

HINKLE SHANOR LLP

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SANTA FE NEW MEXICO 87504

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WRITER

Gary W. Larson
Partner

glarson@hinklelawfirm.com

March 22 2017

VIA CERTIFIED MAIL

ChivoOil LLC
P O Box 3061
Midland TX 79702

Re Steward Energy II LLC New Mexico Oil Conservation Division Application

Dear Sir or Madam

Enclosed is a copy of an amended application for approval of a non-standard spacing and proration unit compulsory pooling and an unorthodox well location that Steward Energy II LLC (Steward) has filed with the New Mexico Oil Conservation Division (the Division) The proposed non standard spacing and proration unit is comprised of the SW/4 of Section 3 and the W/2 of Section 10 Township 14 South Range 38 East N M P M Lea County New Mexico

This matter (Case No 15670) is scheduled for hearing at 8 15 a m on Thursday April 13 2017 in Porter Hall at the Division's offices located at 1220 South St Francis Drive Santa Fe New Mexico 87505 ChivoOil LLC is not required to attend this hearing but as an owner of an interest that may be affected by Steward's application it may appear at the hearing and present testimony If ChivoOil LLC does not appear at that time and become a party of record it will be precluded from contesting the matter at a later date

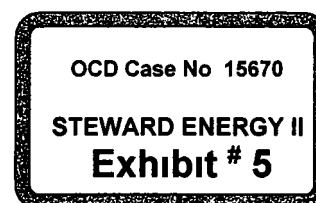
A party appearing in a Division case is required by the Division's Rules to file a Pre Hearing Statement which in this matter must be filed no later than Thursday April 6 2017 The Pre Hearing Statement must be filed with the Division's Santa Fe office at the address above and should include the name of the party and the party's attorney a concise statement of the case the name(s) of the witness(es) the party will call to testify at the hearing the approximate amount of time the party will need to present the party's case and an identification of any procedural matters that need to be resolved prior to the hearing The Pre Hearing Statement must also be provided to me

Thank you for your attention to this matter

Very truly yours

Gary W. Larson

GWL sm
Enclosure



PO BOX 10
ROSWELL NEW MEXICO 88202
575 622 6510
(FAX) 575 623 9332

PO BOX 1720
ARTESIA NEW MEXICO 88211
575 622 6510
(FAX) 575 746 6316

PO BOX 2068
SANTA FE NEW MEXICO 87504
505 982 4554
(FAX) 505 982 8623

7601 JEFFERSON ST NE SUITE 180
ALBUQUERQUE NEW MEXICO 87109
505 858 8320
(FAX) 505 858 8321

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1. Complete items 1, 2, and 3. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece or on the front if space permits. 1. Article Addressed to: Steven E. Cone, Jr. P.O. Box 10321 Lubbock, TX 79408 9590 9402 2354 6225 8701 45 2. Article Number (Transfer from service label): 7014 0510 0000 9539 2954	A. Signature X <i>Jamie Winegar</i> ☐ Agent ☐ Addressee B. Received by (Printed Name): <i>Jamie Winegar</i> C. Date of Delivery: <i>MAR 27 2011</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type <table style="width: 100%;"> <tr> <td>☐ Adult Signature</td> <td>☐ Priority Mail Express®</td> </tr> <tr> <td>☐ Adult Signature Restricted Delivery</td> <td>☐ Registered Mail™</td> </tr> <tr> <td>☐ Certified Mail®</td> <td>☐ Registered Mail Restricted Delivery</td> </tr> <tr> <td>☐ Certified Mail Restricted Delivery</td> <td>☐ Return Receipt for Merchandise</td> </tr> <tr> <td>☐ Collect on Delivery</td> <td>☐ Signature Confirmation™</td> </tr> <tr> <td>☐ Collect on Delivery Restricted Delivery</td> <td>☐ Signature Confirmation Restricted Delivery</td> </tr> <tr> <td>☐ Restricted Delivery</td> <td></td> </tr> </table>	☐ Adult Signature	☐ Priority Mail Express®	☐ Adult Signature Restricted Delivery	☐ Registered Mail™	☐ Certified Mail®	☐ Registered Mail Restricted Delivery	☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise	☐ Collect on Delivery	☐ Signature Confirmation™	☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery	☐ Restricted Delivery	
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☒ Complete items 1, 2, and 3. ☒ Print your name and address on the reverse so that we can return the card to you. ☒ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to Chivo Oil, LLC P.O. Box 3061 Midland, TX 79702 9590 9402 2354 6225 8701 07 2. Article Number (Transfer from service label) 7014 0510 0000 9539 2909	A. Signature ☒ Agent ☐ Addressee <i>[Signature]</i> B. Received by (Printed Name) C. Nolas C. Date of Delivery 3-30-17 D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below. 3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery ☐ Mail Restricted Delivery

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☒ Complete items 1, 2, and 3. ☒ Print your name and address on the reverse so that we can return the card to you. ☒ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to Owen McWhorter, Jr. 3019 21st St Lubbock, TX 79410 9590 9402 2354 6225 8701 69 2. Article Number (Transfer from service label) 7014 0510 0000 9539 2978	A. Signature ☒ Agent ☐ Addressee <i>[Signature]</i> B. Received by (Printed Name) [Blank] C. Date of Delivery 3-25-17 D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below. 3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery ☐ Mail Restricted Delivery

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U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here **MAR 22 2017**

Sent To **Wesley Schnaubert**
 Street Apt No or PO Box No **3 Telegraph #3N**
 City State ZIP+4 **Binghamton NY 13903**

PS Form 3811 August 2005 (See Reverse for Instructions)

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1. Article Addressed to
Matthew Schnaubert
9041 Butterwick St
Fort Worth, TX 76134

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2923

PS Form 3811 July 2015 PSN 7530-02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
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1. Article Addressed to
NM State Land Office
310 Old Santa Fe Trail
Santa Fe, NM 87501

2. Article Number (Transfer from service label)
7014 0510 0000 9539 2985

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A. Signature ☒ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

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

Domestic Return Receipt