

RECEIVED: 8/28/2017	REVIEWER: MAm	TYPE: Sub	APP NO: PMAM 17 240 45 488
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Geological & Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505

**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND
 REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Applicant: Goodnight Midstream Permian, LLC	OGRID Number: 372311
Well Name: Snyder SWD 1	API: 30-025-43901
Pool: SWD; Devonian	Pool Code: 96101

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION
 INDICATED BELOW**

- 1) **TYPE OF APPLICATION:** Check those which apply for [A]
- A. Location – Spacing Unit – Simultaneous Dedication
☐ NSL ☐ NSP (PROJECT AREA) ☐ NSP (PRORATION UNIT) ☐ SD
- B. Check one only for [I] or [II]
- [I] Commingling – Storage – Measurement
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM
- [II] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery
☐ WFX ☐ PMX ☒ SWD ☐ IPI ☐ EOR ☐ PPR

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- 2) **NOTIFICATION REQUIRED TO:** Check those which apply.
- A. ☒ Offset operators or lease holders
 B. ☐ Royalty, overriding royalty owners, revenue owners
 C. ☒ Application requires published notice
 D. ☒ Notification and/or concurrent approval by SLO
 E. ☒ Notification and/or concurrent approval by BLM
 F. ☒ Surface owner
 G. ☒ For all of the above, proof of notification or publication is attached, and/or,
 H. ☐ No notice required

FOR OCD ONLY

- ☐ Notice Complete
- ☐ Application
 Content
 Complete

- 3) **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Brian Wood

Print or Type Name

Signature

8-26-17

Date

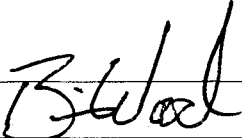
505 466-8120

Phone Number

brian@permitswest.com

e-mail Address

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance XXX Disposal _____ Storage
Application qualifies for administrative approval? XXX Yes _____ No
- II. OPERATOR: GOODNIGHT MIDSTREAM PERMIAN, LLC
ADDRESS: 5610 N. CENTRAL EXPRESSWAY, SUITE 580, DALLAS TX 75206
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.
- VII. Attach data on the proposed operation, including:
- Snyder SWD 1**
SWD; Devonian
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: AUG. 7, 2017
E-MAIL ADDRESS: brian@permitswest.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

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: GOODNIGHT MIDSTREAM PERMIAN, LLC

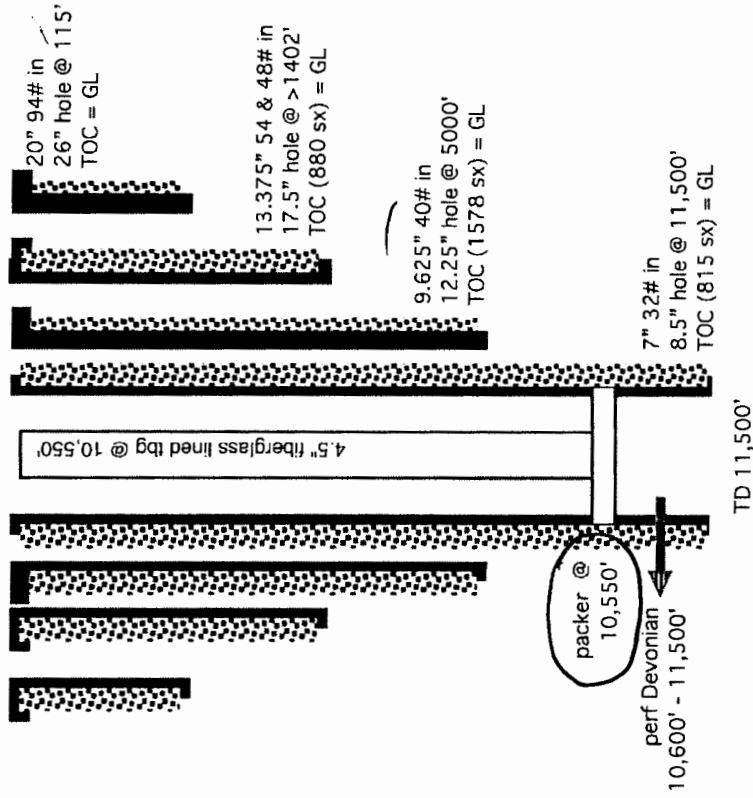
WELL NAME & NUMBER: SNYDER SWD 1

WELL LOCATION: 1450 FNL & 708 FEL

UNIT LETTER	SECTION	TOWNSHIP	RANGE
H	17	21 S	36 E

WELLBORE SCHEMATIC

(not to scale)

WELL CONSTRUCTION DATASurface Casing

Hole Size: 17.5" Casing Size: 13.375"

Cemented with: 880 sx. or ft³

Top of Cement: SURFACE Method Determined: CIRCULATE

Intermediate Casing

Hole Size: 12.25" Casing Size: 9.625"

Cemented with: 1578 sx. or ft³

Top of Cement: SURFACE Method Determined: CIRC. & CBL

Production Casing

Hole Size: 8.5" Casing Size: 7"

Cemented with: 815 sx. or ft³

Top of Cement: SURFACE Method Determined: CIRC. & CBL

Total Depth: 11,500'

Injection Interval

10,600 feet to 11,500'

(Perforated or Open Hole, indicate which)

INJECTION WELL DATA SHEET

Tubing Size: 4.5" Lining Material: FIBERGLASS

Type of Packer: ARROW SET NICKEL OR STAINLESS STEEL

Packer Setting Depth: 10,550'

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 (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: YATES (2766'), SEVEN RIVERS (3048'), QUEEN (3323'),
- GRAYBURG (3710'), & SAN ANDRES (3942')
- UNDER: NONE

GOODNIGHT MIDSTREAM PERMIAN, LLC
SNYDER SWD 1
1450' FNL & 708' FEL
SEC. 17, T. 21 S., R. 36 E., LEA COUNTY, NM

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I. Goal is to drill an 11,500' deep commercial saltwater disposal well. Proposed disposal interval will be 10,600' - 11,500' in the SWD; Devonian (96101) pool.

II. Operator: Goodnight Midstream Permian, LLC (OGRID 372311)
Operator phone number: (214) 891-2039
Operator address: 5910 N. Central Expressway, Suite 580, Dallas TX 75206
Contact for Application: Brian Wood (Permits West, Inc.)
Phone: (505) 466-8120

III. A. (1) Lease type: fee Lease name: Snyder SWD
Well name & number: Snyder SWD 1
Well location: 1450 FNL & 708 FEL Sec. 17, T. 21 S., R. 36 E.

A. (2) Conductor pipe (20", 94#) will be set at 115' in a 26" hole and cemented to GL with ready-mix.

Surface casing (13.375", 54# & 48#, J-55, BT&C) will be set at $\geq 1402'$ ($\geq 25'$ into Rustler) in a 17.5" hole and cemented to GL with 1417 cubic feet (45% excess) Class C. Lead = 655 sacks mixed @ 1.7 cf/sack and 13.5 ppg. Tail = 225 sacks mixed @ 1.35 cf/sack and 14.8 ppg.

Intermediate (9.625", 40#, L-80, LT&C) casing will be set at 5000' in a 12.25" hole and cemented to GL with 2917 cubic feet (85% excess) Class C. Lead in cased hole = 152 sacks mixed @ 1.9 cf/sack and 12.6 ppg. Lead in open = 1285 sacks mixed @ 1.9 cf/sack and 12.6 ppg. Tail in open 141 sacks mixed @ 1.33 cf/sack and 14.8 ppg.

Production casing (7", 32#, L-80, LT&C) will be set at 11,500' in an 8.5" hole and cemented to GL with 1902 cubic feet (30% excess) Class H. Lead in cased = 327 sacks mixed at 2.42 cf/sack and 11.8 ppg. Lead in open = 424 sacks mixed at 2.42 cf/sack and 11.8 ppg. Tail in open = 64 sacks mixed at 1.33 cf/sack and 14.1 ppg.

GOODNIGHT MIDSTREAM PERMIAN, LLC
SNYDER SWD 1
1450' FNL & 708' FEL
SEC. 17, T. 21 S., R. 36 E., LEA COUNTY, NM

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- A. (3) Tubing will be 4.5", 11.6#, L-80, LT&C, and fiberglass lined. Setting depth will be $\approx$ 10,550'. (Disposal interval will be 10,600' to 11,500'.)
- A. (4) An Arrowset I-X nickel plated or stainless steel packer will be set at $\approx$ 10,550'. (Disposal interval will be 10,600' to 11,500'.)
- B. (1) Disposal zone will be the SWD; Devonian (96101).
- B. (2) Disposal interval will be 10,600' to 11,500'.
- B. (3) This well will be drilled as a saltwater disposal well.
- B. (4) Well was has not yet been drilled.
- B. (5) Closest Devonian producer is 7 miles SSE in L-21-22s-36e. Production is occurring above the Devonian within the area of review. Deepest production above the Devonian and in the area of review is the San Andres. San Andres top is at 3942'. Deepest well within the area of review is 4250'. Devonian top is estimated at 10039'. No producing well is below the Devonian within the area of review.

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

V. Exhibit B shows the 21 existing wells (5 injectors + 6 producers + 10 P&A) within a half-mile radius. Exhibit C shows all 349 existing wells (171 oil or gas wells + 95 P & A wells + 71 saltwater disposal or injection wells + 12 water wells) within a two-mile radius.

Exhibit D shows all leases and lessors (BLM, fee, & State) within a half-mile. Exhibit E shows all leases and lessors (BLM, fee, & State) within a two-mile radius. Details on the leases within a half-mile radius are:

GOODNIGHT MIDSTREAM PERMIAN, LLC
 SNYDER SWD 1
 1450' FNL & 708' FEL
 SEC. 17, T. 21 S., R. 36 E., LEA COUNTY, NM

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Aliquot Parts in Area of Review (T21S, R36E)	Lessor	Lease	Lessee(s) of Record	Well Operator(s)
SESW Sec. 8	BLM	NMLC-031740A	McReynolds, Meyers, Phillips, & Warren	XTO
S2SE4 Sec. 8	NMSLO	B0-0230-0001	Chevron USA	XTO
SWSW Sec. 9	NMSLO	B0-0230-0001	Chevron USA	none
SESW Sec. 9	BLM	NMLC-031740B	McReynolds, Meyers, Phillips, & Warren	Breck & XTO
NW4 Sec. 16	NMSLO	B0-1327-0002	Chevron USA	Penroc & XTO
N2SW4 Sec. 16	NMSLO	B0-1481-0018	Oxy USA WTP	Oxy USA WTP & XTO
NE4 Sec. 17	fee	O L Coleman	XTO	ConocoPhillips & XTO
NENW Sec. 17	fee	Coleman	XTO	Apache
SENW & NESW Sec. 17	BLM	NMLC-031740A	McReynolds, Meyers, Phillips, & Warren	XTO
E2SE4 Sec. 17	BLM	NMLC-031740B	McReynolds, Meyers, Phillips, & Warren	Penroc
W2SE4 Sec. 17	fee	Coleman	XTO	XTO

VI. Twenty-one existing wells are within a half-mile radius. None penetrated the Devonian. Deepest of the 21 wells is 4250'.

- VII. 1. Average injection rate will be $\approx$ 20,000 bwpd.
 Maximum injection rate will be 25,000 bwpd.
2. System will be open.
3. Average injection pressure will be $\approx$ 2,000 psi
 Maximum injection pressure will be 2,120 psi (= 0.2 psi/foot x 10,600' (highest perforation)).

4. There have been no reported problems disposing into the 3 closest (12-14 miles west) active Devonian SWD wells (30-025-43422, 30-025-36360, & 30-025-36425). At least 6,030,807 barrels have been disposed in those wells to date.
Source of the disposal water will be produced water from Permian Basin wells (e. g., Yates, Seven Rivers, Queen, Grayburg, San Andres, Delaware, Blinbry, Drinkard, Tubb, Bone Spring, Wolfcamp, Strawn, Pennsylvanian, Morrow, etc.). Data from the NM Produced Water Quality Database v.2 are in Exhibit F.
5. Closest (8.9 miles northwest) Devonian water data in the above database found Devonian TDS at 44,825 mg/L in 30-025-20377.

VIII. The Devonian disposal zone consists of porous carbonates (limestone, dolomite).

Closest possible underground source of drinking water above the proposed disposal interval are the red beds. Red beds are 1290' deep in a well (30-025-04699) that is 982' away. Water sands were found at 870' in 30-025-04699, a well that 982' west.

State Engineer records (Exhibit G) indicate 4 water wells are within a mile. One well (CP 00696) has been converted from a Grayburg San Andres water supply well to an oil well (30-025-29622). A second well (CP 01485) was sampled. Two other wells (CP 00505 & CP 00280) could not be found during a May 17, 2017 field inspection. There is no evidence in State records that CP 00280 was drilled. A second sample was collected at a windmill 6000' east in Section 16. The windmill is not in State records. No underground source of drinking water is below the proposed disposal interval.

Estimated formation tops are:

Quaternary = 0'
Rustler Anhydrite = 1377'
Tansill = 2676'
Yates = 2766'
Seven Rivers = 3048'
Queen = 3323'
Penrose Sand = 3446'

GOODNIGHT MIDSTREAM PERMIAN, LLC
SNYDER SWD 1
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Grayburg = 3710'
San Andres = 3942'
Cisco = 9328'
Strawn = 9785'
Atoka = 10080'
Morrow = 10285'
Devonian = 10500'
Devonian disposal interval = 10600' - 11500'
TD = 11500'
Montoya = 11510'

There will be $\approx 9,200'$ of vertical separation and $\approx 1,500'$ of anhydrite and salt between the bottom of the only likely underground water source (red beds) and the top of the Devonian. The Ogallala is 3.7 miles northeast (Exhibit H).

- IX. The well will acidized to clean out scale or fill.
- X. CBL/CCL and GR/Neutron Density/CCL logs are planned.
- XI. Based on a May 17, 2017 field inspection and a review of the State Engineer's records, one water well is within a one-mile radius. See Exhibit G.
- XII. Goodnight Midstream Permian, LLC is not aware of any geologic or engineering data that may indicate the Devonian is in hydrologic connection with any underground sources of water. Fifteen hundred feet of evaporites prevent that from occurring. There are 158 new or active Devonian disposal wells in New Mexico. Closest Quaternary fault (Guadalupe) is more than 103 miles southwest (Exhibit I).

