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

IN THE MATTER OF APPLICATION FOR COMPULSORY POOLING SUBMITTED BY MEWBOURNE OIL COMPANY

CASE NO. 23756 ORDER NO. R-22903-A

NUNC PRO TUNC ORDER

The Director of the New Mexico Oil Conservation Division ("OCD"), having determined that an error occurred in Order R-22903 in this matter, which requires correction, issues the following *Nunc Pro Tunc* Order.

FINDINGS OF FACT

1. Order R-22903, issued October 6, 2023, ("Order") contains an error in the Exhibit A of the Order.

ORDER

2. Exhibit A of the Order is replaced with a corrected Compulsory Pooling Application Checklist attached.

Date: _12/27/23

- 3. The corrections are effective *nunc pro tunc* as of the date of the Order.
- 4. All other provisions of the Order remain in full force and effect.

STATE OF NEW MEXICO OIL CONSERVATION DIVISION

DYLAN M FUGE DIRECTOR (ACTING)

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COMPULSORY POOLING APPLICATION CHECKLIST			
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS			
Case: 23756	APPLICANT'S RESPONSE		
Date: September 7, 2023			
Applicant	Mewbourne Oil Company		
Designated Operator & OGRID (affiliation if applicable)	Mewbourne Oil Company/OGRID 14744		
Applicant's Counsel:	James Bruce		
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling, Eddy County, New Mexico		
Entries of			
Appearance/Intervenors:			
Well Family	Dama Dorado Bone Spring wells		
Formation/Pool			
Formation Name(s) or Vertical Extent:	Bone Spring		
Primary Product (Oil or Gas):	Oil		
Pooling this vertical extent:	Entire Bone Spring formation		
Pool Name and Pool Code:	Old Millman Ranch; Bone Spring/Pool Code 48035		
Well Location Setback Rules:	Statewide Rules for horizontal wells – 330' and 100' setbacks		
Spacing Unit			
Type (Horizontal/Vertical)	Horizontal		
Size (Acres)	320 acres		
Building Blocks:	40 acres		
Orientation:	East-West		
Description: TRS/County	N/2S/2 §2 and N/2S/2 §1, Township 20 South, Range 27 East, NMPM, Eddy County		
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non- standard unit requested in this application?	Yes EXHIBIT		
Other Situations			
Depth Severance: Y/N. If yes, description	N		
Proximity Tracts: If yes, description	N		

description Applicant's Ownership in Each	Exhibit 3-B	
Tract	EXHIBIT 2-D	
Well(s)		
Name & API (if assigned),	Add wells as needed	
surface and bottom hole	The Wells as needed	
location, footages, completion	8	
target, orientation, completion		
status (standard or non-		
standard) Well #1	Dama Dorado 2/1 B3LI Federal Com. Well No. 1H	
Well #1	API No. 30-015-Pending	
	SHL: 1500 FSL & 205 FWL §2	
	BHL: 1980 FSL & 100 FEL §1	
	FTP: 1980 FSL & 100 FWL §2	
	LTP: 1980 FSL & 100 FEL §1	
	Third Bone Spring/TVD 8348 feet/MD 18096 feet	
Well #2		
Horizontal Well First and Last	See above	
Take Points		
Completion Target (Formation,	See above	
TVD and MD) AFE Capex and Operating Costs		
Drilling Supervision/Month \$	\$8000	
Production Supervision/Month \$	\$800	
Justification for Supervision	7000	
Costs	Exhibit 3, page 2	
Requested Risk Charge	Cost plus 200%	
Notice of Hearing		
Proposed Notice of Hearing	Exhibit 1	
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit 5	
Proof of Published Notice of	LATIBILE	
Hearing (10 days before hearing)	Exhibit 6	
Ownership Determination		
Land Ownership Schematic of		
the Spacing Unit	Exhibit 3-B	
Tract List (including lease numbers and owners)	Fultikia 2 D	
If approval of Non-Standard	Exhibit 3-B	
Spacing Unit is requested, Tract		
List (including lease numbers		
and owners) of Tracts subject to		

Exhibit 3-B; Working Interest Owners		
Yes		
No Depth Severance		
Exhibit 3-C		
EXHIBIT 3-C		
Exhibit 3-B		
EXHIBIT 3-B		
Exhibit 3-C		
LAHIDIC 3-C		
Exhibit 3-D		
Exhibit 4		
Exhibits 3-A and 4-A		
Exhibit 4-B		
West-east; Exhibits 4 and 4-A		
Third Bone Spring Sand		
Exhibit 4-B		
N/A		
Fubible 2 A		
Exhibit 3-A Exhibit 3-B		
LAHIDIC 3-D		
Exhibits 3-B		
LATIBULS 3-B		
Exhibit 4-A		

Cross Section Location Map (including wells)	Exhibit 4-B	
Cross Section (including Landing Zone)	Exhibit 4-C	
Additional Information		
Special Provisions/Stipulations		
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.		
Printed Name (Attorney or Party		
Representative):	James Bruce	1
Signed Name (Attorney or Party		// 2
Representative):		(auere) suce
Date:	September 7, 2023	l'or eve