

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)

jamesbruc@aol.com

June 30, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application a for non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a well in the W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 31, Township 18 South, Range 35 East, N.M.P.M., Lea 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 Matador Production Company

Attachment

A

EXHIBIT A

Devon Energy Production Company, L.P.
333 West Sheridan
Oklahoma City, Oklahoma 73102

Yates Petroleum Corporation
105 Fourth Street
Artesia, New Mexico 88201

Slash Exploration
P.O. Box 1973
Roswell, New Mexico 88202

Airstrip Field Joint Venture
PMB 100
3571 Far West Boulevard
Austin, Texas 78731

Otter Creek
P.O. Box 1557
Sealy, Texas 77474

Williams Enterprises
P.O. Box 32570
Santa Fe, New Mexico 87504

David Sorenson
P.O. Box 1453
Roswell, New Mexico 88202

Marathon Oil Company
5555 San Felipe Street
Houston, Texas 77056

KC Resources
120 Birmingham Drive
Cardiff by the Sea, California 92007

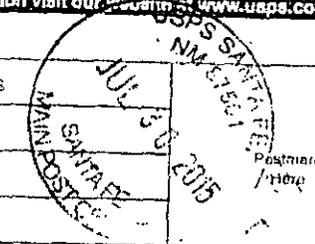
COG Operating LLC
One Concho Center
600 West Illinois Avenue
Midland, Texas 79701



Harvey E. Yates Company
P.O. Box 1933
Roswell, New Mexico 88202

Plantation Operating
2203 Timberloch
The Woodlands, Texas 77380

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery MARCO CAMEY 8-4-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Harvey E. Yates Company P.O. Box 1933 Roswell, New Mexico 88202</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4604 9719</p>	
PS Form 3811, July 2013	Domestic Return Receipt <i>Mat - L</i>

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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	Marathon Oil Company 5555 San Felipe Street Houston, Texas 77056
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

6979 4094 0000 020E E702

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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	Harvey E. Yates Company P.O. Box 1933 Roswell, New Mexico 88202
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

4604 9719

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery MARCO CAMEY 8-4-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Marathon Oil Company 5555 San Felipe Street Houston, Texas 77056</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4604 9689</p>	
PS Form 3811, July 2013	Domestic Return Receipt <i>Mat - L</i>

SEND 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:

David Sorenson
P.O. Box 1453
Roswell, New Mexico 88202

2. Article Number
(Transfer from service label)
PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *David J. Sorenson* Agent Addressee

B. Received by (Printed Name)
DAVID J. SORENSON

C. Date of Delivery
8-4-15

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

7013 3020 0000 4604 9672

Domestic Return Receipt *Not-L*

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

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 \$

Postmark Here

Sent to Williams Enterprises
P.O. Box 32570
Santa Fe, New Mexico 87504

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

PS Form 3800, August 2008 See Reverse for Instructions

7013 3020 0000 4604 9665

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

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 \$

Postmark Here

Sent to David Sorenson
P.O. Box 1453
Roswell, New Mexico 88202

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

PS Form 3800, August 2008 See Reverse for Instructions

7013 3020 0000 4604 9672

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:

Williams Enterprises
P.O. Box 32570
Santa Fe, New Mexico 87504

2. Article Number:
(Transfer from service label)
PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Paulette Williamson* Agent Addressee

B. Received by (Printed Name)
Paulette Williamson

C. Date of Delivery
8-1-15

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

7013 3020 0000 4604 9665

Domestic Return Receipt *Not-L*

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:

Other Creek
P.O. Box 1557
Sealy, Texas 77474

2. Article Number
(Transfer from service label)

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
 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 9658

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

7013 3020 0000 4604 9658

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage)

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

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

Sent To: Airstrip Field Joint Venture
PMB 100
Street, Apt. No. or PO Box No.: 3571 Far West Boulevard
City, State, ZIP+4: Austin, Texas 78731

PS Form 3800, August 2006 See Reverse for Instructions

9596 4094 0000 4604 9658

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

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

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

Sent To: Other Creek
P.O. Box 1557
Street, Apt. No. or PO Box No.: Sealy, Texas 77474
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:

Airstrip Field Joint Venture
PMB 100
3571 Far West Boulevard
Austin, Texas 78731

2. Article Number
(Transfer from service label)

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

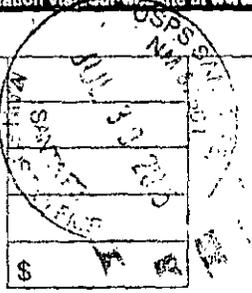
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

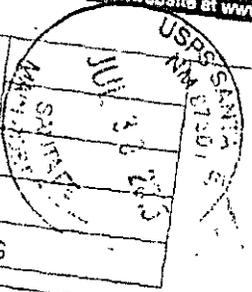
7013 3020 0000 4604 9641

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Vanessa Sexton</i></p> <p>B. Received by (Printed Name) <i>Vanessa Sexton</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Slash Exploration P.O. Box 1973 Roswell, New Mexico 88202</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 3020 0000 4604 9634</p>
PS Form 3811, July 2013	Domestic Return Receipt <i>Mat - L</i>

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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 \$	
<p>Sent to</p> <p>Yates Petroleum Corporation 105 Fourth Street Artesia, New Mexico 88201</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

7013 3020 0000 4604 9627

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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 \$	
<p>Sent To</p> <p>Slash Exploration P.O. Box 1973 Roswell, New Mexico 88202</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

7013 3020 0000 4604 9634

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Sierrita</i></p> <p>B. Received by (Printed Name) <i>Sierrita</i></p> <p>C. Date of Delivery <i>8/10/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Yates Petroleum Corporation 105 Fourth Street Artesia, New Mexico 88201</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 3020 0000 4604 9627</p>
PS Form 3811, July 2013	Domestic Return Receipt <i>Mat - L</i>

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION FOR DELIVERY	
<ul style="list-style-type: none"> 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 X <i>David Carrillo</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Devon Energy Production Company, L.P. 333 West Sheridan Oklahoma City, Oklahoma 73102		B. Received by (Printed Name) <i>J</i> C. Date of Delivery <i>7/3</i>	
2. Article Number (Transfer from service label) 7013 3020 0000 4605 0586		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt <i>Matt - L</i>			

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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: COG Operating L.L.C One Concho Center 600 West Illinois Avenue Midland, Texas 79701	
PS Form 3800, August 2006 See Reverse for Instructions	

2025 404 0000 0202 E702

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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: Devon Energy Production Company, L.P. 333 West Sheridan Oklahoma City, Oklahoma 73102	
PS Form 3800, August 2006 See Reverse for Instructions	

9950 5094 0000 0202 E702

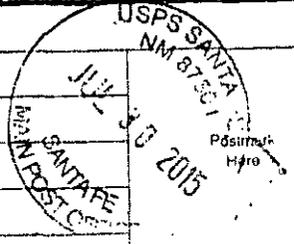
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION FOR DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>David Carrillo</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: COG Operating L.L.C One Concho Center 600 West Illinois Avenue Midland, Texas 79701		B. Received by (Printed Name) <i>J</i> C. Date of Delivery <i>7/3</i>	
2. Article Number (Transfer from service label) 7013 3020 0000 4604 9702		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July Domestic Return Receipt <i>Matt - L</i>			

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

7013 3020 0000 4604 9726

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



Sent To: **Plantation Operating**
 Street, Apt. No., or PO Box No: **2203 Timberloch**
The Woodlands, Texas 77380
 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:

 Plantation Operating
 2203 Timberloch
 The Woodlands, Texas 77380

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

2. Article Number (Transfer from service label) **7013 3020 0000 4604 9726**

English

Customer Service

USPS Mobile

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Customer Service ›
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Sign up for My USPS.

Tracking Number: 7013302000046039901

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

Available Actions

Text Updates

Email Updates

DATE	STATUS OF ITEM	LOCATION
------	----------------	----------

August 3, 2015, 1:09 pm	Delivered	DALLAS, TX 75205
-------------------------	-----------	------------------

Your item was delivered at 1:09 pm on August 3, 2015 in DALLAS, TX 75205

August 2, 2015, 7:59 pm	Departed USPS Facility	DALLAS, TX 75260
August 1, 2015, 4:30 am	Arrived at USPS Facility	DALLAS, TX 75260
July 31, 2015, 2:39 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
July 30, 2015, 7:49 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101
July 30, 2015, 4:22 pm	Departed Post Office	SANTA FE, NM 87501
July 30, 2015, 1:19 pm	Picked Up	SANTA FE, NM 87501

Track Another Package

Tracking (or receipt) number

Manage Incoming Packages

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

Sent To: **KC Resources**
 120 Birmingham Drive
 Cardiff by the Sea, California 92007

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

7013 3020 0000 4604 9696

PS Form 3800, August 2008 See Reverse for Instructions

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

August 13, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

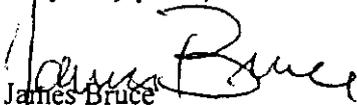
Ladies and gentlemen:

Enclosed is a copy of an application a for non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a well in the W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 31, Township 18 South, Range 35 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 3, 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.

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Very truly yours,


James Bruce

Attorney for Matador Production Company

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- 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:

Plantation Operating, LLC
Suite 100
10355 Centrepark Drive
Houston, Texas 77043

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Handwritten Signature] 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

2. Article Number
(Transfer from service label)

7013 3020 0000 4604 9757

PS Form 3811, July 2013

Domestic Return Receipt

Mat-L