

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

**APPLICATION OF MATADOR PRODUCTION
COMPANY FOR A NON-STANDARD OIL SPACING
AND PRORATION UNIT AND COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

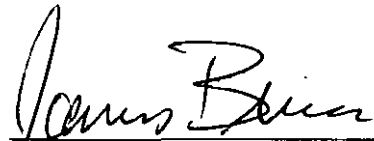
Case No. 15,362

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 Matador Production Company.
3. Matador Production Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, 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 14th day of August, 2015 by
James Bruce.

My Commission Expires: 2/15/16


Notary Public

Oil Conservation Division
Case No. 1
Exhibit No. 1



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

July 30, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

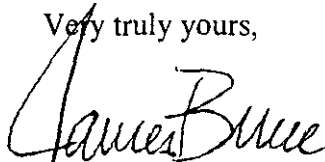
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a well in the N½N½ of Section 25, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 20, 2015, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the well unit.** You are not required to attend this hearing, but you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the 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, August 13, 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 MRC Permian Company

Attachment

A

EXHIBIT A

Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Robert H. Forest Oil Co.
609 Elora
Carlsbad, New Mexico 88220

Chesapeake Exploration LLC
P.O. Box 18496
Oklahoma City, Oklahoma 73154

The Allar Company
P.O. Box 1210
Graham, Texas 76450

Jerry Pulley
359 FM 969
Bastrop, Texas 78602

Murchison Oil & Gas, Inc.
Legacy Tower One
Suite 1400
7250 Dallas Parkway
Plano, Texas 75024

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

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:

Jerry Pulley
359 FM 969
Bastrop, Texas 78602

2. Article Number (Transfer from service label)

7013 3020 0000 4605 0524

PS Form 3811, July 2013

Domestic Return Receipt

Mat - E

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *E Pulley*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Elizabeth Pulley

C. Date of Delivery

8/11/15

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service CERTIFIED MAIL - RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

\$

Sent To

The Allar Company

P.O. Box 1210

Graham, Texas 76450

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7013 3020 0000 4605 0524

U.S. Postal Service CERTIFIED MAIL - RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Jerry Pulley
359 FM 969
Bastrop, Texas 78602

Postmark
Here

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:

The Allar Company
P.O. Box 1210
Graham, Texas 76450

2. Article Number (Transfer from service label)

7013 3020 0000 4605 0531

PS Form 3811, July 2013

Domestic Return Receipt

Mat - E

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melanie Barrett*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Melanie Barrett

C. Date of Delivery

8-12-15

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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:

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

2. Article Number: 7013 3020 0000 4605 0562
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt *Mat - E*

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Stern* C. Date of Delivery *8-3-15*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance or Postage Provided)

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

OFFICIAL USE

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

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

Murchison Oil & Gas, Inc.
 Legacy Tower One
 Suite 1400
 7250 Dallas Parkway
 Plano, Texas 75024

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4605 0517

U.S. Postal Service™
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OFFICIAL USE

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

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

Yates Petroleum Corporation
 105 South Fourth Street
 Artesia, New Mexico 88210

PS Form 3800, August 2006 See Reverse for Instructions

2950 5094 0000 0206 8101

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:

Murchison Oil & Gas, Inc.
 Legacy Tower One
 Suite 1400
 7250 Dallas Parkway
 Plano, Texas 75024

2. Article Number: 7013 3020 0000 4605 0517
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt *Mat - E*

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *Elaine Pevero* C. Date of Delivery *8-3-15*

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

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

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:

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7013 3020 0000 4605 0500

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-7

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

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OFFICIAL USE

JUL 30 2015

Postage
 Certified Mail
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees

\$

Sent To

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

EOG Resources, Inc.
 P.O. Box 2267
 Midland, Texas 79702

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance or Package Provided)

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

OFFICIAL USE

JUL 30 2015

Postage

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees

\$

Sent To

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

Mewbourne Oil Company
 Suite 1020
 500 West Texas
 Midland, Texas 79701

PS Form 3800, August 2006

See Reverse for Instructions

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:

EOG Resources, Inc.
 P.O. Box 2267
 Midland, Texas 79702

2. Article Number

(Transfer from service label)

7013 3020 0000 4605 0579

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-4-15

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0000 4604 9733

Postal Service™
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	\$

Postmark Here

Sent To: Robert H. Forest Oil Co.
 609 Elora
 Carlsbad, New Mexico 88220

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

COMPLETE THIS SECTION

1. 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.

Article Addressed to:
 Chevron U.S.A. Inc.
 15 Smith Road
 Midland, Texas 79705

2. Article Number (Transfer from service label)
 7013 3020 0000 4604 9733

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 8/13/15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
 Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt *Mat - 2*

SENDER: COMPLETE THIS SECTION

1. 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 H. Forest Oil Co.
 609 Elora
 Carlsbad, New Mexico 88220

2. Article Number (Transfer from service label)
 7013 3020 0000 4605 0555

PS Form 3811, July 2013

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
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt *Mat - 2*

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

OFFICIAL USE

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

Sent To: Chevron U.S.A. Inc.
 15 Smith Road
 Midland, Texas 79705

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

PS Form 3800, August 2006 See Reverse for Instructions

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:

Chesapeake Exploration LLC
P.O. Box 18496
Oklahoma City, Oklahoma 73154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

RECEIVED

☐ Agent

☐ Addressee

B. Received by (Printed Name)

AUG 06 2015

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, print delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 3020 0000 4605 0548

PS Form 3811, July 2013

Domestic Return Receipt

Rec'd - E

U.S. Postal Service™

CERTIFIED MAIL RECEIPT

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

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Chesapeake Exploration LLC

P.O. Box 18496

Oklahoma City, Oklahoma 73154

Set, Apt. No.,

P.O. Box No.

State, ZIP+4

Form 3800, August 2005

See Reverse for Instructions