GOODNIGHT MIDSTREAM PERMIAN, LLC
SNYDER SWD 1

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1450' FNL & 708' FEL

SEC. 17, T. 21 S., R. 36 E., LEA COUNTY, NM

30-025-43901

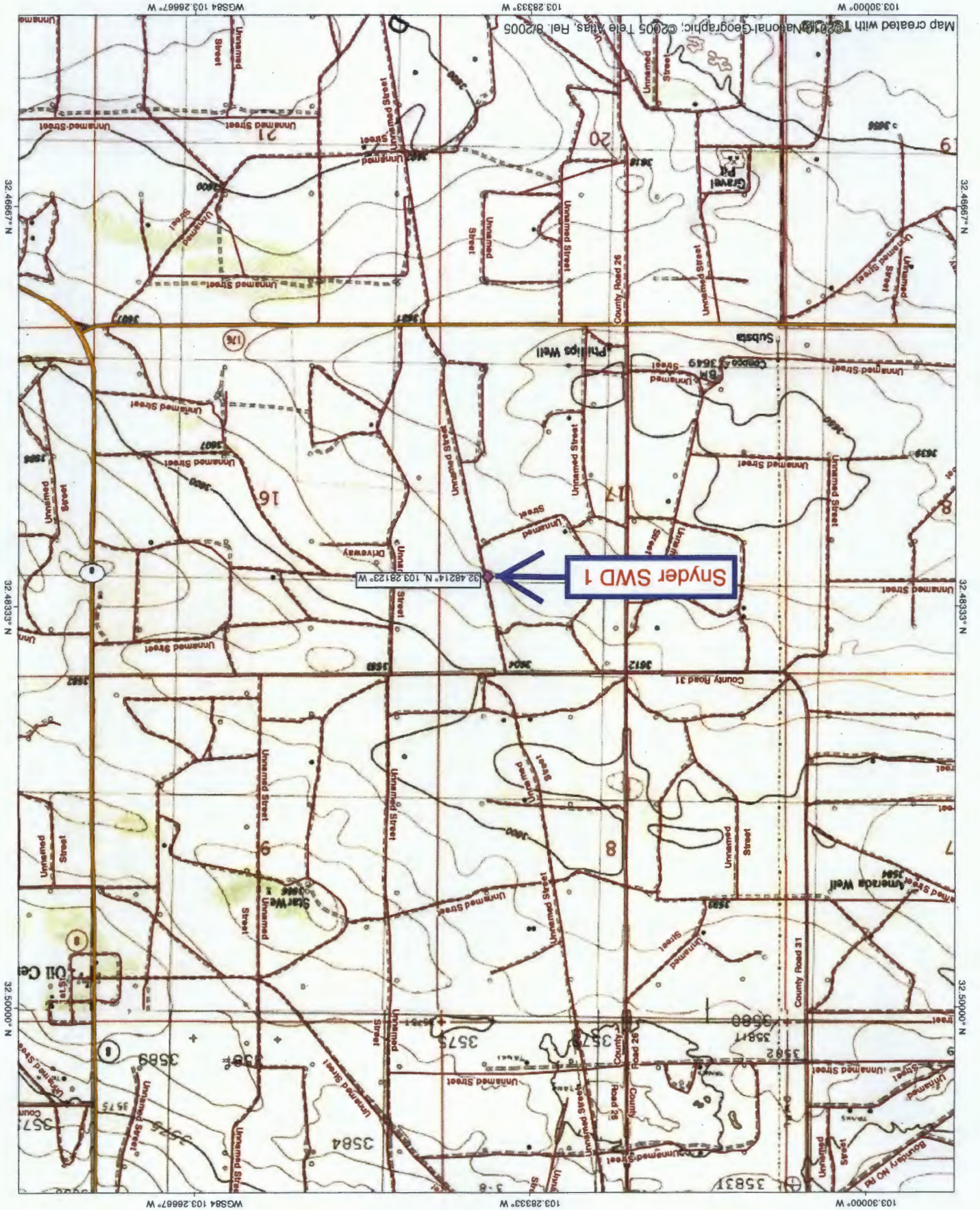
XIII. A legal ad (see Exhibit J) was published on July 16, 2017. Notice (this application) has been sent (Exhibit K) to the surface owner (Dasco Cattle Co.), government lessors (BLM & NMSLO), lessees of record (Chevron, McReynolds, Meyers, Oxy USA WTP, Phillips, Warren, & XTO), working interest owners, dozens of mineral estate owners, and well operators regardless of depth (Apache, Breck, ConocoPhillips, Oxy USA WTP, Penroc, & XTO).



EXHIBIT A

07/13/17
6.5°
T.M.M.M.

TOPOI map printed on 07/13/17 from "Untitled.p0"



WG84 103.28667° W

103.28333° W

103.30000° W

WG84 103.28667° W

103.28333° W

103.30000° W

32.46667° N

32.48333° N

32.50000° N

32.46667° N

32.48333° N

32.50000° N

Map created with 103.30000° W

103.28333° W

Map created with 103.30000° W

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

[illegible]

RECEIVED
JUL 17 2018
Energy
BBS OGD

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

Santa Fe, NM 87505

1220 South St. Francis Dr.

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT



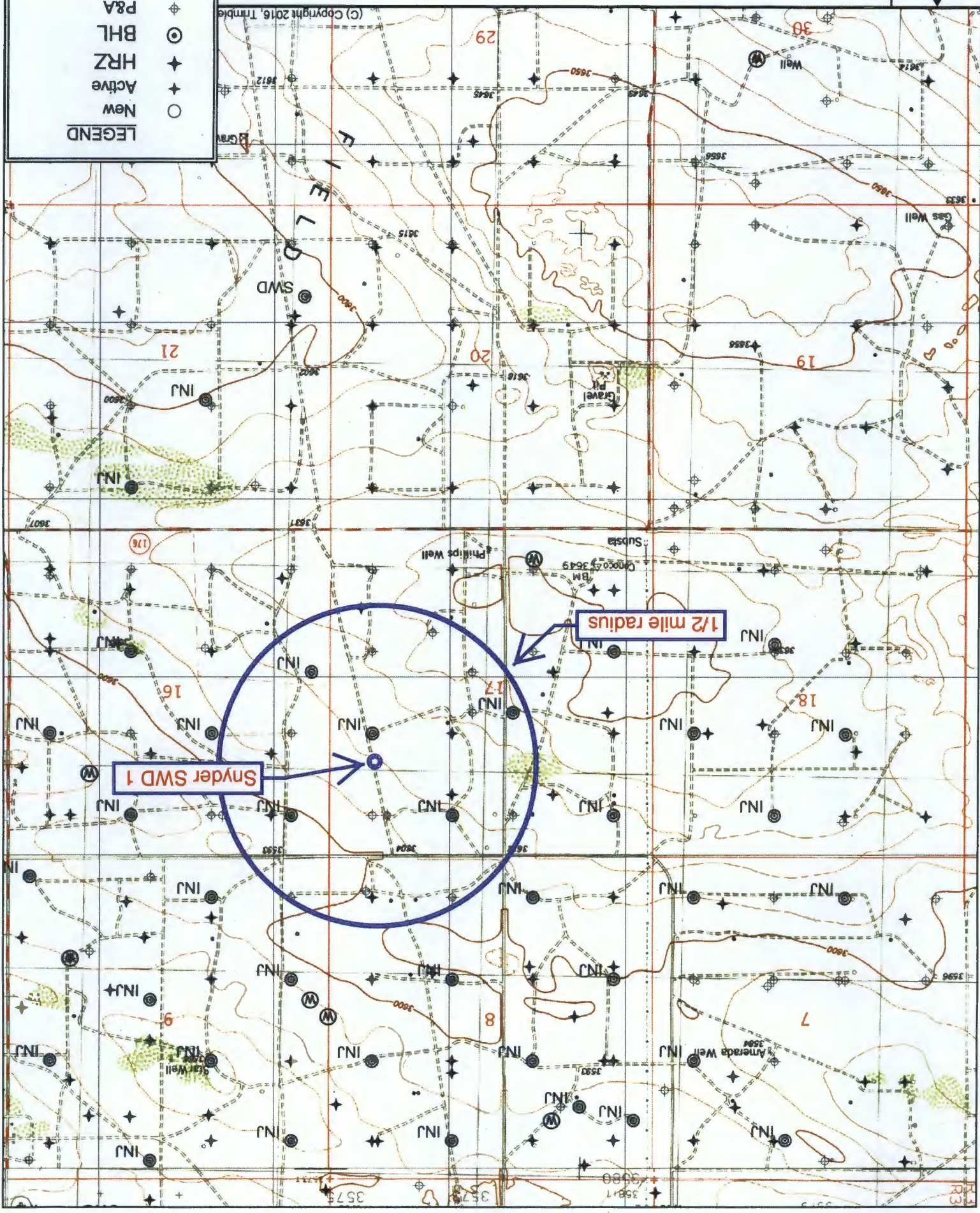
Quad: OIL CENTER
Scale: 1 inch = 2,000 ft.

EXHIBIT B

(C) Copyright 2016, Trimble

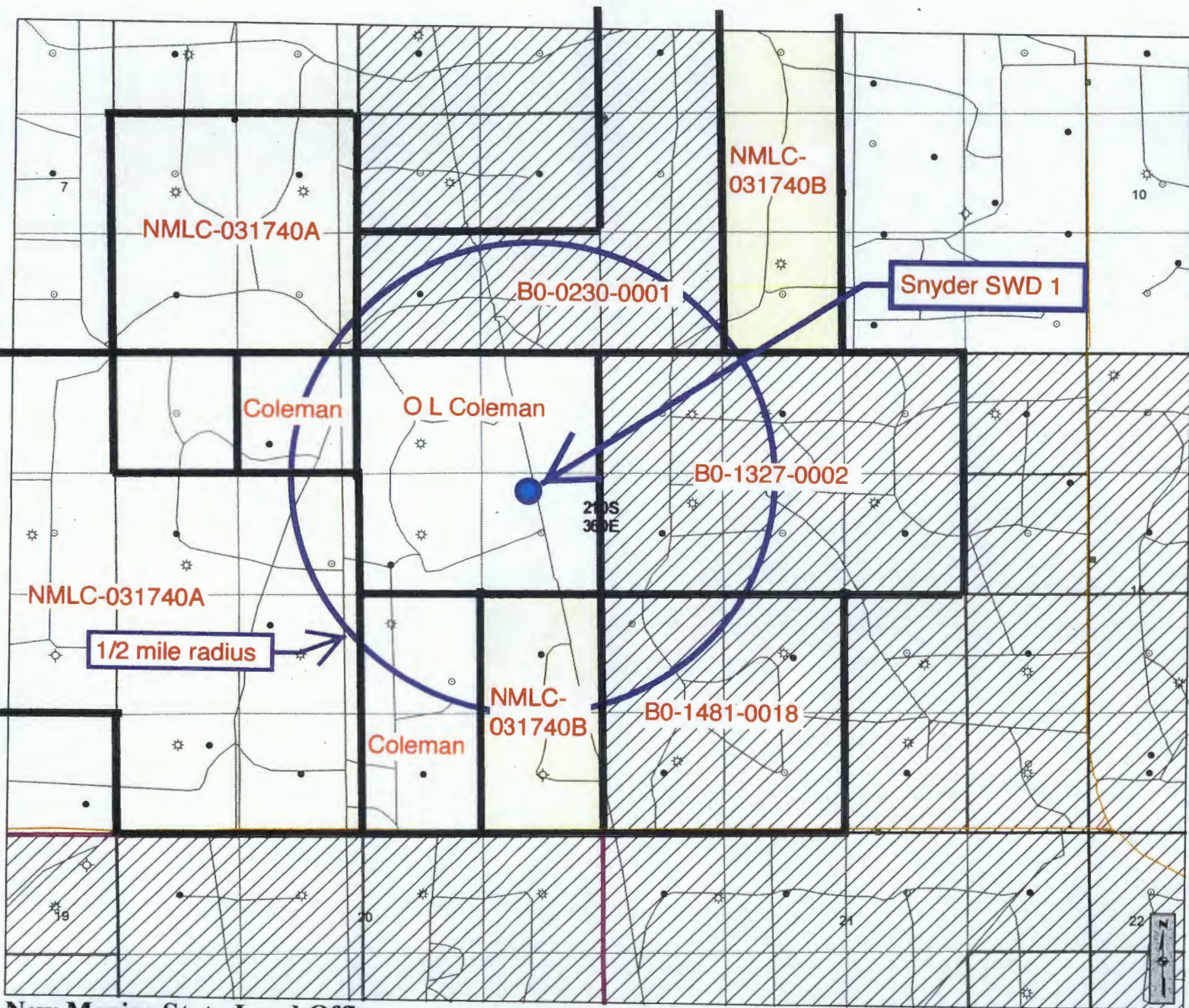
LEGEND

- New
- ★ Active
- ◆ HRZ
- ⊙ BHL
- ⊕ P&A
- INJ
- ⊙ SWD
- ⊙ Water



WELLS WITHIN 1/2 MILE RADIUS AREA OF REVIEW

API	OPERATOR	WELL	TYPE	UNIT- SECTION- T21S-R36E	TVD	ZONE	FEET FROM SNYDER SWD 1
3002530815	ConocoPhillips	O L Coleman 006	G	B-17	3750	Eumont; Yates-7 Rvrs-Queen (Gas)	775
3002521871	XTO	Eunice Mon South Unit 365	P&A	A-17	4168	Eunice Monument; Grayburg SA	827
3002504701	XTO	Eunice Mon South Unit 380	I	H-17	4095	Eunice Monument; Grayburg SA	891
3002532562	ConocoPhillips	O L Coleman 007	G	G-17	3875	Eumont; Yates-7 Rvrs-Queen (Gas)	901
3002504700	ConocoPhillips	O L Coleman 003	P&A	A-17	3925	Eumont; Yates-7 Rvrs-Queen (Gas)	971
3002504699	XTO	Eunice Mon South Unit 366	I	B-17	4053	Eunice Monument; Grayburg SA	982
3002504698	Chevron	Eunice Mon South Unit 379	P&A	G-17	4147	Eunice Monument; Grayburg SA	1370
3002520202	XTO	Eunice Mon South Unit 367	P&A	C-17	4003	Eunice Monument; Grayburg SA	1794
3002508716	Cimarex of CO	Coleman 001	P&A	J-17	4005	Eumont; Yates-7 Rvrs-Queen (Gas)	1884
3002504687	XTO	Eunice Mon South Unit 378	I	F-17	4048	Eunice Monument; Grayburg SA	1889
3002504693	Chevron	Eunice Mon South Unit 405	P&A	I-17	4084	Eunice Monument; Grayburg SA	2034
3002504660	Chevron	Eunice Mon South Unit 381	P&A	E-16	4150	Eunice Monument; Grayburg SA	2072
3002529601	XTO	Eunice Mon South Unit 338	P&A	P-8	4250	Eunice Monument; Grayburg SA	2079
3002504659	XTO	Eunice Mon South Unit 364	I	D-16	4026	Eunice Monument; Grayburg SA	2106
3002504564	XTO	R R Bell NCT A Com 002	G	P-8	3916	Eumont; Yates-7 Rvrs-Queen (Gas)	2139
3002504565	XTO	Eunice Mon South Unit 337	P&A	O-8	3925	Eunice Monument; Grayburg SA	2144
3002504696	XTO	Eunice Mon South Unit 406	P&A	J-17	4116	Eunice Monument; Grayburg SA	2261
3002504688	XTO	Eunice Mon South Unit 404	I	L-16	4026	Eunice Monument; Grayburg SA	2296
3002504664	ConocoPhillips	Skelly B State Com 007	G	E-16	3480	Eumont; Yates-7 Rvrs-Queen (Gas)	2330
3002504669	Apache	Coleman 001	O	C-17	4015	Eumont; Yates-7 Rvrs-Queen (Gas)	2337
3002533360	ConocoPhillips	Skelly B State Com 005	G	D-16	3750	Eumont; Yates-7 Rvrs-Queen (Gas)	2420



Cartographic Features

- County Boundaries
- County Seats
- City, Town or Village
- SLO District Offices
- SLO District Boundary
- Hwy Mileposts
- Interstate
- NM Hwy
- Continental Divide
- US Hwy
- Local Road

Federal Minerals Ownership

- All Minerals
- Coal Only
- Oil and Gas Only
- Oil, Gas and Coal Only
- Other Minerals

State Trust Lands

- Surface Estate
- Subsurface Estate
- Surface and Subsurface Estate

State Leases

- Oil and Gas Leases
- Agricultural Leases
- Commercial Leases
- Minerals Leases
- Not Available for Oil and Gas Leasing
- Oil and Gas Leasing Influenced by Restriction

Oil and Gas Related Features

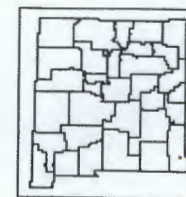
- Oil and Gas Unit Boundary
- Participating Areas in Units
- Geologic Regions

- Volcanic Vents

- NMOCD Order R-111-P
- Potash Enclave Outline

NMOCD Oil and Gas Wells

- CO₂
- Injection
- Oil
- Water
- Gas
- Miscellaneous
- Salt Water Disposal
- DA or PA



www.nmstatelands.org

New Mexico State Land Office Oil, Gas and Minerals

0.0 0.04 0.09 0.18 0.27 0.36
Miles

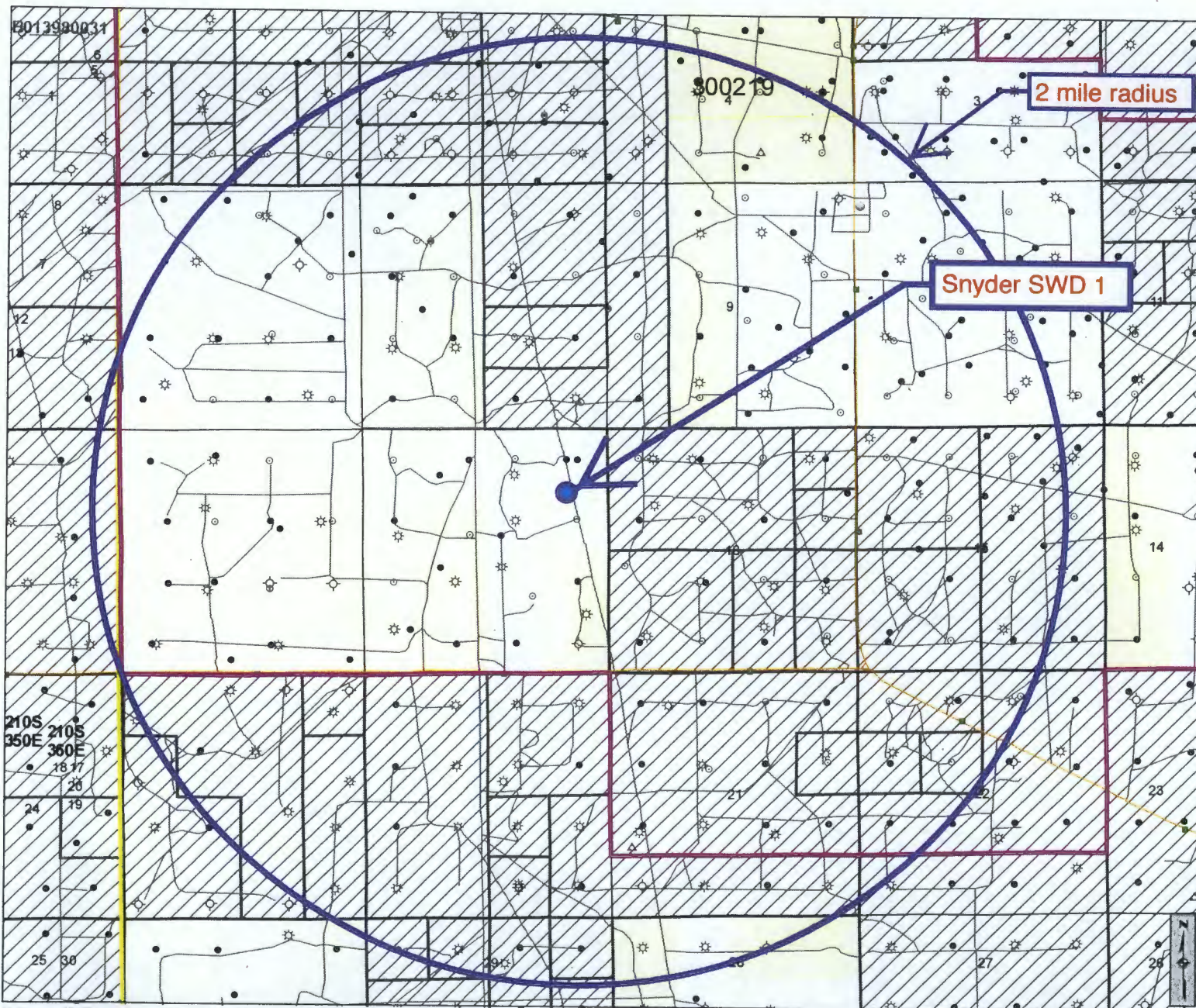
Universal Transverse Mercator Projection, Zone 13
1983 North American Datum

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 here, in State Land Office data layers or any other data layer.

Land Office Geographic Information Center
logic@slo.state.nm.us

Created On: 2/12/2017 4:43:57 PM

EXHIBIT D



Cartographic Features

- County Boundaries
- County Seats
- City, Town or Village
- SLO District Offices
- SLO District Boundary
- Hwy Mileposts
- Interstate
- NM Hwy
- US Hwy
- Local Road
- Continental Divide

Federal Minerals Ownership

- All Minerals
- Coal Only
- Oil and Gas Only
- Oil, Gas and Coal Only
- Other Minerals

State Trust Lands

- Surface Estate
- Subsurface Estate
- Surface and Subsurface Estate

State Leases

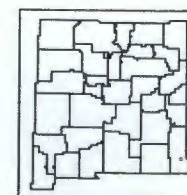
- Oil and Gas Leases
- Agricultural Leases
- Commercial Leases
- Minerals Leases
- Not Available for Oil and Gas Leasing
- Oil and Gas Leasing Influenced by Restriction

Oil and Gas Related Features

- Oil and Gas Unit Boundary
- Participating Areas in Units
- Geologic Regions
- Volcanic Vents
- NMOC Order R-111-P
- Potash Enclave Outline

NMOC Oil and Gas Wells

- CO₂
- Injection
- Oil
- Water
- Gas
- Miscellaneous
- Salt Water Disposal
- DA or PA



www.nmstatelands.org

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 here, in State Land Office data layers or any other data layer.

Land Office Geographic Information Center
logic@sls.state.nm.us

EXHIBIT E

Created On: 2/12/2017 4:35:32 PM

New Mexico State Land Office Oil, Gas and Minerals

0 0.1 0.2 0.4 0.6 0.8 Miles

Universal Transverse Mercator Projection, Zone 13
 1983 North American Datum

PRODUCED WATER DATA FROM T. 20 21 S., R. 36 36 E.

API	SECTION	TOWNSHIP	RANGE	FORMATION	tds mg/L	chloride mg/L	bicarbonate mg/L	sulfate mg/L
3002504463	4	21S	36E	GRAYBURG/SAN ANDRES	13534	6520	1097	1174
3002504465	4	21S	36E	ARTESIA	15449	9356	480	54
3002504529	6	21S	36E	ARTESIA	19867	11002	1712	28
3002504562	8	21S	36E	GRAYBURG/SAN ANDRES	16408	8357	847	1410
3002521902	8	21S	36E	GRAYBURG/SAN ANDRES	17899	9016	1378	1192
3002521902	8	21S	36E	GRAYBURG/SAN ANDRES	13209	6316	1173	1070
3002529418	8	21S	36E	ARTESIA	32858	20367	311	84
3002530511	6	21S	36E	GRAYBURG/SAN ANDRES	13745	6544	1313	1058
3002531409	5	21S	36E	GRAYBURG/SAN ANDRES	15677	8807	884	305
3002531409	5	21S	36E	GRAYBURG/SAN ANDRES	14661	7176	1056	1250
3002531426	5	21S	36E	GRAYBURG/SAN ANDRES	15965	7860	1001	1452
3002532213	8	21S	36E	ARTESIA	34913	19412	1125	2057
3002504529	6	21S	36E	ARTESIA	22819	12768	1235	412
3002530921	9	21S	36E	ARTESIA	301556	222596	189	916
3002504497	5	21S	36E	GRAYBURG/SAN ANDRES	11165	5067	1590	624
3002504497	5	21S	36E	GRAYBURG/SAN ANDRES	10815	5199	1290	529
3002504678	18	21S	36E	GRAYBURG/SAN ANDRES	9161	4249	1361	416
3002530511	6	21S	36E	GRAYBURG/SAN ANDRES	11100	5174	1460	599
3002504497	5	21S	36E	GRAYBURG/SAN ANDRES	12315	5695	1686	640
3002529826	5	21S	36E	GRAYBURG/SAN ANDRES	18031	8711	525	2463
3002520701	10	21S	36E	ARTESIA	170300	107000	280	1520
3002520702	10	21S	36E	BLINEBRY	178952	109300	0	2200
3002520702	10	21S	36E	BLINEBRY	191676	116800	66	1653
3002520706	10	21S	36E	BLINEBRY	90572	54590	853	2332
3002520706	10	21S	36E	BLINEBRY	70565	41550	2438	1993
3002520706	10	21S	36E	BLINEBRY	105267	65310	716	1931
3002520706	10	21S	36E	BLINEBRY	108373	67390	663	1630
3002504670	18	21S	36E	GRAYBURG/SAN ANDRES	9303	5218	264	382
3002504464	4	21S	36E	GRAYBURG/SAN ANDRES	15797	6393	1889	2020
3002504480	4	21S	36E	BLINEBRY	70926	42220	712	1358
3002504494	4	21S	36E	BLINEBRY	179872	109800	212	1565
3002504513	5	21S	36E	GRAYBURG/SAN ANDRES	9090	4000	1828	192
3002504534	6	21S	36E	ARTESIA	11315	5196	1695	585

PRODUCED WATER DATA FROM T. 20 21 S., R. 36 36 E.

API	SECTION	TOWNSHIP	RANGE	FORMATION	tds mgL	chloride mgL	bicarbonate mgL	sulfate mgL
3002504591	10	21S	36E	ARTESIA	7368	3120	1470	240
3002504597	10	21S	36E	GRAYBURG/SAN ANDRES	11739	4975	2412	181
3002504641	15	21S	36E	GRAYBURG/SAN ANDRES	8809	3632	677	1342
3002504653	15	21S	36E	GRAYBURG/SAN ANDRES	8822	2980	2197	610
3002504684	18	21S	36E	GRAYBURG/SAN ANDRES	11598	6380	1380	18
3002504688	16	21S	36E	GRAYBURG/SAN ANDRES	20286	10900	1818	231
3002504706	19	21S	36E	GRAYBURG/SAN ANDRES	6334	2553	1732	2
3002504706	19	21S	36E	GRAYBURG/SAN ANDRES	8560	3600	671	1330
3002504714	19	21S	36E	ARTESIA	5455	2553	1732	2
3002504720	20	21S	36E	PENROSE	6718	3253	693	402
3002504723	20	21S	36E	ARTESIA	7585	3293	1245	382
3002504724	20	21S	36E	PENROSE	6978	3042	1155	402
3002504725	20	21S	36E	ARTESIA	8759	3940	1387	387
3002504728	20	21S	36E	ARTESIA	82730	48060	1349	1455
3002504738	21	21S	36E	ARTESIA	13836	6100	2323	606
3002504761	22	21S	36E	ARTESIA	30524	15580	2480	1804
3002504805	27	21S	36E	ARTESIA	8448	4141	447	603
3002504850	31	21S	36E	ARTESIA	26640	13300	1340	2550
3002504878	32	21S	36E	ARTESIA	89999	54520	754	1108
3002504878	32	21S	36E	ARTESIA	96136	59210	511	1832
3002504895	33	21S	36E	ARTESIA	27370	15590	1528	448
3002504895	33	21S	36E	ARTESIA	21412	11450	1602	532
3002504895	33	21S	36E	ARTESIA	30189	16490	1832	640
3002504895	33	21S	36E	ARTESIA	20623	11050	1663	406
3002504897	34	21S	36E	ARTESIA	21417	9398	3881	557
3002504909	34	21S	36E	ARTESIA	19405	11240	876	355
3002504912	35	21S	36E	ARTESIA	25815	12940	1488	1844
3002504937	36	21S	36E	DRINKARD	157483	96230	427	960
3002504937	36	21S	36E	DRINKARD	171146	100000	801	1041
3002504937	36	21S	36E	DRINKARD	154578	94700	488	938
3002504939	36	21S	36E	GRAYBURG	8156	3276	1431	746
3002530511	6	21S	36E	GRAYBURG/SAN ANDRES	12124	5482	1856	608
3002504678	18	21S	36E	GRAYBURG/SAN ANDRES	10944	4990	1586	554

PRODUCED WATER DATA FROM T. 20 21 S., R. 36 36 E.

API	SECTION	TOWNSHIP	RANGE	FORMATION	tds mgL	chloride mgL	bicarbonate mgL	sulfate mgL
3002504497	5	21S	36E	GRAYBURG/SAN ANDRES	13862	5971	1856	902
3002504678	18	21S	36E	GRAYBURG/SAN ANDRES	14156	6186	1721	983
3002530511	6	21S	36E	GRAYBURG/SAN ANDRES	15151	6306	2105	1051
3002504707	19	21S	36E	ARTESIA	5019	2353	939	36
3002504710	19	21S	36E	ARTESIA	1661	832	126	113
3002504561	8	21S	36E	GRAYBURG/SAN ANDRES	149764	94400	427	734
3002504775	25	21S	36E	ARTESIA	14084	6172	785	1973
3002504613	11	21S	36E	ARTESIA	15726	9204	453	385
3002508703	6	21S	36E	ARTESIA	6498	2528	1860	0
3002508706	6	21S	36E	GRAYBURG/SAN ANDRES	5482	2200	1494	0
3002504538	6	21S	36E	ARTESIA	8175	3608	1616	181
3002520007	3	21S	36E	BLINEBRY	46544	26890	551	1351
3002520262	10	21S	36E	BLINEBRY	300000	186000	12	800
3002504937	36	21S	36E	DRINKARD	177794	108818	98	1339
3002503403	3	21S	35E	ARTESIA	270100	159000	180	6400
3002508555	1	21S	35E	ARTESIA	46404	25925	802	2998
3002503403	3	21S	35E	ARTESIA	137700	82000	342	452
3002503404	3	21S	35E	ARTESIA	294000	174000	84	5550
3002503404	3	21S	35E	ARTESIA	306000	183000	102	3730
3002503404	3	21S	35E	ARTESIA	310000	183000	264	6150
3002503404	3	21S	35E	ARTESIA	302000	180000	162	4195
3002503459	12	21S	35E	ARTESIA	119405	71740	398	1983
3002503523	29	21S	35E	ARTESIA	117501	70410	1210	2754
3002503524	29	21S	35E	ARTESIA	145491	88610	771	2790
3002503525	31	21S	35E	ARTESIA	22610	11200	630	2500
3002503506	25	21S	35E	ARTESIA	39900	21000	810	3040
3002503506	25	21S	35E	ARTESIA	40200	20700	1650	3260
3002503506	25	21S	35E	ARTESIA	40000	21000	561	3350
3002503506	25	21S	35E	ARTESIA	51000	20700	878	10800
3002520377	17	20S	35E	DEVONIAN	44825			
3002503315	3	20S	35E	ARTESIA	218754	135000	4	1700
3002503327	4	20S	35E	ARTESIA	149470	94150	164	1246
3002503361	25	20S	35E	ARTESIA	174035	106839	367	2726

PRODUCED WATER DATA FROM T. 20 21 S., R. 36 36 E.

API	SECTION	TOWNSHIP	RANGE	FORMATION	tds mgL	chloride mgL	bicarbonate mgL	sulfate mgL
3002504130	1	20S	36E	ARTESIA	13609	4934	615	3330
3002504152	1	20S	36E	ARTESIA	33835	17060	812	3691
3002504350	26	20S	36E	ARTESIA	79120	47790	1445	738
3002504350	26	20S	36E	ARTESIA	44140	26230	1461	93
3002504254	13	20S	36E	GRAYBURG		7532	601	1375
3002504165	2	20S	36E	GRAYBURG/SAN ANDRES	10905	2350	1220	3700
3002504165	2	20S	36E	GRAYBURG/SAN ANDRES	40497	20800	1390	3100
3002504165	2	20S	36E	GRAYBURG/SAN ANDRES	71407	29800	810	3500
3002504165	2	20S	36E	GRAYBURG/SAN ANDRES	27045	14500	1370	1020
3002504326	25	20S	36E	YATES		247872	1091	30984
3002504254	13	20S	36E	GRAYBURG	17249	9595	1262	205

PRODUCED WATER FROM BONE SPRING, DELAWARE, DEVONIAN, WOLFCAMP

API	SECTION	TOWNSHIP	RANGE	FORMATION	tds mg/L	chloride mg/L	bicarbonate mg/L	sulfate mg/L
3002502424	11	20S	34E	BONE SPRING	29436	16720	634	1142
3002502427	12	20S	34E	BONE SPRING	15429			
3002502427	12	20S	34E	BONE SPRING	180701	108300	1016	670
3002502429	12	20S	34E	BONE SPRING	202606	118100	5196	992
3002502429	12	20S	34E	BONE SPRING	121800			
3002502431	12	20S	34E	BONE SPRING	147229	89640	108	1038
3002531696	2	20S	34E	DELAWARE	152064	102148	404.43	690.625
3002532105	2	20S	34E	DELAWARE	296822	215237	143.35	293.75
3002532466	2	20S	34E	DELAWARE	340838	245270	229.125	146.875
3002502427	12	20S	34E	DELAWARE	214787	132700	208	1816
3002502431	12	20S	34E	DEVONIAN	33414	18570	227	1961
3002502432	13	20S	34E	DEVONIAN	45778	26440	1145	729
3002501912	16	16S	34E	WOLFCAMP	164004	102500	4204	1249
3002501922	20	16S	34E	WOLFCAMP	104541	64290	280	541
3002501922	20	16S	34E	WOLFCAMP	104033	64080	268	515
3002501922	20	16S	34E	WOLFCAMP	105175	65570	207	192
3002501925	21	16S	34E	WOLFCAMP	86355	51800	610	665
3002501928	21	16S	34E	WOLFCAMP	119102	73300	227	454
3002501928	21	16S	34E	WOLFCAMP	35422	19170	979	1949
3002501930	22	16S	34E	WOLFCAMP	30015	14800	750	3300
3002501931	22	16S	34E	WOLFCAMP	87680	53000	301	681
3002501933	28	16S	34E	WOLFCAMP	59960	35100	515	1500
3002501933	28	16S	34E	WOLFCAMP	60309	35350	586	1297
3002501940	30	16S	34E	WOLFCAMP	82422	49890	361	787
3002501944	30	16S	34E	WOLFCAMP	83960	51410	418	641
3002520222	27	16S	34E	WOLFCAMP	85457	51020	544	1201
3001542895	2	23S	31E	WOLFCAMP	119472	73173		1036



New Mexico Office of the State Engineer

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	POD Sub-basin	County	Q 64	Q 16	Q 4	Sec	Tws	Rng	X	Y	Distance	DepthWell	DepthWater	Water Column
<u>CP00696 POD1</u>		CP	LE	1	1	3	09	21S	36E	661805	3596337*	1196	5000	1200	3800
<u>CP01485 POD1</u>		CP	LE	4	4	3	17	21S	36E	660749	3594154	1272	305	246	59
<u>CP00505</u>		CP	LE			2	16	21S	36E	662933	3595244*	1432	215	195	20
<u>CP00280 POD1</u>	1 mile =	CP	LE	2	4	2	18	21S	36E	660014	3595098*	1490	300		
<u>CP00695 POD1</u>	1610 m	CP	LE	3	2	4	09	21S	36E	663015	3596153*	1798	5000	1050	3950
<u>CP00281 POD1</u>		CP	LE	3	1	1	20	21S	36E	660236	3593696*	1950	201		
<u>CP00693 POD1</u>		CP	LE	3	2	1	08	21S	36E	660587	3596919*	1965	5000	1000	4000
<u>CP00670 POD1</u>		CP	LE	1	4	4	05	21S	36E	661383	3597536*	2359	5000	1128	3872
<u>CP00692</u>		CP	LE	3	1	1	10	21S	36E	663405	3596961*	2606	215	195	20
<u>CP00734</u>		CP	LE			1	10	21S	36E	663713	3596862*	2778	215	200	15
<u>CP00697 POD1</u>		CP	LE				04	21S	36E	662488	3598048*	3032	4900	1200	3700
<u>CP00694 POD1</u>		CP	LE	1	3	1	04	21S	36E	661771	3598344*	3175	5000	1218	3782

Average Depth to Water: **763 feet**

Minimum Depth: **195 feet**

Maximum Depth: **1218 feet**

Record Count: 12

UTM NAD83 Radius Search (in meters):

Easting (X): 661502

Northing (Y): 3595180

Radius: 3220

*UTM location was derived from PLSS - see Help

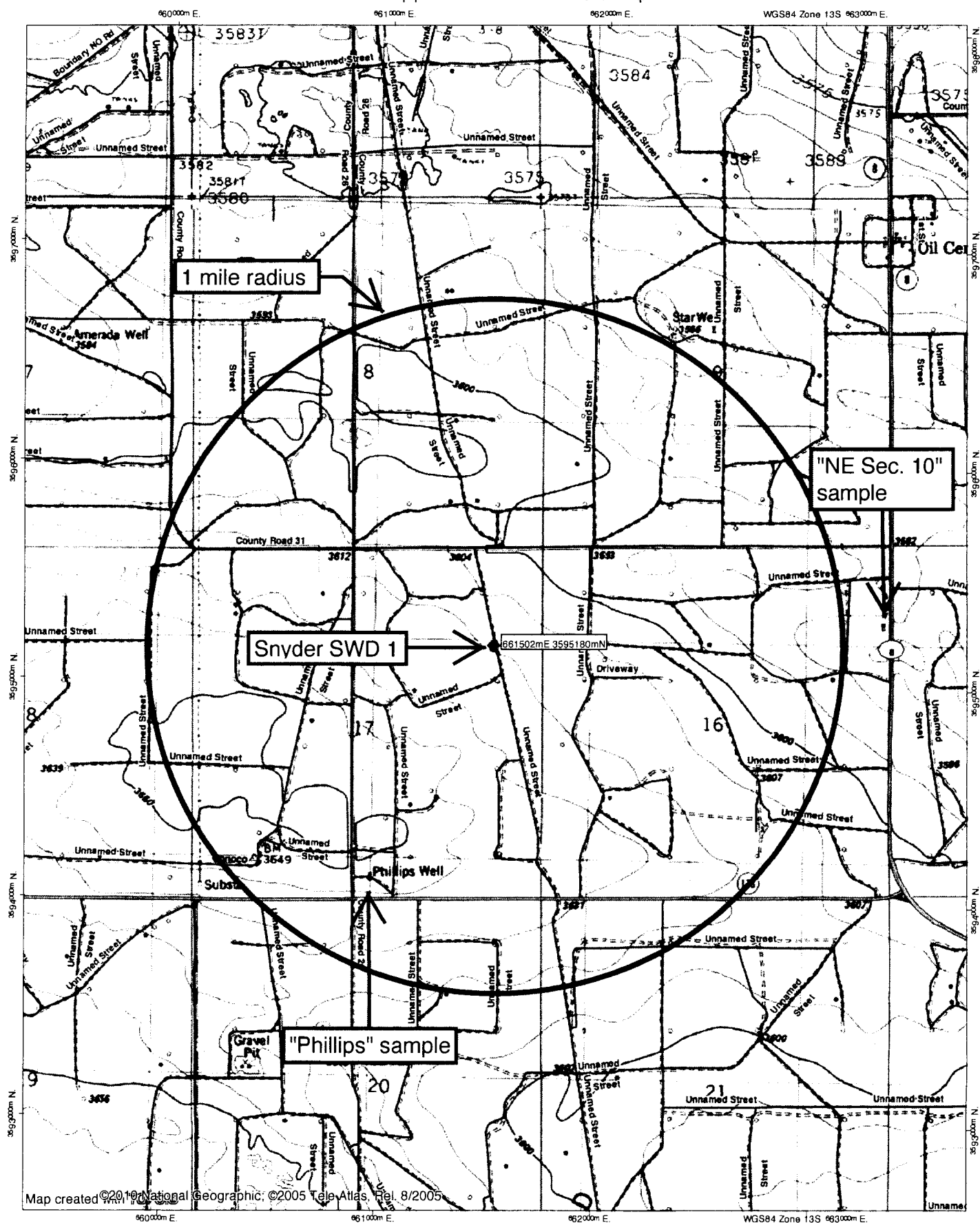
The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

7/13/17 5:02 PM

WATER COLUMN/ AVERAGE DEPTH TO WATER

EXHIBIT G

TOPO! map printed on 07/13/17 from "Untitled.topo"



**NATIONAL
GEOGRAPHIC**

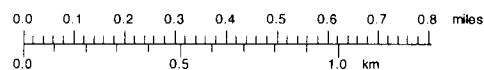


EXHIBIT G

TN ★ MN

6.5

07/13/17

Hall Environmental Analysis Laboratory, Inc.

Analytical Report

Lab Order 1705A08

Date Reported: 5/31/2017

CLIENT: Permits West

Client Sample ID: Phillips Sec 17

Project: Goodnight SWD

Collection Date: 5/17/2017 10:21:00 AM

Lab ID: 1705A08-001

Matrix: AQUEOUS

Received Date: 5/18/2017 1:36:00 PM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
EPA METHOD 300.0: ANIONS						Analyst: MRA
Chloride	120	10		mg/L	20	5/19/2017 12:18:13 PM
EPA METHOD 1664B						Analyst: SMS
N-Hexane Extractable Material	ND	10.4		mg/L	1	5/22/2017
SM2540C MOD: TOTAL DISSOLVED SOLIDS						Analyst: KS
Total Dissolved Solids	757	20.0	*	mg/L	1	5/25/2017 4:49:00 PM

EXHIBIT G

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:	*	Value exceeds Maximum Contaminant Level.	B	Analyte detected in the associated Method Blank
	D	Sample Diluted Due to Matrix	E	Value above quantitation range
	H	Holding times for preparation or analysis exceeded	J	Analyte detected below quantitation limits
	ND	Not Detected at the Reporting Limit	P	Sample pH Not In Range
	R	RPD outside accepted recovery limits	RL	Reporting Detection Limit
	S	% Recovery outside of range due to dilution or matrix	W	Sample container temperature is out of limit as specified

Hall Environmental Analysis Laboratory, Inc.

Analytical Report

Lab Order 1705A08

Date Reported: 5/31/2017

CLIENT: Permits West

Client Sample ID: NE Sec 10 Tank

Project: Goodnight SWD

Collection Date: 5/17/2017 11:02:00 AM

Lab ID: 1705A08-002

Matrix: AQUEOUS

Received Date: 5/18/2017 1:36:00 PM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
EPA METHOD 300.0: ANIONS						Analyst: LGT
Chloride	950	50	*	mg/L	100	5/24/2017 1:33:53 AM
EPA METHOD 1664B						Analyst: SMS
N-Hexane Extractable Material	74.5	12.2		mg/L	1	5/22/2017
SM2540C MOD: TOTAL DISSOLVED SOLIDS						Analyst: KS
Total Dissolved Solids	3820	20.0	*	mg/L	1	5/25/2017 4:49:00 PM

EXHIBIT G

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:	* Value exceeds Maximum Contaminant Level.	B Analyte detected in the associated Method Blank
	D Sample Diluted Due to Matrix	E Value above quantitation range
	H Holding times for preparation or analysis exceeded	J Analyte detected below quantitation limits
	ND Not Detected at the Reporting Limit	P Sample pH Not In Range
	R RPD outside accepted recovery limits	RL Reporting Detection Limit
	S % Recovery outside of range due to dilution or matrix	W Sample container temperature is out of limit as specified

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1705A08

31-May-17

Client: Permits West
Project: Goodnight SWD

Sample ID	MB-31875	SampType:	MBLK	TestCode:	EPA Method 1664B					
Client ID:	PBW	Batch ID:	31875	RunNo:	42988					
Prep Date:	5/22/2017	Analysis Date:	5/22/2017	SeqNo:	1353700	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	ND	10.0								

Sample ID	LCS-31875	SampType:	LCS	TestCode:	EPA Method 1664B					
Client ID:	LCSW	Batch ID:	31875	RunNo:	42988					
Prep Date:	5/22/2017	Analysis Date:	5/22/2017	SeqNo:	1353701	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	35.2	10.0	40.00	0	88.0	78	114			

Qualifiers:

* Value exceeds Maximum Contaminant Level.
D Sample Diluted Due to Matrix
H Holding times for preparation or analysis exceeded
ND Not Detected at the Reporting Limit
R RPD outside accepted recovery limits
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank
E Value above quantitation range
J Analyte detected below quantitation limits
P Sample pH Not In Range
RL Reporting Detection Limit
W Sample container temperature is out of limit as specified

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1705A08

31-May-17

Client: Permits West
Project: Goodnight SWD

Sample ID	MB	SampType:	mblk	TestCode:	EPA Method 300.0: Anions					
Client ID:	PBW	Batch ID:	R42935	RunNo:	42935					
Prep Date:		Analysis Date:	5/19/2017	SeqNo:	1350917	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	ND	0.50								

Sample ID	LCS	SampType:	lcs	TestCode:	EPA Method 300.0: Anions					
Client ID:	LCSW	Batch ID:	R42935	RunNo:	42935					
Prep Date:		Analysis Date:	5/19/2017	SeqNo:	1350918	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	4.6	0.50	5.000	0	92.0	90	110			

Sample ID	MB	SampType:	MBLK	TestCode:	EPA Method 300.0: Anions					
Client ID:	PBW	Batch ID:	R42994	RunNo:	42994					
Prep Date:		Analysis Date:	5/23/2017	SeqNo:	1353990	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	ND	0.50								

Sample ID	LCS	SampType:	LCS	TestCode:	EPA Method 300.0: Anions					
Client ID:	LCSW	Batch ID:	R42994	RunNo:	42994					
Prep Date:		Analysis Date:	5/23/2017	SeqNo:	1353991	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	4.8	0.50	5.000	0	95.0	90	110			

Qualifiers:

* Value exceeds Maximum Contaminant Level.
D Sample Diluted Due to Matrix
H Holding times for preparation or analysis exceeded
ND Not Detected at the Reporting Limit
R RPD outside accepted recovery limits
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank
E Value above quantitation range
J Analyte detected below quantitation limits
P Sample pH Not In Range
RL Reporting Detection Limit
W Sample container temperature is out of limit as specified

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1705A08

31-May-17

Client: Permits West
Project: Goodnight SWD

Sample ID	MB-31939	SampType	MBLK	TestCode	SM2540C MOD: Total Dissolved Solids
Client ID	PBW	Batch ID	31939	RunNo	43070
Prep Date	5/24/2017	Analysis Date	5/25/2017	SeqNo	1355472 Units: mg/L
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC LowLimit HighLimit %RPD RPDLimit Qual
Total Dissolved Solids	ND	20.0			

Sample ID	LCS-31939	SampType	LCS	TestCode	SM2540C MOD: Total Dissolved Solids
Client ID	LCSW	Batch ID	31939	RunNo	43070
Prep Date	5/24/2017	Analysis Date	5/25/2017	SeqNo	1355473 Units: mg/L
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC LowLimit HighLimit %RPD RPDLimit Qual
Total Dissolved Solids	1020	20.0	1000	0	102 80 120

Qualifiers:

* Value exceeds Maximum Contaminant Level.
D Sample Diluted Due to Matrix
H Holding times for preparation or analysis exceeded
ND Not Detected at the Reporting Limit
R RPD outside accepted recovery limits
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank
E Value above quantitation range
J Analyte detected below quantitation limits
P Sample pH Not In Range
RL Reporting Detection Limit
W Sample container temperature is out of limit as specified

41

Maddox Rd

Ogallala

3.7 miles

Oil Center

32.48214, -103.28123

Snyder SWD 1

EXHIBIT H



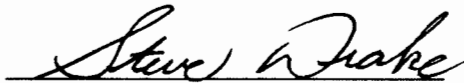
EXHIBIT I

Goodnight Midstream Permian, LLC
5910 North Central Expressway, Suite 850
Dallas, TX 75206
214-891-2039

Snyder SWD #1

Lot H, Section 17, Township 21S Range 36E
Lea County, New Mexico

The available geologic and engineering data has been examined and no evidence of open faults or other hydrological connection between the injection zone and any underground sources of drinking water has been found.



Steve Drake
Geologic Consultant for Goodnight Midstream

8-4-17

Date

EXHIBIT I

Affidavit of Publication

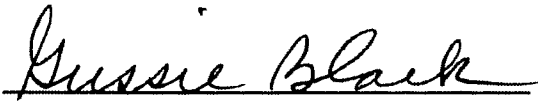
STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
July 16, 2017
and ending with the issue dated
July 16, 2017.


Publisher

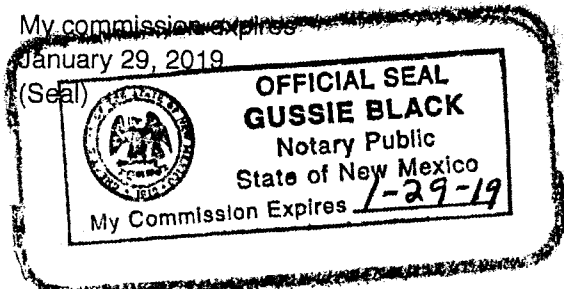
Sworn and subscribed to before me this
16th day of July 2017.


Business Manager

My commission expires

January 29, 2019

(Seal)



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said



02108485

00196495

BRIAN WOOD
PERMITS WEST
37 VERANO LOOP
SANTA FE, NM 87508

EXHIBIT J

PERMITS WEST, INC.
PROVIDING PERMITS for LAND USERS
37 Verano Loop, Santa Fe, New Mexico 87508 (505) 466-8120

August 7, 2017

Dasco Cattle Co. LLC
PO Box 727
Hobbs NM 88241

TYPICAL LETTER

Goodnight Midstream Permian, LLC is applying (see attached application) to drill the Snyder SWD 1 well as a saltwater disposal well. As required by NM Oil Conservation Division (NMOCD) rules, I am notifying you of the following proposed saltwater disposal well. This letter is a notice only. No action is needed unless you have questions or objections.

Well Name: Snyder SWD 1 (fee lease) ID = 11,500'

Proposed Disposal Zone: Devonian (10,600' - 11,500')

Location: 1450' FNL & 708' FEL Sec. 17, T. 21 S., R. 36 E., Lea County, NM

Approximate Location: ≈7 air miles northwest of Eunice, NM

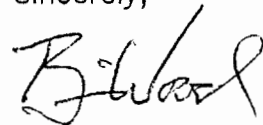
Applicant Name: Goodnight Midstream Permian, LLC (214) 891-2039

Applicant's Address: 5910 N. Central Expressway, Suite 580, Dallas TX 75206

Submittal Information: Application for a saltwater disposal well will be filed with the NMOCD. If you have an objection, or wish to request a hearing, then it must be filed with the NMOCD within 15 days of receipt of this letter. The New Mexico Oil Conservation Division address is 1220 South St. Francis Dr. Santa Fe, NM 87505. Their phone number is (505) 476-3440.

Please call me if you have any questions.

Sincerely,



Brian Wood

EXHIBIT K

2016 2710 0001 1205 1765

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☐ Certified Mail Restricted Delivery \$3.50
☐ Adult Signature Required \$3.50
☐ Adult Signature Restricted Delivery \$3.50

Postage: 1.50

Total Postage and Fees: 5.00

Sent To: **Robert J. Anderson**
C/O R. Blake Atkins, Esq.
1406 Terrace Drive
Tulsa, OK 74104
Goodnight Snyder SWD

Postmark: **PECOS NM**
Date: **2017**
Time: **1552-9993**

PS Form 3800, April 2010 PSN 7530-02-000-9000 See Reverse for Instructions

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Postage: 1.61

Total Postage and Fees: 5.11

Sent To: **Amoco Production Company**
1309 Washington Ave
Houston TX 77002
Goodnight Snyder SWD

Postmark: **PECOS NM**
Date: **2017**
Time: **1552-9993**

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☐ Adult Signature Restricted Delivery \$3.50

Postage: 1.50

Total Postage and Fees: 5.00

Sent To: **Apache Corp.**
2000 Post Oak Blvd., #100
Houston TX 77056
Goodnight Snyder SWD

Postmark: **PECOS NM**
Date: **2017**
Time: **1552-9993**

PS Form 3800, April 2010 PSN 7530-02-000-9000 See Reverse for Instructions

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☐ Adult Signature Required \$3.50
☐ Adult Signature Restricted Delivery \$3.50

Postage: 1.50

Total Postage and Fees: 5.00

Sent To: **Wilma Lou Andre**
10075 North 65th Street
Longmont CO 80503
Goodnight Snyder SWD

Postmark: **PECOS NM**
Date: **2017**
Time: **1552-9993**

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☐ Adult Signature Required \$3.50
☐ Adult Signature Restricted Delivery \$3.50

Postage: 1.50

Total Postage and Fees: 5.00

Sent To: **Bargo Petroleum Corp.**
700 Louisiana Street, Suite 3700
Houston TX 77002
Goodnight Snyder SWD

Postmark: **PECOS NM**
Date: **2017**
Time: **1552-9993**

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Postage: 1.50

Total Postage and Fees: 5.00

Sent To: **Apache Corp.**
303 Veterans Airpark Ln., #3000
Midland TX 79705
Goodnight Snyder SWD

Postmark: **PECOS NM**
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Time: **1552-9993**

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Sent To: **BLM**
620 E. Greene
Carlsbad NM 88220
Goodnight Snyder SWD

Postmark: **PECOS NM**
Date: **2017**
Time: **1552-9993**

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☐ Adult Signature Restricted Delivery \$3.50

Postage: 1.50

Total Postage and Fees: 5.00

Sent To: **Leta French Archer**
112 Land Mark Drive
Azle TX 76020
Goodnight Snyder SWD

Postmark: **PECOS NM**
Date: **2017**
Time: **1552-9993**

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EXHIBIT K

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C/O David Bower
3100 Main Place
Dallas TX 75250
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Kate Bower
C/O David Bower
3100 Main Place
Dallas TX 75250
Goodnight Snyder SWD

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Ann Knight Bower, Trustee
C/O David Bower
3100 Main Place
Dallas TX 75250
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Dallas TX 75250
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David Armstrong Bower
C/O David Bower
3100 Main Place
Dallas TX 75250
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Fred Bowman Inc.
1749 County Road 103
Range TX 78151
Goodnight Snyder SWD

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John Ralston Bower
C/O David Bower
3100 Main Place
Dallas TX 75250
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Brazos LP
PO Box 911
Breckenridge TX 76424
Goodnight Snyder SWD

EXHIBIT K

[illegible][illegible]

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1. Date of mailing: 05/02/2016
2. Time of mailing: 10:00 AM
3. Post office: Santa Fe NM 87505
4. Post office address: 1000 Santa Fe Ave SW Santa Fe NM 87505
5. Post office phone: (505) 833-1234
6. Post office fax: (505) 833-1234
7. Post office email: sntafe@postoffice.com

8. Recipient name: Catherine Coll
9. Recipient address: 83 La Barbarala Trail
10. Recipient city: Santa Fe NM 87505
11. Recipient state: NM
12. Recipient zip: 87505
13. Recipient phone: (505) 833-1234
14. Recipient fax: (505) 833-1234
15. Recipient email: ccoll@postoffice.com

16. Return address: Goodnight Snyder SWD
17. Return address: 1000 Santa Fe Ave SW Santa Fe NM 87505
18. Return address: (505) 833-1234
19. Return address: ccoll@postoffice.com

20. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

21. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

22. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

23. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

24. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

25. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

26. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

27. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

28. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

29. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

30. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

31. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

32. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

33. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940 4142 4344 4546 4748 4950 5152 5354 5556 5758 5960 6162 6364 6566 6768 6970 7172 7374 7576 7778 7980 8182 8384 8586 8788 8990 9192 9394 9596 9798 9900

34. Tracking number: 9505 1234 5678 9010 1112 1314 1516 1718 1920 2122 2324 2526 2728 2930 3132 3334 3536 3738 3940

EXHIBIT K

7016 2710 0001 1205 1659
7016 2710 0001 1205 1666
7016 2710 0001 1205 1673
7016 2710 0001 1205 1680

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Postage \$

Total Postage and Fee \$

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7625-2 El Centro Blvd
Las Cruces NM 88012-9993
Goodnight Snyder SWD

Postmark
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Total Postage and Fee \$

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3401 E. 30th St.
Farmington NM 87402
Goodnight Snyder SWD

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Total Postage and Fee \$

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ConocoPhillips Co.
PO Box 7500
Bartlesville OK 74005
Goodnight Snyder SWD

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☐ Adult Signature Required \$
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Postage \$

Total Postage and Fee \$

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600 N. Dairy Ashford
Houston TX 77079
Goodnight Snyder SWD

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

Postage \$

Total Postage and Fee \$

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Conoco, Inc.
Attn: Division Manager
10 Desta Drive, Suite 100W
Midland TX 79705
Goodnight Snyder SWD

Postmark
AUG - 7 2017

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

Postage \$

Total Postage and Fee \$

Sent To
Cross Timbers Energy
400 W. 7th St.
Ft. Worth TX 76102
Goodnight Snyder SWD

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

Postage \$

Total Postage and Fee \$

Sent To
Dabb Energy Company
6608 Bryant Irvin Road
Fort Worth TX 76132
Goodnight Snyder SWD

Postmark
AUG - 7 2017

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

Postage \$

Total Postage and Fee \$

Sent To
Dasco Cattle Co LLC
PO Box 727
Hobbs NM 88241
Goodnight Snyder SWD

Postmark
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EXHIBIT K

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Davis OR 97303
Goodnight Snyder SWD

Postage and Fees: \$
Date: 05/09/2017

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Postmark: 05-09-2017

Total Postage and Fees: **Louise G. Hoffman**
174 South Street
Williamston MA 1267
Goodnight Snyder SWD

Postage and Fees: \$
Date: 05/09/2017

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

Postmark: 05-09-2017

Total Postage and Fees: **John H. Hendrix Corp.**
8 Desta Dr. #2100
Midland TX 79705
Goodnight Snyder SWD

Postage and Fees: \$
Date: 05/09/2017

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

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

Postmark: 05-09-2017

Total Postage and Fees: **Jan D. Johnson**
PO Box 337
Albany TX 76430
Goodnight Snyder SWD

Postage and Fees: \$
Date: 05/09/2017

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

Postmark: 05-09-2017

Total Postage and Fees: **Herring's Carter Minerals, LLC**
PO Box 2036
Roswell NM 88202
Goodnight Snyder SWD

Postage and Fees: \$
Date: 05/09/2017

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

Postmark: 05-09-2017

Total Postage and Fees: **J.W.N. Trust**
PO Box 278
Hobbs NM 88241
Goodnight Snyder SWD

Postage and Fees: \$
Date: 05/09/2017

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

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

Postmark: 05-09-2017

Total Postage and Fees: **Emily Marie Hinn**
2140 Hall Johnson #102-292
Grapevine TX 76051
Goodnight Snyder SWD

Postage and Fees: \$
Date: 05/09/2017

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

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

Postmark: 05-09-2017

Total Postage and Fees: **K&K Minerals, LLC**
5400 N. Grand Blvd. Suite 100
Oklahoma City OK 73112
Goodnight Snyder SWD

Postage and Fees: \$
Date: 05/09/2017

EXHIBIT K

7016 2710 0001 1206 2280

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

Certified Mail Fee \$

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **Kanaly Trust Company
Successor Trustee
4550 Post Oak Place Drive
Houston, TX 77027
Goodnight Snyder SWD**

City, State, ZIP+4®

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

7016 2710 0001 1206 2327

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

Certified Mail Fee \$

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **Stacy Kinney
425 E. Zia Drive
Hobbs NM 88240
Goodnight Snyder SWD**

City, State, ZIP+4®

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

7016 2710 0001 1206 2303

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

Certified Mail Fee \$

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **William C. Kellough
Trustee
1965 E. 33rd Place
Tulsa, OK 74105
Goodnight Snyder SWD**

City, State, ZIP+4®

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

7016 2710 0001 1206 2334

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Certified Mail Fee \$

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **LASCA Inc.
1731 Texas American Ban Bldg
Fort Worth TX 76102
Goodnight Snyder SWD**

City, State, ZIP+4®

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

7016 2710 0001 1206 2297

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Certified Mail Fee \$

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **Robert B. Kellough, Jr. & Nohra S.
Kellough Trustees
505 Mission Street SE
Salem, OR 97302
Goodnight Snyder SWD**

City, State, ZIP+4®

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

7016 2710 0001 1206 2341

U.S. Postal Service™
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Certified Mail Fee \$

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **Carter Legacy, LLC
5331 85th Street
Lubbock TX 79424
Goodnight Snyder SWD**

City, State, ZIP+4®

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

7016 2710 0001 1206 2335

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

Certified Mail Fee \$

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **Kenebrew Minerals LP
PO Box 917
Idaho TX 79329
Goodnight Snyder SWD**

City, State, ZIP+4®

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

7016 2710 0001 1206 2352

U.S. Postal Service™
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Certified Mail Fee \$

Extra Services & Fees (check box, add fee to postage)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To **Legacy Reserves Operating, LP
PO Box 10848
Midland TX 79702
Goodnight Snyder SWD**

City, State, ZIP+4®

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

EXHIBIT K

7014 2870 0001 8951 4371

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OFFICIAL USE

Postage	\$ 1.61
Certified Fee	3.35
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.71

Sent To: Jane Case Blackford Family Trust
c/o Susan Wheelock Dunn
PO Box 2128
Corsicana TX 75151
Goodnight Snyder SWD

PS Form 3800, July 2014 See Reverse for Instructions

7017 0530 0000 3176 1678

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OFFICIAL 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	\$ 12.69

Sent To: Wentz Production
Attn: Casey Healey Killblane
PO Box 834
Davis OK 73030
Goodnight Snyder SWD

PS Form 3800, April 2015 PSN 7530-02-000-4347 See Reverse for Instructions

7017 0530 0000 3176 1630

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

OFFICIAL 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	\$ 12.69

Sent To: R.H. Venable Properties, LLC
3102 Oak Lawn Ave
Suite 540, LB 123
Dallas TX 75219
Goodnight Snyder SWD

PS Form 3800, April 2015 PSN 7530-02-000-4347 See Reverse for Instructions

7017 0530 0000 3176 1685

U.S. Postal Service™
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OFFICIAL 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	\$ 12.69

Sent To: W.H.T., LLC
258 Compound Road
Ardmore OK 73401
Goodnight Snyder SWD

PS Form 3800, April 2015 PSN 7530-02-000-4347 See Reverse for Instructions

7017 0530 0000 3176 1647

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

OFFICIAL 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	\$ 12.69

Sent To: Alva Warren
PO Box 428
Panhandle TX 79068
Goodnight Snyder SWD

PS Form 3800, April 2015 PSN 7530-02-000-4347 See Reverse for Instructions

7014 2870 0001 8951 4296

U.S. Postal Service™
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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	\$

Sent To: Mark H. Wooldridge
PO Drawer 3217
Albany TX 76430
Goodnight Snyder SWD

PS Form 3800, July 2014 See Reverse for Instructions

7017 0530 0000 3176 1654

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

OFFICIAL 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	\$ 12.69

Sent To: F. Bennett Watts
PO Box 231
Breckenridge TX 76424
Goodnight Snyder SWD

PS Form 3800, April 2015 PSN 7530-02-000-4347 See Reverse for Instructions

7014 2870 0001 8951 4302

U.S. Postal Service™
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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	\$

Sent To: Mark H. Wooldridge
PO Drawer 1846
Albany TX 76430
Goodnight Snyder SWD

PS Form 3800, July 2014 See Reverse for Instructions

EXHIBIT K

7014 2870 0001 8951 4319

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OFFICIAL USE

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

Sent To: **XTO Energy Inc.**
PO BOX 6501
Englewood CO 80155
Goodnight Snyder SWD

Street & Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4326

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OFFICIAL USE

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

Sent To: **XTO Energy Inc.**
810 Houston St., #2000
Ft. Worth TX 76102
Goodnight Snyder SWD

Street & Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4333

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CERTIFIED MAIL® RECEIPT**
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OFFICIAL USE

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

Sent To: **Pam-Young**
Trustee
PO Box 1004
Denver City TX 79323
Goodnight Snyder SWD

Street & Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4340

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OFFICIAL USE

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

Sent To: **2PZ Delaware LLC**
Post Oak Blvd, Suite 100
Houston TX 77056
Goodnight Snyder SWD

Street & Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 8951 4357

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OFFICIAL USE

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

Sent To: **Mary M. Hedge**
10005 Homeplace Dr.
Dallas TX 75217
Goodnight Snyder SWD

Street & Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

7017 0530 0000 3176 1623

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OFFICIAL 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 & Fees \$

Sent To: **Tharp Properties LLC**
PO Box 2169
Albany TX 76430
Goodnight Snyder SWD

Street & Apt. No., or PO Box No.
City, State, ZIP+4

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

7017 0530 0000 3176 1616

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OFFICIAL 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 & Fees \$

Sent To: **Robert L. Summers**
913 West Caprock
Hobbs NM 88240
Goodnight Snyder SWD

Street & Apt. No., or PO Box No.
City, State, ZIP+4

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

7017 0530 0000 3176 1609

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OFFICIAL 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 & Fees \$

Sent To: **Cristin M. Swoboda**
318 Bluffcrest
San Antonio TX 78216
Goodnight Snyder SWD

Street & Apt. No., or PO Box No.
City, State, ZIP+4

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

EXHIBIT K

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2017 0530 0000 3176 1531

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PS Form 3800, October 2010 Edition
 PSN 7530-01-000-9000

1. Date of mailing: Aug 6 2017

2. City, State, and ZIP+4® of mailing address:
Los Angeles, CA 90067

3. City, State, and ZIP+4® of return address:
Los Angeles, CA 90067

4. Name of addressee:
Goodnight Snyder SWD

5. Name of sender:
2220 Avenue 42 St., #604

6. Any additional remarks:
PECOS NM

7. Signature of addressee:
[Signature]

8. Signature of sender:
[Signature]

9. Date of receipt:
Aug 6 2017

10. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

11. Name of addressee:
Goodnight Snyder SWD

12. Name of sender:
2220 Avenue 42 St., #604

13. Date of receipt:
Aug 6 2017

14. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

15. Name of addressee:
Goodnight Snyder SWD

16. Name of sender:
2220 Avenue 42 St., #604

17. Date of receipt:
Aug 6 2017

18. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

19. Name of addressee:
Goodnight Snyder SWD

20. Name of sender:
2220 Avenue 42 St., #604

21. Date of receipt:
Aug 6 2017

22. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

23. Name of addressee:
Goodnight Snyder SWD

24. Name of sender:
2220 Avenue 42 St., #604

25. Date of receipt:
Aug 6 2017

26. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

27. Name of addressee:
Goodnight Snyder SWD

28. Name of sender:
2220 Avenue 42 St., #604

29. Date of receipt:
Aug 6 2017

30. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

31. Name of addressee:
Goodnight Snyder SWD

32. Name of sender:
2220 Avenue 42 St., #604

33. Date of receipt:
Aug 6 2017

34. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

35. Name of addressee:
Goodnight Snyder SWD

36. Name of sender:
2220 Avenue 42 St., #604

37. Date of receipt:
Aug 6 2017

38. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

39. Name of addressee:
Goodnight Snyder SWD

40. Name of sender:
2220 Avenue 42 St., #604

41. Date of receipt:
Aug 6 2017

42. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

43. Name of addressee:
Goodnight Snyder SWD

44. Name of sender:
2220 Avenue 42 St., #604

45. Date of receipt:
Aug 6 2017

46. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

47. Name of addressee:
Goodnight Snyder SWD

48. Name of sender:
2220 Avenue 42 St., #604

49. Date of receipt:
Aug 6 2017

50. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

51. Name of addressee:
Goodnight Snyder SWD

52. Name of sender:
2220 Avenue 42 St., #604

53. Date of receipt:
Aug 6 2017

54. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

55. Name of addressee:
Goodnight Snyder SWD

56. Name of sender:
2220 Avenue 42 St., #604

57. Date of receipt:
Aug 6 2017

58. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

59. Name of addressee:
Goodnight Snyder SWD

60. Name of sender:
2220 Avenue 42 St., #604

61. Date of receipt:
Aug 6 2017

62. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

63. Name of addressee:
Goodnight Snyder SWD

64. Name of sender:
2220 Avenue 42 St., #604

65. Date of receipt:
Aug 6 2017

66. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

67. Name of addressee:
Goodnight Snyder SWD

68. Name of sender:
2220 Avenue 42 St., #604

69. Date of receipt:
Aug 6 2017

70. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

71. Name of addressee:
Goodnight Snyder SWD

72. Name of sender:
2220 Avenue 42 St., #604

73. Date of receipt:
Aug 6 2017

74. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

75. Name of addressee:
Goodnight Snyder SWD

76. Name of sender:
2220 Avenue 42 St., #604

77. Date of receipt:
Aug 6 2017

78. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

79. Name of addressee:
Goodnight Snyder SWD

80. Name of sender:
2220 Avenue 42 St., #604

81. Date of receipt:
Aug 6 2017

82. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

83. Name of addressee:
Goodnight Snyder SWD

84. Name of sender:
2220 Avenue 42 St., #604

85. Date of receipt:
Aug 6 2017

86. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

87. Name of addressee:
Goodnight Snyder SWD

88. Name of sender:
2220 Avenue 42 St., #604

89. Date of receipt:
Aug 6 2017

90. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

91. Name of addressee:
Goodnight Snyder SWD

92. Name of sender:
2220 Avenue 42 St., #604

93. Date of receipt:
Aug 6 2017

94. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

95. Name of addressee:
Goodnight Snyder SWD

96. Name of sender:
2220 Avenue 42 St., #604

97. Date of receipt:
Aug 6 2017

98. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

99. Name of addressee:
Goodnight Snyder SWD

100. Name of sender:
2220 Avenue 42 St., #604

101. Date of receipt:
Aug 6 2017

102. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

103. Name of addressee:
Goodnight Snyder SWD

104. Name of sender:
2220 Avenue 42 St., #604

105. Date of receipt:
Aug 6 2017

106. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

107. Name of addressee:
Goodnight Snyder SWD

108. Name of sender:
2220 Avenue 42 St., #604

109. Date of receipt:
Aug 6 2017

110. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

111. Name of addressee:
Goodnight Snyder SWD

112. Name of sender:
2220 Avenue 42 St., #604

113. Date of receipt:
Aug 6 2017

114. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

115. Name of addressee:
Goodnight Snyder SWD

116. Name of sender:
2220 Avenue 42 St., #604

117. Date of receipt:
Aug 6 2017

118. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

119. Name of addressee:
Goodnight Snyder SWD

120. Name of sender:
2220 Avenue 42 St., #604

121. Date of receipt:
Aug 6 2017

122. City, State, and ZIP+4® of receipt:
Los Angeles, CA 90067

123. Name of addressee:
Goodnight Snyder SWD

124. Name of sender:
2220 Avenue 42 St., #604

125. Date of receipt:
Aug

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](#).

POSTAGE WILL BE PAID BY ADDRESSEE
FIRST CLASS PERMIT NO. 6087 ALBUQUERQUE NM

Southern Cross Albany, NY 12209-9999
PO Box 777
Davis OK 73030
Goodnight Snyder SWD

AUG - 8 2017

PECOS NM

[illegible]

EXHIBIT K

2017 0530 0000 3176 1517

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Postage and Fees: Frances Royall, Sidford, Trustee
PO Box 4243
Park City UT 84060
Goodnight Snyder SWD

PECOS NM
AUG - 8 2017
87552-9998

2016 2710 0001 1206 2426

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Postage and Fees: B O Meyer
PO Box 428
Panhandle TX 79068
Goodnight Snyder SWD

PECOS NM
AUG - 8 2017
87552-9998

2016 3560 0000 5902 5496

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

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

Postage and Fees: Tucker B. Royall, Trustee
PO Box 202
Palestine TX 75802
Goodnight Snyder SWD

PECOS NM
AUG - 8 2017
87552-9998

2016 2710 0001 1206 2402

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

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

Postage and Fees: Kevin Brian McClenahan
123 E. Mirror Ridge Circle
The Woodlands TX 77382
Goodnight Snyder SWD

PECOS NM
AUG - 8 2017
87552-9998

2016 3560 0000 5902 5489

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

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

Postage and Fees: Rebecca Royall, Trustee
5313 Livingston
Dallas TX 75209
Goodnight Snyder SWD

PECOS NM
AUG - 8 2017
87552-9998

2016 2710 0001 1206 2396

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

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

Postage and Fees: Catherine Elizabeth McClenahan
10827 Olympia Drive
Houston TX 77042
Goodnight Snyder SWD

PECOS NM
AUG - 8 2017
87552-9998

2016 3560 0000 5902 5472

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

Postage and Fees: John R. Royall
2600 Republic Bank Tower
Dallas TX 75201
Goodnight Snyder SWD

PECOS NM
AUG - 8 2017
87552-9998

2016 2710 0001 1206 2384

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

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

Postage and Fees: Mary Jo Maguire
4023 S. Newport Way
Denver CO 80237
Goodnight Snyder SWD

PECOS NM
AUG - 8 2017
87552-9998

EXHIBIT K

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

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

Originated Mail Item

Extra Services & Fees (check box, add fee to postage)

Return Receipt (hardcopy) \$
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Next Business Day Delivery \$

Postage \$

Total Postage and Fees \$

Send To
Magnolia, LG 52-9998
PO Box 51559
Midland TX 79710
Goodnight Snyder SWD

PS Form 3800, April 2012 PSN 7530-02-000-9001 See Reverse for Instructions

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

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

Originated Mail Item

Extra Services & Fees (check box, add fee to postage)

Return Receipt (hardcopy) \$
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Next Business Day Delivery \$

Postage \$

Total Postage and Fees \$

Send To
Robert Willen
Po Box 2283
Albany TX 76430
Goodnight Snyder SWD

PS Form 3800, April 2012 PSN 7530-02-000-9001 See Reverse for Instructions

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

Originated Mail Item

Extra Services & Fees (check box, add fee to postage)

Return Receipt (hardcopy) \$
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Next Business Day Delivery \$

Postage \$

Total Postage and Fees \$

Send To
LM Royalty Partners
PO Box 631804
Nacogdoches TX 75963
Goodnight Snyder SWD

PS Form 3800, April 2012 PSN 7530-02-000-9001 See Reverse for Instructions

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

Originated Mail Item

Extra Services & Fees (check box, add fee to postage)

Return Receipt (hardcopy) \$
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Next Business Day Delivery \$

Postage \$

Total Postage and Fees \$

Send To
Onez Norman Rooney-C/O Craig
Corporate Tower, Thirteenth Floor
101 North Robinson Avenue
Oklahoma City OK 73102
Goodnight Snyder SWD

PS Form 3800, April 2012 PSN 7530-02-000-9001 See Reverse for Instructions

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

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

Originated Mail Item

Extra Services & Fees (check box, add fee to postage)

Return Receipt (hardcopy) \$
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Next Business Day Delivery \$

Postage \$

Total Postage and Fees \$

Send To
Jane Case Blackford Family Trust
c/o Frank Wood Dunn, Trustee
400 W. Collin St.
Corsicana TX 75110
Goodnight Snyder SWD

PS Form 3800, April 2012 PSN 7530-02-000-9001 See Reverse for Instructions

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

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

Originated Mail Item

Extra Services & Fees (check box, add fee to postage)

Return Receipt (hardcopy) \$
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Next Business Day Delivery \$

Postage \$

Total Postage and Fees \$

Send To
LM Robinson, LLC
PO Box 847
Ruidoso NM 88355
Goodnight Snyder SWD

PS Form 3800, April 2012 PSN 7530-02-000-9001 See Reverse for Instructions

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

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

Originated Mail Item

Extra Services & Fees (check box, add fee to postage)

Return Receipt (hardcopy) \$
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Next Business Day Delivery \$

Postage \$

Total Postage and Fees \$

Send To
Deborah S. Wilson
No. 5 Frederick Lane
St. Louis MO 63122
Goodnight Snyder SWD

PS Form 3800, April 2012 PSN 7530-02-000-9001 See Reverse for Instructions

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

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

Originated Mail Item

Extra Services & Fees (check box, add fee to postage)

Return Receipt (hardcopy) \$
Return Receipt (electronic) \$
Certified Mail Restricted Delivery \$
Adult Signature Required \$
Next Business Day Delivery \$

Postage \$

Total Postage and Fees \$

Send To
RBA-BOC Permian NM LLC
PO Box 2222
Albany TX 76430
Goodnight Snyder SWD

PS Form 3800, April 2012 PSN 7530-02-000-9001 See Reverse for Instructions

EXHIBIT K

7016 3560 0000 5902 5069

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 \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To **William C. Ransom, LLC**
C/O Mark Ransom
1550 Pine Crest Terrace
Ashland OR 97520
Goodnight Snyder SWD
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PECOS NM
AUG - 8 2017
Postmark Here
87552-9998

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 \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To **NM State Land Office**
PO Box 1148
Santa Fe NM 87504
Goodnight Snyder SWD
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PECOS NM
AUG - 8 2017
Postmark Here
87552-9998

7017 0530 0000 3176 2460

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 \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To **Ruth J Phillips**
PO Box 428
Panhandle TX 79068
Goodnight Snyder SWD
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PECOS NM
AUG - 8 2017
Postmark Here
87552-9998

7016 2710 0001 1206 2471

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 \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To **MW Petroleum Corp**
Attn: Division Manager
2000 Post Oak Blvd., #100
Houston TX 77056
Goodnight Snyder SWD
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PECOS NM
AUG - 8 2017
Postmark Here
87552-9998

7017 0530 0000 3176 2453

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 \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To **Penroc Oil Corp.**
PO Box 2769
Hobbs NM 88241
Goodnight Snyder SWD
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PECOS NM
AUG - 8 2017
Postmark Here
87552-9998

7016 2710 0001 1206 2464

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 \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To **Moveit Capital**
PO Box 2439
Albany TX 76430
Goodnight Snyder SWD
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PECOS NM
AUG - 8 2017
Postmark Here
87552-9998

7017 0530 0000 3176 2446

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 \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To **Oxy USA WTP LP**
PO Box 4294
Houston TX 77210
Goodnight Snyder SWD
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PECOS NM
AUG - 8 2017
Postmark Here
87552-9998

7016 2710 0001 1206 2457

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 \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$
Sent To **Monte Guy Morton**
Remainderman
PO Box 1377
Argyle TX 76226
Goodnight Snyder SWD
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PECOS NM
AUG - 8 2017
Postmark Here
87552-9998

EXHIBIT K

7016 2710 0001 1206 2440

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 \$

Extra Services & Fees (check box, and 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 **Lois E Meyer**
\$ **PO Box 428**

Sent To **Panhandle TX 79068**
Goodnight Snyder SWD
Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

7016 2710 0001 1206 2433

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 \$

Extra Services & Fees (check box, and 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 **Gene Meyer**
\$ **PO Box 428**

Sent To **Panhandle TX 79068**
Goodnight Snyder SWD
Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

7016 2710 0001 1206 2419

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 \$

Extra Services & Fees (check box, and 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 **Elizabeth McReynolds**
\$ **PO Box 428**

Sent To **Panhandle TX 79068**
Goodnight Snyder SWD
Street and Apt. No., or PO Box No.

City, State, ZIP+4®

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

EXHIBIT K

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:

Robert J. Anderson
C/O R. Blake Atkins, Esq.
1406 Terrace Drive
Tulsa OK 74104



9590 9402 2852 7069 1229 16

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1765

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/14/17

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery

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

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:

Wilma Lou Andre
10075 North 65th Street
Longmont CO 80503

Goodnight Snyder SWD 1



9590 9402 2852 7069 1229 09

7016 2710 0001 1205 1772

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery

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

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:

Apache Corp.
303 Veterans Airpark Ln., #3000
Midland TX 79705

Goodnight Snyder SWD 1



9590 9402 2852 7069 1228 86

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1796

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery

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

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:

Apache Corp.
2000 Post Oak Blvd., #100
Houston TX 77056

Goodnight Snyder SWD 1



9590 9402 2852 7069 1228 93

2. Article Number (Transfer from service label)

1205 1789

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Anne S

C. Date of Delivery

8-10-17

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

3. Service Type

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

Domestic Return Receipt

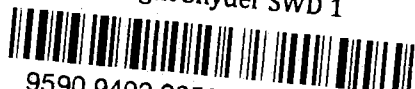
SENDER: COMPLETE THIS SECTION

- 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:

Leta French Archer
112 Land Mark Drive
Azle TX 76020

Goodnight Snyder SWD 1



9590 9402 2852 7069 1228 79

2. Article Number (Transfer from service label)

7016

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Leta Archer

C. Date of Delivery

8/11/17

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

3. Service Type

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

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:

Jane Case Blackford Family Trust
c/o Susan Wheelock Dunn
PO Box 2128
Corsicana TX 75151

Goodnight Snyder SWD 1



9590 9402 2852 7069 1229 47

2. Article Number (Transfer from service label)

7014 2870 0001 8951 4371

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Don Teke

C. Date of Delivery

8/11/17

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

3. Service Type

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

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:

Jane Case Blackford Family Trust
c/o Frank Wood Dunn, Trustee
400 W. Collin St.
Corsicana TX 75110

Goodnight Snyder SWD 1



9590 9402 2852 7069 1229 54

2. Article Number (Transfer from service label)

7014 2870 0001 8951 4364

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Don Tekell

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Don Tekell

C. Date of Delivery

8-14-17

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

3. Service Type

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

all Restricted Delivery

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:

BLM
620 E. Greene
Carlsbad NM 88220

Goodnight Snyder SWD 1



9590 9402 2852 7069 1228 55

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1826

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x [Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

restricted Delivery

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:

Brazos LP
PO Box 911
Breckenridge TX 76424

Goodnight Snyder SWD 1



9590 9402 2852 7069 1227 70

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1901

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Paula Grissom

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Paula Grissom

C. Date of Delivery

8-10-17

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

3. Service Type

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

(over \$500) Restricted Delivery

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:

Breck Operating Corp.
PO Box 911
Breckenridge TX 76424

Goodnight Snyder SWD 1



9590 9402 2852 7069 1227 63

2. Article Number (Transfer from service label)

7016 2710 0001 1206 2884

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Paula Grissom

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Paula Grissom

C. Date of Delivery

8-10-17

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- No

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

PS Form 3811, July 2015 PSN 7530-02-000-0053

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:

Christopher S. Cabello
Trustee
4641 West 4th Street
Appleton WI 54914



9590 9402 2852 7069 1227 49

2. Article Number (Transfer from service label)

7016 2710 0001 1206 2907

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Christopher Cabello

- ☒
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Christopher Cabello

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☒
- Yes
-
- ☐
- No

3789 Quarter Way
Arcata, CA 95521

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

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:

Carter Legacy, LLC
5331 85th Street
Lubbock TX 79424

Goodnight Snyder SWD 1



9590 9402 2353 6225 9373 68

2. Article Number (Transfer from service label)

7016 2710 0001 1206 2711

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Carter Legacy, LLC

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Carter Legacy, LLC

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☒
- No

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

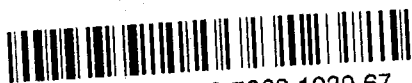
SENDER: COMPLETE THIS SECTION

- 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:

CJR Resources, LLC
5908 Los Hermanos Ct NE
Albuquerque NM 87111

Goodnight Snyder SWD 1



9590 9402 2852 7069 1230 67

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1635

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kathryn Jones*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-8-17

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

Restricted Delivery

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:

Chevron USA Inc.
6301 Deauville Blvd.
Midland TX 79706

Goodnight Snyder SWD 1



9590 9402 2852 7069 1230 81

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1611

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Elvia Baeza*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/11/2017

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

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

Mail Restricted Delivery

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:

Citizens National Bank
Trustee
400 West Collin
Corsicana TX 75110

Goodnight Snyder SWD 1



9590 9402 2852 7069 1230 74

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1628

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Don Isell*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/10/17

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

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:

Catherine Coll
Trustee
83 La Barbaraia Trail
Santa Fe NM 87505



9590 9402 2852 7069 1230 50

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1642

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Catherine Coll

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

Restricted Delivery

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:

Max Coll III
7625-2 El Centro Blvd
Las Cruces NM 88012

Goodnight Snyder SWD 1



9590 9402 2852 7069 1230 43

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1659

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Max Coll III

C. Date of Delivery

8-09-17

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

ConocoPhillips Co.
PO Box 7500
Bartlesville OK 74005

Goodnight Snyder SWD 1



9590 9402 2852 7069 1230 29

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1673

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☒ Addressee

B. Received by (Printed Name)

ConocoPhillips

C. Date of Delivery

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

Mail Services
Bartlesville, OK

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

Restricted Delivery

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:

ConocoPhillips Co.
600 N. Dairy Ashford
Houston TX 77079

Goodnight Snyder SWD 1



9590 9402 2852 7069 1230 12

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1680

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

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery

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

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:

ConocoPhillips Co.
3401 E. 30th St.
Farmington NM 87402

Goodnight Snyder SWD 1



9590 9402 2852 7069 1230 36

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1666

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

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery

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

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:

Cross Timbers Energy
400 W. 7th St.
Ft. Worth TX 76102

Goodnight Snyder SWD 1



9590 9402 2852 7069 1229 92

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1703

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery

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

(over \$500)

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:

Dabb Energy Company
6608 Bryant Irvin Road
Fort Worth TX 76132

Goodnight Snyder SWD 1



9590 9402 2852 7069 1229 85

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1710

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Patricia Jennings

C. Date of Delivery

8-10-17

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

Restricted Delivery

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:

Dasco Cattle Co LLC
PO Box 727
Hobbs NM 88241

Goodnight Snyder SWD 1



9590 9402 2852 7069 1233 19

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1727

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Casey C. Johnson

C. Date of Delivery

8-14-17

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

Restricted Delivery

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:

Dimond Lil Properties LLC
PO Box 1818
Roswell NM 88202

Goodnight Snyder SWD 1



9590 9402 2852 7069 1233 02

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1734

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Kelly Carter

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

Restricted Delivery

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:

Brian Murphy-Dye
6517 Louise Pl., NE
Albuquerque NM 87109

Goodnight Snyder SWD 1



9590 9402 2852 7069 1232 89

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1918

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Liana Murphy*☐ Agent☐ Addressee

B. Received by (Printed Name)

Liana Murphy

C. Date of Delivery

8-8-17

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

3. Service Type

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

Restricted Delivery

(over \$500)

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:

Enduro Operating LLC
777 Main St., #800
Ft. Worth TX 76102

Goodnight Snyder SWD 1



9590 9402 2852 7069 1232 72

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1925

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Paula*☐ Agent☐ Addressee

B. Received by (Printed Name)

Paula

C. Date of Delivery

8/11/17

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

3. Service Type

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

Restricted Delivery

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:

GFW Ventures
PO Box 6897
Abilene TX 79608

Goodnight Snyder SWD 1



9590 9402 2852 7069 1232 65

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *DLG*☐ Agent☐ Addressee

B. Received by (Printed Name)

DLG

C. Date of Delivery

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

3. Service Type

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

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:

Goldston Oil Corporation, Nominee
PO Box 570365
Houston TX 77257

Goodnight Snyder SWD 1



9590 9402 2852 7069 1232 58

2. Article Number (Transfer from service label)

7014 2710 0001 1205 1449

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *J. Jones*

☐ Agent☐ Addressee

B. Received by (Printed Name)

J. JONES

C. Date of Delivery

8/11/17

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

3. Service Type

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

Restricted Delivery

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:

Healey, L.P.
PO Box 2120
Ardmore OK 73402

Goodnight Snyder SWD 1



9590 9402 2852 7069 1232 34

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1963

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Shirley R. Henderson*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Shirley R. Henderson

C. Date of Delivery

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

3. Service Type

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

Restricted Delivery

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:

John H. Hendrix Corp.
6 Desta Dr., #2100
Midland TX 79705

Goodnight Snyder SWD 1



9590 9402 2852 7069 1232 10

2. Article Number (Transfer from service label)

7016 2710 0001 1205 1987

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *James*

☐ Agent☐ Addressee

B. Received by (Printed Name)

James

C. Date of Delivery

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

3. Service Type

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

Restricted Delivery

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:

Emily Marie Hinn
2140 Hall Johnson #102-292
Grapevine TX 76051

Goodnight Snyder SWD 1



9590 9402 2852 7069 1231 97

2. Article Number (Transfer from service label)

7016 2710 0001 1205 2007

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Emily Marie Hinn

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Emily Marie Hinn

C. Date of Delivery

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

2140 Hall Johnson #102-292

3. Service Type

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

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

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:

Jan D. Johnson
PO Box 337
Albany TX 76430

Goodnight Snyder SWD 1



9590 9402 2852 7069 1231 73

2. Article Number (Transfer from service label)

7016 2710 0001 1206 2257

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jan D. Johnson

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Jan D. Johnson

C. Date of Delivery

8/10/13

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

3. Service Type

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

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

Domestic Return Receipt

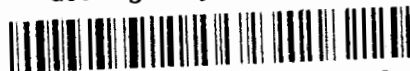
SENDER: COMPLETE THIS SECTION

- 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:

J.W.N. Trust
PO Box 278
Hobbs NM 88241

Goodnight Snyder SWD 1



9590 9402 2852 7069 1231 66

2. Article Number (Transfer from service label)

7016 2710 0001 1206 2266

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J.W.N. Trust

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

J.W.N. Trust

C. Date of Delivery

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

3. Service Type

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

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:

Legacy Reserves Operating, LP
PO Box 10848
Midland TX 79702

Goodnight Snyder SWD 1



9590 9402 2353 6225 9373 75

2. Article Number (Transfer from service label)

7016 2710 0001 1206 2358

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

J Guelch

C. Date of Delivery

8-24-17

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

(00)

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

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:

Magnolia, LLC
PO Box 51555
Midland TX 79710

Goodnight Snyder SWD 1



9590 9402 2353 6225 9374 05

2. Article Number (Transfer from service label)

7016 2710 0001 1206 2372

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Chavena Winters

C. Date of Delivery

8/14/17

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Kevin Brian McClenahan
123 E. Mirror Ridge Circle
The Woodlands TX 77382

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Rhonda McClenahan

C. Date of Delivery

8/24/17

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7016 2710 0001 1206 2402

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Monte Guy Morton PO Box 917 Denton TX 76202 Goodnight Snyder SWD 1  9590 9402 2329 6225 4774 61	3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Registered Mail Restricted Delivery (\$500)
2. Article Number (Transfer from service label) 7017 1450 0000 8558 9138	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Movest Capital PO Box 2439 Albany TX 76430 Goodnight Snyder SWD 1	3. Service Type ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. ☒ Certified Mail ☐ Registered ☐ Insured Mail
2. Article Number (Transfer from service label) 7016 2710 0001 1206 2464	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: MW Petroleum Corp Attn: Division Manager 2000 Post Oak Blvd., #100 Houston TX 77056 Goodnight Snyder SWD 1	3. Service Type ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. ☒ Certified Mail ☐ Registered ☐ Insured Mail
2. Article Number (Transfer from service label) 7016 2710 0001 1206 2471	4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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:

NM State Land Office
PO Box 1148
Santa Fe NM 87504

Goodnight Snyder SWD 1

7016 2710 0001 1206 2488

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

AUG 1-1 2017

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Oxy USA WTP LP
PO Box 27570
Houston TX 77227

Goodnight Snyder SWD 1

7016 2710 0001 1206 2501

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Oxy USA WTP LP
PO Box 4294
Houston TX 77210

Goodnight Snyder SWD 1

7017 0530 0000 3176 2446

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

RBA-BOC Permian NM LLC
PO Box 2222
Albany TX 76430

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7016 3560 0000 5902 5076

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

LM Robinson, LLC
PO Box 847
Ruidoso NM 88355

Goodnight Snyder SWD 1



9590 9402 2329 6225 4774 92

2. Article Number (Transfer from service label)

7016 3560 0000 5902 5083

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

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

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:

Onez Norman Rooney-C/O Craig Story
Corporate Tower, Thirteenth Floor
101 North Robinson Avenue
Olahoma City OK 73102



9590 9402 2329 6225 4774 85

2. Article Number (Transfer from service label)

7017 0530 0000 3176 1005

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

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

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Penroc Oil Corp.
PO Box 2769
Hobbs NM 88241

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

☐ Addressee

B. Received by (Printed Name)

M. J. Mendall

C. Date of Delivery

2/12/17

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7017 0530 0000 3176 2453

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Tucker B. Royall, Trustee
PO Box 202
Palestine TX 75802

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

☐ Addressee

B. Received by (Printed Name)

Connie Lee

C. Date of Delivery

8-11-17

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Addressed to:
(Tr) 7016 3560 0000 5902 5496

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Frances Royall Sidford, Trustee
PO Box 4243
Park City UT 84060

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

☐ Addressee

B. Received by (Printed Name)

Frances Royall Sidford

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Addressed to:
7017 0530 0000 3176 1517

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

W. Blake Smith, Jr.
and Patti Fain Smith
PO Box 270
Mexia TX 76667

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X *[Signature]*
- B. Received by (Printed Name) *PAT SIMMONS* C. Date of Delivery *8-17-17*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7017 0530 0000 3176 1548

PS Form 3811, February 2004

Domestic Return Receipt

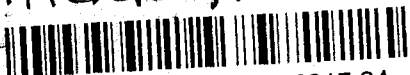
102595-02-M-1540

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:

W. Blake Smith Jr.
& Patti Fain Smith
PO BOX 410
MEXIA, TX 76667



9590 9402 2989 7094 3917 24

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
X *[Signature]*
- B. Received by (Printed Name) *Pat Simmons* C. Date of Delivery *8-17-17*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Jean Smith, Trustee
2220 Avenue of the Stars, #604
Los Angeles CA 90067

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
X *[Signature]*
- B. Received by (Printed Name) *ANN MALLACK* C. Date of Delivery *8-11-17*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7017 0530 0000 3176 1531

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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:

Daniel Socolow
2767 Briarlake Woods Way
Atlanta GA 30345

Goodnight Snyder SWD 1

7017 0530 0000 3176 1555

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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:

Southern Cross Alliance, LLC
PO Box 777
Davis OK 73030

Goodnight Snyder SWD 1

7017 0530 0000 3176 1562

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Spirit Trail, LLC
PO Box 1818
Roswell NM 88202

Goodnight Snyder SWD 1



9590 9402 2852 7069 1230 98

2. Article Number (Transfer from service label)

7017 0530 0000 3176 1586

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature☐ 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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

H.R. Stasney & Sons, LTD
441 S. 2nd Street
PO Drawer 1826
Albany TX 76430

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Emma Hudman

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Emma Hudman

C. Date of Delivery

8/14/17

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2

7017 0530 0000 3176 1593

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Cristin M. Swoboda
318 Bluffcrest
San Antonio TX 78216

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

X

C. Date of Delivery

8/17/17

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7017 0530 0000 3176 1609

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Tharp Properties LLC
PO Box 2169
Albany TX 76430

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

X

C. Date of Delivery

8-11-17

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7017 0530 0000 3176 1623

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Wentz Production, LLC
Attn. Casey Healey Killblane
PO Box 834
Davis OK 73030

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
X *Casey Healey* ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
Casey Healey *8/11/17*
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. A
7 7017 0530 0000 3176 1678

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

W.H.T., LLC
258 Compound Road
Ardmore OK 73401

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
X *Bryce Todd* ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
BRYCE TODD *8-22-17*
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7017 0530 0000 3176 1685

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Robert Willen
Po Box 2283
Albany TX 76430

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
X *Robert Willen* ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
Robert Willen *8/14/17*
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7017 0530 0000 3176 1692

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 ☐ Agent ☐ Addressee X B. Received by (Printed Name) C. Date of Delivery 8-14-17 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Mark H. Wooldridge PO Drawer 3217 Albany TX 76430 Goodnight Snyder SWD 1	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. 7014 2870 0001 8951 4296	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 ☐ Agent ☐ Addressee X B. Received by (Printed Name) C. Date of Delivery 8-14-17 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: Mark H. Wooldridge PO Drawer 1846 Albany TX 76430 Goodnight Snyder SWD 1	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. 7014 2870 0001 8951 4302	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 ☐ Agent ☐ Addressee X B. Received by (Printed Name) C. Date of Delivery ROSE PUENTE D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: XTO Energy Inc. PO Box 6501 Englewood CO 80155 Goodnight Snyder SWD 1	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. 7014 2870 0001 8951 4319	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

XTO Energy Inc.
810 Houston St., #2000
Ft. Worth TX 76102

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form

2595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Pam Young
Trustee
PO Box 1004
Denver City TX 79323

Goodnight Snyder SWD 1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

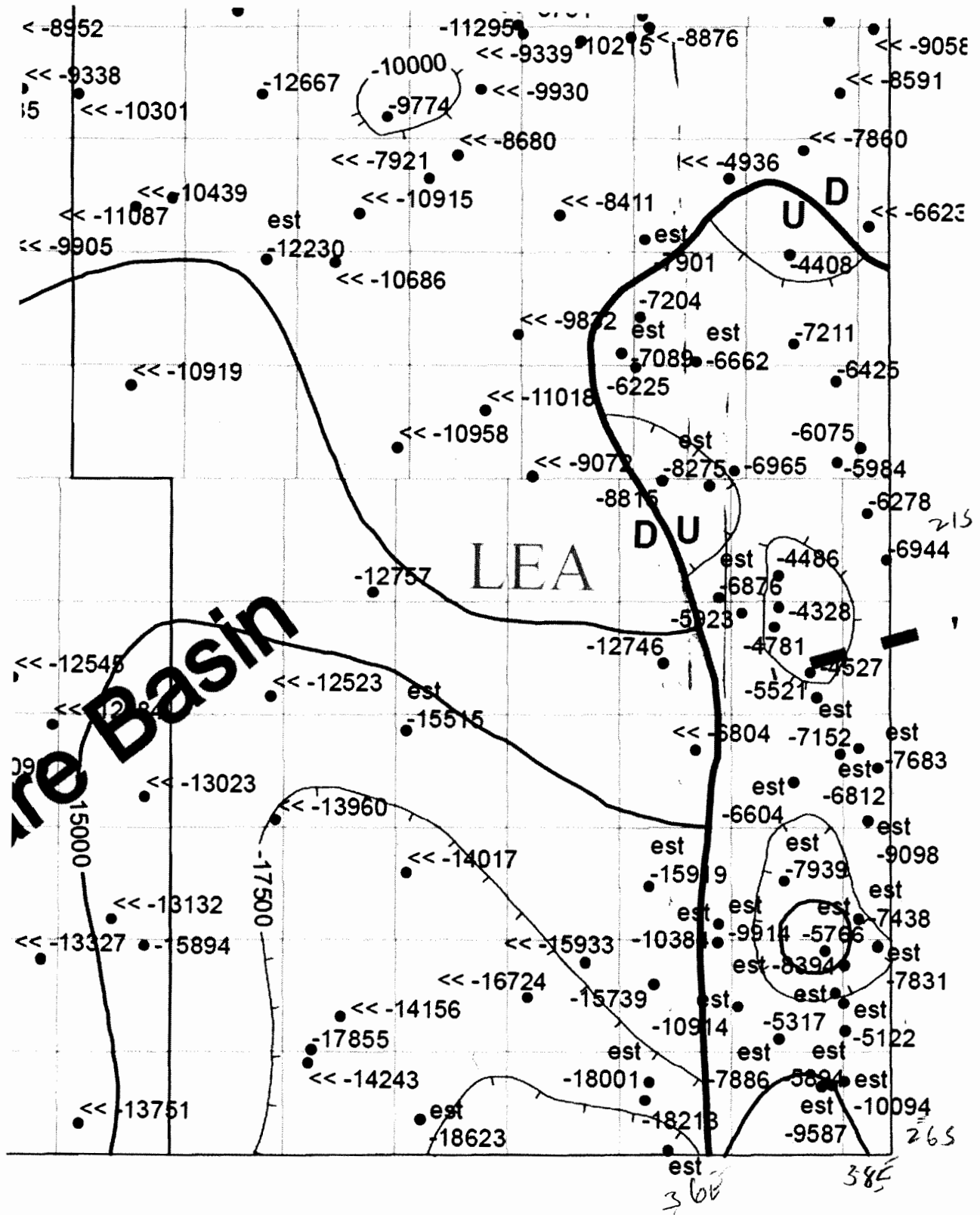
2. Article Number

7014 2870 0001 8951 4333

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Friday, September 29, 2017 3:59 PM
To: 'Brian Wood'
Cc: Goetze, Phillip, EMNRD; Jones, William V, EMNRD
Subject: RE: Goodnight - Snyder SWD 1

Brian:

Based on the proximity of a major fault within two-miles of the proposed injection well, the OCD will require additional information from a geologist

These include the three following requirements:

That the proposed injection well is not situated on a fault The fault will not affect injection of produced water-restated-that the fault will not be a conduit of for the flow of injected water during the life of the injection well.

A geologist will be required to provide a signed statement that there is no evidence of faults, or hydrologic connection between the disposal zone and any underground sources of drinking water

Thanks

Mike

-----Original Message-----

From: Brian Wood [mailto:brian@permitswest.com]
Sent: Thursday, September 28, 2017 6:09 PM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Subject: Goodnight - Snyder SWD 1

We delivered this last month.

I just want to make sure it is in line and not lost.



Goodnight Midstream Permian, LLC
5910 North Central Expressway, Suite 850
Dallas, TX 75206
214-891-2039

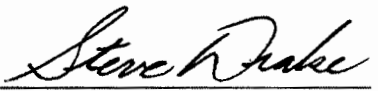
Snyder SWD #1

Lot H, Section 17, Township 21S Range 36E
Lea County, New Mexico

Goodnight Midstream acquired and evaluated 3D seismic covering the proposed salt water disposal well and a 1.15 miles radius around the proposed location. Additional areas are covered in some directions but 1.15 miles is the minimum distance from the proposed well to the edge of the survey.

A geologist performed an analysis of subsurface data as well as a geophysicist performed an analysis of the seismic data. It is our conclusion that there is no evidence of faulting in the data we evaluated. There is strong southwest dip at the Devonian level. There are small scale flexures which may or may not be associated with small scale faults. None of these flexures extend above the Pennsylvanian unconformity and are not seen in the Wolfcamp to Leonard intervals.

We see no evidence of faulting that would extend to or form a connection between the injection zone and any underground sources of drinking water.



Steve Drake
Geologic Consultant for Goodnight Midstream

10-16-17

Date

C-108 Review Checklist: Received 8/1 Add. Request 7/1 Reply Date 7/1 Suspended 7/1 [Ver 15]

ORDER TYPE: WFX / PMX / SWD Number: _____ Order Date: _____ Legacy Permits/Orders: _____

Well No. 1 Well Name(s): Syddensund

API : 30-0 25-4394 EFL Spud Date: TBD New or Old: N (UIC Class II Primacy 03/07/1982)

Footages ~~27.125~~ Lot or Unit H Sec 17 Tsp 21 Rge 36E County Lec

General Location: 37 mi. S. of BAHIA Pool: 96/01 Pool No.: SWD-Deuonra

BLM 100K Map: J41 Operator: 000011741
Midstream Permitted OGRID: 372311 Contact: Daniel Wood, Agent

COMPLIANCE RULE 5.9: Total Wells: 1 Inactive: 0 Fincl Assur: OK Compl. Order: NA IS 5.9 OK? X Date: 10-17-2017

WELL FILE REVIEWED ☐ Current Status: Proposed

WELL DIAGRAMS: NEW: Proposed ☐ or RE-ENTER: Before Conv. ☐ After Conv. ☐ Logs in Imaging: N/A

Planned Rehab Work to Well:

Well Construction Details		Sizes (in)	Setting	Cement	Cement Top and Determination Method
		Borehole / Pipe	Depths (ft)	Sx or Cf	
Planned ___ or Existing ___	Surface	26" / 20"	115'	Stage Tool	580
Planned ___ or Existing ___	Interm/Prod	17 1/2" / 13 3/8"	* 1335'	8" / 1 3/8"	Surface / Vis 44
Planned ___ or Existing ___	Interm/Prod	12 1/4" / 9 5/8"	5000'	1578	Surface / Vis 44
Planned ___ or Existing ___	Prod/Liner	8 1/2" / 7"	10600'	F15	Surface / Vis 44
Planned ___ or Existing ___	Liner				
Planned ___ or Existing ___	GP PERF	10600 / 11500'		Inj Length	
Injection Lithostratigraphic Units:		Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details:
Adjacent Unit: Litho. Struc. Por.			DV	10500	Drilled TD 11,800 PBDT
Confining Unit: Litho. Struc. Por.					NEW TD NEW PBDT
Proposed Inj Interval TOP:					NEW Open Hole () or NEW Perfs ()
Proposed Inj Interval BOTTOM:					Tubing Size 4 1/2 in. Inter Coated?
Confining Unit: Litho. Struc. Por.					Proposed Packer Depth 10530 ft
Adjacent Unit: Litho. Struc. Por.					Min. Packer Depth 10500 (100-ft limit)
AOR: Hydrologic and Geologic Information					Proposed Max. Surface Press. 10000 psi 2400
					Admin. Inj. Press. 2400 (0.2 psi per ft)

AOR: Hydrologic and Geologic Information

POTASH: R-111-P N/A Noticed? ☐ BLM Sec Ord ☐ WIPP ☐ Noticed? ☐ Salt/Salado T: ☐ B: ☐ NW: Cliff House fm

FRESH WATER: Aquifer 200 g d/cr m Max Depth 50 ft HYDRO AFFIRM STATEMENT By Qualified Person ☐

NMOSE Basin: CAPITAN CAPITAN REEF: thru adj NA No. Wells within 1-Mile Radius? _____ FW Analysis

Disposal Fluid: Formation Source(s) _____ Analysis? _____ On Lease ☐ Operator Only ☐ or Commercial ☒

Disposal Int: Inject Rate (Avg/Max BWPD): 20K/25K Protectable Waters? _____ Source: _____ System: Closed or Open

HC Potential: Producing Interval? *N/A* Formerly Producing? ☒ Method: Logs/DST/P&A/Other *N/A* 2-Mile Radius Pool Map 

AOR Wells: 1/2-M Radius Map? ☒ Well List? ☒ Total No. Wells Penetrating Interval: 2 Horizontals? ☐

Penetrating Wells: No. Active Wells 0 Num Repairs? _____ on which well(s)? _____ Diagrams? _____

Penetrating Wells: No. P&A Wells	Num Repairs?	on which well(s)?	Diagrams?
0			

NOTICE: Newspaper Date July 16, 2017 Mineral Owner B Surface Owner DASCO CATH N. Date 874-201-

RULE 26.7(A): Identified Tracts? _____ Affected Persons: Chevron, MTCynolds, OXX N. Date 8-11-2027

Order Conditions: Issues:

dd Order Cond: