

August 26, 2020

Ameredev II, LLC
2901 Via Fortuna, #600
Austin, TX 78746

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

RE: CASE NUMBER 21381: AMEREDEV II, LLC PROPOSED INDEPENDENCE AGI #1

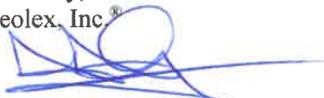
This letter is to advise you that Ameredev II, LLC (Ameredev) filed the enclosed C-108 application on July 10, 2020, with the New Mexico Oil Conservation Commission seeking authorization to drill an acid gas injection (AGI) well at their planned gas processing facility (the "Plant") in Lea County, New Mexico. The AGI well will be a vertical well, located at approximately 829' FNL, 1,443' FWL in Section 20, Township 25 South, Range 36 East. Ameredev plans to inject up to 12 million standard cubic feet (MMSCF) per day of treated acid gas from the Plant at a maximum surface injection pressure of 5,214 psig into the Siluro-Devonian formations, approximately 16,230 feet to 17,900 feet below the surface. The proposed well will serve as a disposal well for acid gas at this facility.

This application (Case Number 21381) has been set for hearing before the New Mexico Oil Conservation Commission at 9:00 a.m. on September 17, 2020 and will be held virtually through the Webex Meeting platform. Specific instruction on how to access this public meeting will be provided in the NMOCC Hearing Notice posted at <http://www.emnrd.state.nm.us/OCD/hearings.html>. You are not required to attend this hearing, but as an owner of interest that may be affected by Ameredev's application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the application at a later date.

A party appearing at the hearing is required by Division Rule 19.15.4.13 NMAC to file a Pre-Hearing Statement at least four days in advance of the scheduled hearing, but in no event not later than 5:00 p.m. Mountain Time on the Thursday preceding the scheduled hearing date. This statement must be filed at the Division's Santa Fe office at the above-specified address and should include the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and an identification of any procedural matters that need to be resolved prior to the hearing.

If you have any questions concerning this application you may contact Alberto Gutiérrez, C.P.G. or David White at Geolex, Inc.[®]; 500 Marquette Avenue NW, Suite 1350; Albuquerque, New Mexico 87102; (505)842-8000.

Sincerely,
Geolex, Inc.[®]



Alberto A. Gutiérrez, C.P.G.
President
Consultant to Ameredev II, LLC

Enclosure: Complete C-108 Application for Authorization to Inject

P:\19-029 Ameredev\NMOCC Hearing Notice Letters\Ameredev Notice.docx

phone: 505-842-8000
fax: 505-842-7380

500 Marquette Avenue NW, Suite 1350
Albuquerque, New Mexico 87102

email: aag@geolex.com
web: www.geolex.com

19-029 Green Cards

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"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Kelsey Follansbee</p> <p>C. Date of Delivery 08/27/20</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: (19-029)</p> <p>BUREAU OF LAND MANAGEMENT 301 DINOSAUR TRAIL SANTA FE, NM 87508</p>  <p>9590 9402 5056 9092 0031 37</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7016 1970 0000 8251 0531</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<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"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Kelsey Follansbee</p> <p>C. Date of Delivery 08/27/20</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: (19-029)</p> <p>STATE OF NEW MEXICO P.O. Box 1148 SANTA FE, NM 87504-1148</p>  <p>9590 9402 5056 9092 0031 20</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7016 1970 0000 8251 0548</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<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"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) [Signature]</p> <p>C. Date of Delivery 8-28</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: (19-029)</p> <p>BC & D OPERATING, INC. 1008 WEST BROADWAY HOBBS, NM 88240</p>  <p>9590 9402 5056 9092 0032 05</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7016 1970 0000 8251</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<p>1. Article Addressed to: (19-029)</p> <p>ROBERT E. LANDRETH 110 WEST LOUISIANA, #404 MIDLAND, TX 79701</p>  <p>9590 9402 5056 9092 0031 51</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7016 1970 0000 8251 0517</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<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. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Carla Reichardt</i>	
1. Article Addressed to: (19-029) BROUGHTON PETROLEUM, INC. P.O. Box 1389 SEALY, TX 77474		B. Received by (Printed Name) C. Date of Delivery Carla Reichardt 8-31-20	
2. Article Number (Transfer from service label) 7016 1970 0000 8251 0494		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	
<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. 	
1. Article Addressed to: (19-029) LILIS ENERGY, INC. 201 MAIN STREET, #700 FORT WORTH, TX 76102	
2. Article Number (Transfer from service label) 7016 1970 0000 8251 0500	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Carla Reichardt</i>	
B. Received by (Printed Name) C. Date of Delivery C. Reichardt 8/31/20	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 1600W 7th st #400 Fort Worth, TX 76102	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <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"/> Signature Confirmation Restricted Delivery	
Domestic Return Receipt	

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<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. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Cathy Good</i>	
1. Article Addressed to: (19-029) INTREPID POTASH - NEW MEXICO, LLC P.O. Box 101 CARLSBAD, NM 88221		B. Received by (Printed Name) C. Date of Delivery Cathy Good 08-31-20	
2. Article Number (Transfer from service label) 7016 1970 0000 8251 0432		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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1. Article Addressed to: (19-029) VERITAS PERMIAN RESOURCES, LLC P.O. Box 10850 FORT WORTH, TX 76114	
2. Article Number (Transfer from service label) 7016 1970 0000 8251 0524	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>C. Johnson</i>	
B. Received by (Printed Name) C. Date of Delivery C. Johnson AUG 31 2020 BRANCH 4105	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <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"/> Signature Confirmation Restricted Delivery	
Domestic Return Receipt	

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1. Article Addressed to: (19-029) AMEREDEV II, LLC 2901 VIA FORTUNA SUITE 600 AUSTIN, TX 78746  9590 9402 5056 9092 0032 12	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7016 1970 0000 8251 0456	<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"/> Signature Confirmation Restricted Delivery
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1. Article Addressed to: (19-029) EOG RESOURCES, INC. 5509 CHAMPIONS DRIVE MIDLAND, TX 79706  9590 9402 5056 9092 0032 43	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7016 1970 0000 8251 0425	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restrict Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery
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1. Article Addressed to: (19-029) NGL SOUTH RANCH, INC. 3773 CHERRY CREEK NORTH DR. SUITE 1000 DENVER, CO 80209  9590 9402 5056 9092 0032 29	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7016 1970 0000 8251 0449	<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"/> Signature Confirmation Restricted Delivery
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1. Article Addressed to: (19-029) TAP ROCK OPERATING, LLC 523 PARK POINT DR., #200 GOLDEN, CO 80401  9590 9402 5056 9092 0031 99	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7016 1970 0000 8251 0470	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restrict Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

Tracking Number: 70161970000082510487

Your item was delivered to an individual at the address at 12:44 pm on August 31, 2020 in FORT WORTH, TX 76107.

Delivered

August 31, 2020 at 12:44 pm
Delivered, Left with Individual
FORT WORTH, TX 76107