

January 23, 2013

Ed Fernandez
BLM Carlsbad District Office
620 E. Greene St.
Carlsbad NM 88220

RE: CASE NUMBER 14664 - FRONTIER FIELD SERVICES, LLC MALJAMAR AGI #1


This letter is to notify you that Frontier Field Services, LLC ("Frontier") filed the enclosed Motion to Amend Order No. R-13443 on January 11, 2013, with the New Mexico Oil Conservation Commission ("Commission"). Order No. R-13443 authorizes Frontier to inject treated acid gas into its Maljamar AGI #1 well, which is next to the Frontier Gas Processing Plant near Maljamar, New Mexico. The well is located 130 feet from the South line and 1813 feet from the East line of Section 21, Township 17 South, Range 32 East. Frontier's motion requests the Commission to amend Order No. R-13443 by eliminating certain conditions that pertain to offset wells and lowering the uppermost elevation of the permitted disposal interval.

The motion has been set for hearing before the Commission at 9:00 a.m. on February 14, 2013, in Porter Hall at the Commission's Santa Fe office located at 1220 South St. Francisco Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as the operator of an offset well(s) identified in Order No. R-13443 that may be affected by Frontier's motion, you may appear at the hearing and present testimony. If you do not appear at the hearing and become a party of record you will be precluded from challenging the motion at a later date.

A party appearing at the hearing is required by the Commission's rules to file a Pre-Hearing Statement with the Commission's Santa Fe office no later than one week prior to the hearing date. This statement must be served on counsel for Frontier and on all other parties and should include: your name and the name of your attorney, if any; a concise statement of the case; the names of all witnesses you will call to testify at the hearing; the approximate time you will need to present your case; and an identification of any procedural matters that need to be resolved prior to the hearing.

If you have any questions concerning Frontier's motion, you may contact me at (505) 842-8000 at Geolex, Inc.; 500 Marquette Avenue NW, Suite 1350; Albuquerque, New Mexico 87102.

Sincerely,
Geolex, Inc.



Alberto A. Gutierrez, C.P.G.
President
Consultant to Frontier Field Services LLC

Enclosure
AAG/lh

OCC Case No. 14664

FRONTIER
FIELD SERVICES

Exhibit #1

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January 23, 2013

Conoco Phillips Co.
4001 Peabrook Street
Odessa TX 79762

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Consultant to Frontier Field Services LLC

Enclosure
AAG/lh

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January 23, 2013

COG Operating LLC
550 W. Texas Ave. #1300
Midland TX 79701

RE: CASE NUMBER 14664 - FRONTIER FIELD SERVICES, LLC MALJAMAR AGI #1

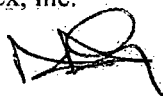
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Alberto A. Gutierrez, C.P.G.
President
Consultant to Frontier Field Services LLC

Enclosure
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I:\10-014\NMOCDC Order & 2-13 Amendment\OrderAmendment\Amendment Notice Letters_Publication\COG Operating Notice Letter.docx

January 23, 2013

VF Petroleum, Inc.
PO Box 1889
Midland TX 79702

RE: CASE NUMBER 14664 - FRONTIER FIELD SERVICES, LLC MALJAMAR AGI #1

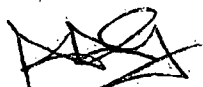
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Geolex, Inc.



Alberto A. Gutierrez, C.P.G.
President
Consultant to Frontier Field Services LLC

Enclosure
AAG/lh

\\10-014\NMOCD Order & 2-13 Amendment\OrderAmendment\Amendment Notice Letters_Publication\VF Petroleum Notice Letter.docx

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Deena Ward</i> </p> <p> B. Received by (Printed Name) C. Date of Delivery <i>1-25-13</i> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Conoco Phillips</i> <i>4001 Peabrook St</i> <i>Odessa TX 79762</i></p>	<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7010 0290 0001 9420 7015</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X [Signature]</i> </p> <p> B. Received by (Printed Name) C. Date of Delivery <i>1/29/13</i> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>V-F Petroleum Inc.</i> <i>Po Box 1889</i> <i>Midland TX 79702</i></p>	<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7010 0290 0001 9420 7022</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p> <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Ed Fernandez BLM-Carlsbad 620 E Green St. Carlsbad NM 88220</p>	<p>A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>1/24/13</u></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>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7010 0290 0001 9420 7008</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>2. Article Number (Transfer from service label) 7010 0290 0001 9420 7039</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	