1640 0000 1700 9245
Postage	
Total Postage and Fees	\$ 0.49
<input type="checkbox"/> Return Receipt (handcopy)	<input type="checkbox"/> Adult Signature
<input type="checkbox"/> Return Receipt (electronic)	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Certified Mail®
<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Collect on Delivery Restricted Delivery
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Collect on Delivery

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions

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

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

Postmark
Here

Postage

Certified Mail Fee

Postage

Postage

Postage

Postage

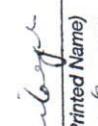
Postage

Postage

Postage

Postage

COMPLETE THIS SECTION ON DELIVERY

- A. Signature 
- B. Received by (Printed Name) **E. Longley**
- C. Date of Delivery **2/20/2015**
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type	<input type="checkbox"/> Adult Signature
<input type="checkbox"/> Return Receipt (handcopy)	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Return Receipt (electronic)	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Certified Mail®
<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Collect on Delivery Restricted Delivery
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Collect on Delivery

Domestic Return Receipt
5426 0000 0477 6700 0200 0000 1700 9245

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.

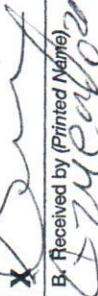
1. Article Addressed to:

Oxy Y-1 Company
Occidental Permian L.P.
5 Greenway Plaza, Suite 110
Houston, Texas 77046

2. Article **7019 1640 0000 1700 9252** (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature 

B. Received by (Printed Name) **2019 1640 0000 1700 9252**

C. Date of Delivery **10/2020**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
**5 Greenway Plaza, Suite 110
Houston, Texas 77046**

E. Service Type Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Registered Mail Restricted Delivery
 Certified Mail®
 Adult Signature Required
 Merchandise
 Collect on Delivery
 Restricted Delivery
 Signature Confirmation™
 Restricted Delivery
 Adult Signature Restricted Delivery

F. Postage **\$ 6702**

G. Total Postage and Fees **\$ 6702**

H. Sent To **QuinSabe Oil & Gas Co., LLC
1001 McKinney Street, Suite 2200
Street and Apt. No.:
City, State: ZTPK48**

I. Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (handcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

J. Postmark Here

K. Certified Mail Fee **\$ 0.00**

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

M. See Reverse for Instructions

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

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

EF26 0000 0000 0000 0000

Postage \$ 0.00

Total Postage and Fees \$ 0.00

**Sent To QuinSabe Oil & Gas Co., LLC
1001 McKinney Street, Suite 2200
Street and Apt. No.:
City, State: ZTPK48**

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

Return Receipt (handcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark Here

Certified Mail Fee \$ 0.00

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature 

B. Received by (Printed Name) **2019 1640 0000 1700 9252**

C. Date of Delivery **10/2020**

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

E. Service Type Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Registered Mail Restricted Delivery
 Certified Mail®
 Adult Signature Required
 Merchandise
 Collect on Delivery
 Restricted Delivery
 Signature Confirmation™
 Restricted Delivery
 Adult Signature Restricted Delivery

F. Postage **\$ 0.00**

G. Total Postage and Fees **\$ 0.00**

H. Sent To **QuinSabe Oil & Gas Co., LLC
1001 McKinney Street, Suite 2200
Street and Apt. No.:
City, State: ZTPK48**

I. Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (handcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

J. Postmark Here

K. Certified Mail Fee **\$ 0.00**

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

M. See Reverse for Instructions

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

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

EF26 0000 0000 0000 0000

Postage \$ 0.00

Total Postage and Fees \$ 0.00

**Sent To QuinSabe Oil & Gas Co., LLC
1001 McKinney Street, Suite 2200
Street and Apt. No.:
City, State: ZTPK48**

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

Return Receipt (handcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 0.00

Total Postage and Fees \$ 0.00

**Sent To Oxy Y-1 Company
Occidental Permian L.P.
5 Greenway Plaza, Suite 110
Houston, Texas 77046**

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

Return Receipt (handcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 0.00

Total Postage and Fees \$ 0.00

**Sent To Oxy Y-1 Company
Occidental Permian L.P.
5 Greenway Plaza, Suite 110
Houston, Texas 77046**

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

Return Receipt (handcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 0.00

Total Postage and Fees \$ 0.00

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

See Reverse for Instructions

Domestic Return Receipt

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

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

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:

