

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 15, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A


Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Wolfcamp well in the N½ of Section 10, 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, July 7, 2016, 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 owner of an interest that may be affected by this application, 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, June 30, 2016. 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

EXHIBIT A

Joe Beeman
Apartment 510
7010 Ironton Avenue
Lubbock, Texas 79424

T.L. Rees
P.O. Box 1007
Colorado City, Texas 79512

Sue Osborn Powell
899 Hedgewood Drive
Georgetown, Texas 78620

Mary Camille Hall
3812 Tailfeather Drive
Round Rock, Texas 78681

7012 3050 0001 2948 4200

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| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |
| Sent To <u>Joe Beeman</u> <u>Apartment 510</u> <u>7010 Ironton Avenue</u> Street, Apt. No., or PO Box No. <u>Lubbock, Texas 79424</u> <u></u> City, State, ZIP+4 | | |
| PS Form 3800, August 2006 | | See Reverse for Instructions |

7012 3050 0001 2948 4194

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| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |
| Sent To <u>T.L. Rees</u> <u>P.O. Box 1007</u> Street, Apt. No., or PO Box No. <u>Colorado City, Texas 79512</u> <u></u> City, State, ZIP+4 | | |
| PS Form 3800, August 2006 | | See Reverse for Instructions |

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:

T.L. Rees
P.O. Box 1007
Colorado City, Texas 79512

9590 9402 1676 6053 7899 18

2. Article Number (Transfer from service label):

7012 3050 0001 2948 4194

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Natalie Merket ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-20-16

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

7012 3050 0001 2948 4187

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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 \$ | Postmark Here |
| Sent To Sue Osborn Powell 899 Hedgewood Drive Georgetown, Texas 78620 Street, Apt. No., or PO Box No. City, State, ZIP+4 | |
| PS Form 3800, August 2006 See Reverse for Instructions | |

7012 3050 0001 2948 4187

| | |
|---|---------------|
| 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 \$ | