

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

**APPLICATION OF MEWBOURNE OIL COMPANY  
FOR COMPULSORY POOLING AND AN  
UNORTHODOX GAS WELL LOCATION, EDDY  
COUNTY, NEW MEXICO.**

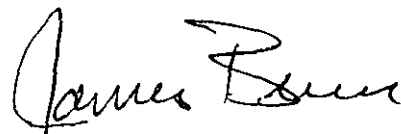
**Case No. 15,384**

**AFFIDAVIT OF NOTICE**

COUNTY OF SANTA FE    )  
                                  ) ss.  
STATE OF NEW MEXICO    )

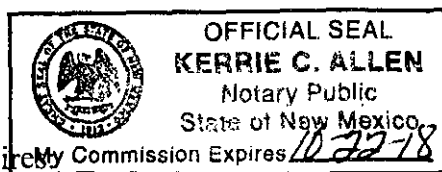
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

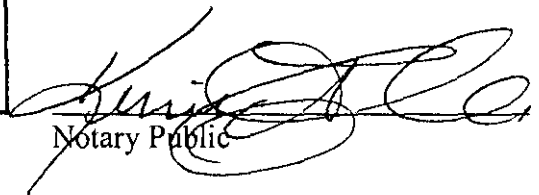


James Bruce

SUBSCRIBED AND SWORN TO before me this 13<sup>th</sup> day of October, 2015 by  
James Bruce.



My Commission Expires 10-31-18

  
Notary Public

Oil Conservation Division  
Case No. 9  
Exhibit No. 9

JAMES BRUCE  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

September 4, 2014

CERTIFIED MAIL – RETURN RECEIPT REQUESTED


Ladies and gentlemen:

Enclosed is a copy of an application for an unorthodox gas well location, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Wolfcamp well in the W/2 of Section 27, Township 23 South, Range 28 East, NMPM, Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 1, 2015, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but **as an offset operator** who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, September 24, 2015. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

Attachment A

EXHIBIT A

BK Exploration Corp.  
Suite 401  
10159 East 11th Street  
Tulsa, Oklahoma 74128

Matador Production Company  
Suite 1500  
5400 LBJ Freeway  
Dallas, Texas 75240

| SENDER: COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Brad Burks</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>   |  |
| <p>1. Article Addressed to:</p> <p>BK Exploration Corp.<br/>           Suite 401<br/>           10159 East 11th Street<br/>           Tulsa, Oklahoma 74128</p>   |  | <p>B. Received by (Printed Name)<br/> <i>Brad Burks</i> C. Date of Delivery<br/>           9-11-16</p>   |  |
| <p>2. Article Number (Transfer from service label)<br/>           7013 3020 0000 4612 9800</p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>  |  | <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail (over \$500)</p> |  |

| U.S. Postal Service™<br>CERTIFIED MAIL™ RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided)                                 |               |
|---|---------------|
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>  |               |
| OFFICIAL USE  |               |
| Postage \$  | Postmark Here |
| Certified Fee   |               |
| Return Receipt Fee (Endorsement Required)   |               |
| Restricted Delivery Fee (Endorsement Required)  |               |
| Total Postage & Fees \$   |               |
| <p>Sent To: Matador Production Company<br/>           Suite 1500<br/>           5400 LBJ Freeway<br/>           Dallas, Texas 75240</p> |               |
| <p>Street, Apt. No., or PO Box No.<br/>           City, State, ZIP+4</p>  |               |
| PS Form 3800, August 2005 See Reverse for Instructions  |               |

| U.S. Postal Service™<br>CERTIFIED MAIL™ RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided)                                  |               |
|--|---------------|
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>   |               |
| OFFICIAL USE   |               |
| Postage \$   | Postmark Here |
| Certified Fee  |               |
| Return Receipt Fee (Endorsement Required)  |               |
| Restricted Delivery Fee (Endorsement Required)   |               |
| Total Postage & Fees \$  |               |
| <p>Sent To: BK Exploration Corp.<br/>           Suite 401<br/>           10159 East 11th Street<br/>           Tulsa, Oklahoma 74128</p> |               |
| <p>Street, Apt. No., or PO Box No.<br/>           City, State, ZIP+4</p>   |               |
| PS Form 3800, August 2005 See Reverse for Instructions   |               |

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|---|--|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Amorinda Crawford</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>  |  |
| <p>1. Article Addressed to:</p> <p>Matador Production Company<br/>           Suite 1500<br/>           5400 LBJ Freeway<br/>           Dallas, Texas 75240</p>  |  | <p>B. Received by (Printed Name)<br/> <i>Amorinda Crawford</i> C. Date of Delivery<br/>           9-11-16</p>  |  |
| <p>2. Article Number (Transfer from service label)<br/>           7013 3020 0000 4612 9794</p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>  |  | <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail (over \$500)</p> |  |