Black Stone Minerals Co., LP
 Black Stone Natural Resources IV-
 B, LP
 1001 Fannin, Suite 2020
 Houston, Texas 77002



9590 9402 4582 8278 6084 28

2. Art

7019 1640 0000 1700 9313

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

COMPLETE THIS SECTION ON DELIVERY		
A. Signature		<input type="checkbox"/> Agent
B. Received by (Printed Name)		<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No C. Date of Delivery 2-10-20	
D. Is delivery address different from item 1? If YES, enter delivery address below: C. Date of Delivery 2-10-20		
3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery Merchandise <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery		
Sent To Sharbro Energy LLC Street and Apt. No.: P.O. Box 840 City, State: Artesia, NM 88211 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		
2. Article Addressed to: Domestic Return Receipt		

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

See Reverse for Instructions

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

9590 9402 4582 8278 6082 20

2. Article Nu

7019 1640 0000 1700 9320

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY		
A. Signature		<input type="checkbox"/> Agent
B. Received by (Printed Name)		<input type="checkbox"/> Addressee
C. Date of Delivery		<input type="checkbox"/> Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery Merchandise <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery		
Sent To Sharbro Energy LLC Street and Apt. No.: P.O. Box 840 City, State: Artesia, NM 88211 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		
1. Article Addressed to: Domestic Return Receipt		

3. Service Type	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Adult Signature Restricted Delivery
	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Certified Mail Restricted Delivery
	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery
	<input type="checkbox"/> Signature Confirmation	<input type="checkbox"/> Signature Confirmation Restricted Delivery
Sent To Black Stone Minerals Co., LP Black Stone Natural Resources IV- B, LP 1001 Fannin, Suite 2020 Houston, Texas 77002 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

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

See Reverse for Instructions

5/11
 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Santos Legado LLC
P.O. Box 1020
Artesia, NM 88211



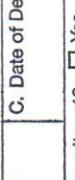
9590 9402 4582 82778 6081 90

2. Article Number 7019 1640 0000 1700 9344
(over \$500)

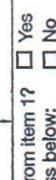
PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature 
 Agent
 Addressee

B. Received by (Printed Name) 

C. Date of Delivery
 Yes
 No



D. Is delivery address different from item 1?
 Yes
 If YES, enter delivery address below:

 Santos Legado LLC
P.O. Box 1020
Artesia, NM 88211

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

4. Postage  511

PS Form 3811, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™**CERTIFIED MAIL® RECEIPT***Domestic Mail Only*For delivery information, visit our website at www.usps.com.

 **FEDERAL MAIL** 

CERTIFIED MAIL 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 \$ _____
 Postmark Here

Total Postage and Fees **511**
 Yates Energy Corp.
 P.O. Box 2323
 Roswell, New Mexico 88202

Street and Apt. No., or P.O. Box No. _____
 City, State, Zip+4 _____
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™**CERTIFIED MAIL® RECEIPT***Domestic Mail Only*For delivery information, visit our website at www.usps.com.

 **FEDERAL MAIL** 

CERTIFIED MAIL 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 **511**
 Santos Legado LLC
 P.O. Box 1020
 Artesia, NM 88211

Street and Apt. No., or P.O. Box No. _____
 City, State, Zip+4 _____
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

Domestic Return Receipt

COMPLETE THIS SECTION**COMPLETE THIS SECTION ON DELIVERY**

A. Signature 
 Agent
 Addressee

B. Received by (Printed Name) 
 Cynthia Lugo LLC
 Date of Delivery **2020**

C. Is delivery address different from item 1?
 Yes
 If YES, enter delivery address below:

 Cynthia Lugo LLC
P.O. Box 1020
Artesia, NM 88211

D. Is delivery address different from item 1?
 Yes
 If YES, enter delivery address below:

 Cynthia Lugo LLC
P.O. Box 1020
Artesia, NM 88211



9590 9402 4582 8278 6081 69

2.

Article Number (Transfer from service label) **7019 1640 0000 1700 9375**

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

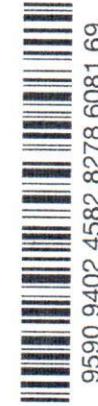
Domestic Return Receipt

Yates Energy Corp.

P.O. Box 2323
 Roswell, New Mexico 88202



9590 9402 4582 8278 6081 69



9590 9402 4582 8278 6081 69

2.

Article Number (Transfer from service label) **7019 1640 0000 1700 9375**

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MRC Delaware Resources LLC
MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240



9590 9402 4582 8278 6081 52

2. Article Number (Transfer from service label)

7019 1640 0000 1700 9382
(over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent

Addressee

B. Received by (Printed Name)

Feb 10 2020

C. Date of Delivery

02/10/20
If YES, enter delivery address below:

D. Is this address different from item 1? Yes

If YES, enter delivery address below:

MRC Delaware Resources LLC
MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240

3. Service Type

- Priority Mail Express®
- Adult Signature
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt Electronic
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery

1 Delivery
(over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mewbourne Development Corp.
CWM 2000-B II, Ltd.
500 West Texas, Suite 1020
Midland, Texas 79701

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

9590 9402 4582 8278 6081 45

2. Article Number (Transfer from service label)
7019 1640 0000 1700 9382
(over \$500)

PS Form 3800, April 2015 PSN 7530-02-000-8047
See Reverse for Instructions

U.S. Postal Service™

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

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (Handcopy) \$ _____

Return Receipt (Electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Street and Apt. No., or P City, State, ZIP+4*	Master Mineral Holdings, Inc. PO Box 10886 Midland, TX 79702

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

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Street and Apt. No., or P City, State, ZIP+4*	3MG Corp. P.O. Box 7698 Roswell, NM 88202

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

**U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Street and Apt. No., or P City, State, ZIP+4*	Angela Brown Management Trust Northern Trust Co., Agent P. O. Box 226270 Dallas, TX 75222

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

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Street and Apt. No., or P City, State, ZIP+4*	Roper Family Properties, Ltd. 4607 West Industrial Avenue Midland, TX 79703

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

**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 \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Street and Apt. No., or P City, State, ZIP+4*	Boulders Royalty Corp. PO Box 7808 Dallas, TX 75209-7808

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

**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 \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Street and Apt. No., or P City, State, ZIP+4*	Gary L. Lamb, Inc. PO Box 3383 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:

Gary L. Lamb, Inc.
PO Box 3383
Midland, TX 79702



9590 9402 4582 8278 6085 72

2. Article Number (Transfer from service label)

7019 1640 0000 1700 9160

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Frances Wondra*

 Agent
 Addressee

B. Received by (Printed Name)

FRANCES WONDRA

C. Date of Delivery

D. Is delivery address different from

If YES, enter delivery address below:

3383

3. Service Type

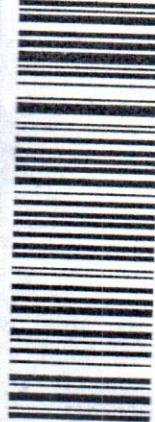
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

cted Delivery

SM Domestic Return Receipt

\$8.00
US POSTAL
FIRST-CLASS
071V00607931
87501
000119729

PLACED IN THE MAIL BY THE HIGHLY
QUALIFIED STAFF OF THE RETURN ADDRESS FOLDED AT NO FEE LINE
CERTIFIED MAIL



7019 1640 0000 1700 9368

From James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

To

3MG Corp.
P.O. Box 7698
Roswell, NM 88202

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:

3MG Corp.
P.O. Box 7698
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

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| A. Signature | <input checked="" type="checkbox"/> Agent |
| X | <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) | C. Date of Delivery |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes
If YES, enter delivery address below: <input type="checkbox"/> No | |



9590 9402 4582 8278 6081 76

2. Article Number (Transfer from service label)
7019 1640 0000 1700 9368

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| 3. Service Type | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail Restricted Delivery |
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| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Restricted Delivery |

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0004040742

This is not an invoice

JAMES BRUCE ATTORNEY AT LAW
POBOX 1056

SANTA FE, NM 87504

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

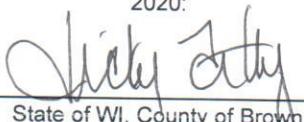
February 6, 2020

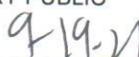
NOTICE
To: Newbourne Development Corp., CWM 2000-B II, Ltd., MRC Delaware Resources LLC, MRC Permian Company, Yates Energy Corp., 3MG Corp., Jalapeno Corp., Santo Legado LLC EOG Resources, Inc., Sharbro Energy LLC, Black Stone Minerals Co., LP, Black Stone Natural Resources IV-B, LP., McClellan Oil Corp., Don G. Furr, Roy K. Furr, Shelly Furr Hall, QuienSabe Oil & Gas Co., LLC, Angela Brown Management Trust c/o Northern Trust Co., Agent, Roper Family Properties, Ltd., Oxy Y-1 Company, Occidental Permian L.P., David Petroleum Corp., Marshall & Winston, Inc., XTO Delaware Basin, LLC, Blue Ridge Royalties, Nuevo Seis L.P., Trigg-Conrow, LLC, Trigg Oil, LLC, Boulders Royalty Corp., Gary L. Lamb, Inc., Morgan Capital Group, Inc., and Master Mineral Holdings, Inc., or your heirs, devisees, successors, or assigns: San Mateo Stebbins Water Management, LLC has filed an application with the New Mexico Oil Conservation Division seeking an order approving disposal of produced water into the Devonian formation at depths of approximately 13094 - 14074 feet subsurface into the Jim Pat SWD Well No. 4, to be located 3745 feet from the south line and 1716 feet from the west line (Lot 14) of Section 4, Township 21 South, Range 28 East, NMPM, Eddy County, New Mexico. The maximum injection rate will be 45,000 BWPD and the maximum injection pressure will be 2,618 psi. The application is scheduled to be heard at 8:15 a.m. on February 20, 2020 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interested party you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date. The attorney for applicant is James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504. The well is located approximately 10-1/2 miles northeast of Carlsbad, New Mexico.
Pub: February 6, 2020 #4040742



Legal Clerk

Subscribed and sworn before me this February 6,
2020:



State of WI, County of Brown
NOTARY PUBLIC

9/19/21

My commission expires

EXHIBIT

5



Ad # 0004040742
PO #: 0004040742
of Affidavits 1

This is not an invoice

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF SAN MATEO STEBBINS WATER
MANAGEMENT, LLC FOR APPROVAL OF A SALT
WATER DISPOSAL WELL, EDDY COUNTY, NEW MEXICO.**

Case No. 21056

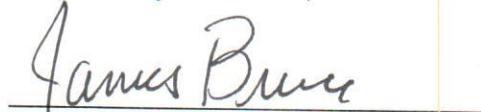
APPLICATION

San Mateo Stebbins Water Management, LLC applies for an order approving a salt water disposal well, and in support thereof, states:

1. Applicant proposes to drill the Jim Pat SWD Well No. 4, to be located 3745 feet from the south line and 1716 feet from the west line (Lot 14) of irregular Section 4, Township 21 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.
2. Applicant proposes to dispose of produced water into the Devonian formation in the well at depths of approximately 13094 - 14074 feet subsurface. The maximum injection rate will be 45000 BWPD and the maximum injection pressure will be 2618 psi.
3. A Form C-108 for the subject well is attached hereto as Exhibit A.
4. The granting of this application will prevent waste and protect correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division enter its order approving this application.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for San Mateo Stebbins Water Management, LLC

EXHIBIT

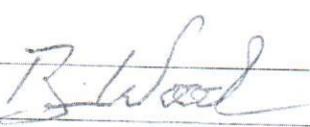
6

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance XXX Disposal Storage
Application qualifies for administrative approval? Yes No
- II. OPERATOR: SAN MATEO STEBBINS WATER MANAGEMENT, LLC
ADDRESS: 5400 LBJ FREEWAY, SUITE 1500, DALLAS TX 75240
CONTACT PARTY: BRIAN WOOD (PERMITS WEST, INC.) PHONE: 505 466-8120
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes XXX No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail. Jim Pat SWD 4
- VII. Attach data on the proposed operation, including: Devonian (96101)
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: BRIAN WOOD

TITLE: CONSULTANT

SIGNATURE: 

DATE: JAN. 13, 2020

E-MAIL ADDRESS: brian@permitswest.com

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, please show the date and circumstances of the earlier submittal: _____

EXHIBIT

A

PROPOSED ADVERTISEMENT

Case No. _____ :

Application of San Mateo Stebbins Water Management, LLC for approval of a salt water disposal well, Eddy County, New Mexico. Applicant seeks an order approving disposal of produced water into the Devonian formation at depths of approximately 13094 - 14074 feet subsurface into the Jim Pat SWD Well No. 4, to be located 3745 feet from the south line and 1716 feet from the west line (Lot 14) of Section 4, Township 21 South, Range 28 East, NMPM. The maximum injection rate will be 45000 BWPD and the maximum injection pressure will be 2618 psi. The well is located approximately 10-1/2 miles northeast of Carlsbad, New Mexico.

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

**IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION FOR
THE PURPOSE OF CONSIDERING:**

**APPLICATION OF SAN MATEO STEBBINS WATER
MANAGEMENT, LLC FOR APPROVAL OF A SALT
WATER DISPOSAL WELL, EDDY COUNTY, NEW MEXICO.**

Case No. 21056

SELF-AFFIRMED STATEMENT OF BRADLEY M. ROBINSON

Bradley M. Robinson, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and I have personal knowledge of the matters set forth herein.
2. I work for MRC Energy Company, an affiliate of Matador Production Company (“Matador”) as the Executive Vice President of Reservoir Engineering and Chief Technology Officer for Matador and all of its affiliates. San Mateo Stebbins Water Management, LLC (“San Mateo”) is the applicant in this case and is an affiliated company. I have been qualified by the Division as an expert in reservoir engineering.
3. Applicant proposes to dispose of produced water into the Siluro-Devonian formation in the Jim Pat SWD No. 4 at depths of approximately 13094 - 14074 feet subsurface. As part of my job I review wellbore designs for San Mateo’s SWD wells. The revised wellbore design is submitted as Attachment A.
4. The well’s revised casing and completion program has been designed to ensure there will be no hydrologic connection between the injection interval and any other zone, and it

will adequately protect and isolate the Capitan Reef and the Salado zones, as well as protect fresh drinking water sources.

5. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 4 above is true and correct, and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date:

3/3/20

Bradley M. Robinson
Bradley M. Robinson

WELLBORE SCHEMATIC

WELL: Jim Pat SWD #4

PROSPECT: Devonian SWD

GL ELEV : 3215'	Surface Hole Location :	3745' FSL & 1716' FWL
RKB ELEV : 3243.5'		Sec. 4, TWP 21-S, RGE 28-E Eddy County, NM
Formation Tops (TVD @ 0' VS)	MW (PPG)	Directional and BHA Details
Rustler @ 454'	8.4-8.8 FW	
Salado @ 704'	10.0-10.4 Sat. Brine	
Capitan @ 1394'	8.4-8.8 FW	
Cherry Canyon @ 3224'	8.4-9.4 Cut Brine	
Brushy Canyon @ 4669'		
Bone Spring Lime 1 st Bone Spring Carb 1 st Bone Spring Sand 2 nd Bone Spring Carb 2 nd Bone Spring Sand 3 rd Bone Spring Carb 3 rd Bone Spring Sand Wolfcamp	@ 5962' @ 6676' @ 7154' @ 7319' @ 7842' @ 8179' @ 8994' @ 9389'	
Wolfcamp B @ 9634'		
Penn Shale Atoka Morrow	@ 10006' @ 10961' @ 11344'	9.5-12 Mud
Barnett	@ 12244'	
Miss Lime	@ 12444'	
Woodford Shale Devonian Carb	@ 12944' @ 13084'	8.4-9.2 FW
Montoya	@ 14084'	
CASING DIAGRAM	Depth (MD)	Hole
	32"	Surf. Csg Cmt: (50% OH excess) Tail: 300' critical Total Sacks Cement: 8100
	24"	Int. 1 Csg Cmt: (50% OH excess) Lead: Circulate to surface Tail: 300' critical Total Sacks Cement: 1030
	20"	Int. 2 Csg Cmt: (50% OH excess) Lead: Circulate to surface Tail: 20% critical Total Sacks Cement: 1950
	17-1/2"	Int. 3 Csg Cmt: (35% OH excess) Lead: Circulate to surface Tail: 8,700' Total Sacks Cement: 1770
	9.700'	9-5/8", 40#, P-110HC, BTC
	8-3/4"	Prod Csg Cmt: Tail: 9,200' (10% OH excess, subject to change based on fluid caliper) Total Sacks Cement: 355
	13,094'	Liner Hanger 7-5/8", 33-7#, P-110HC, USS Liberty FJM, 9,200' - TD Liner
	6-1/2"	Tubing: Permanent Packer @ 12.994' (Packer must be set within 100' of casing shoe)
	14,074'	7", 26#, P-110, BTC, Fiberglass Lined, 0 - 9,100', 5-1/2", 20#, P-110IC, BTC, IPC or Fiberglass Lined, 9,100' - 12.994'
ATTACHMENT A		

Prepared By: BAH - 2/21/2020
Montoya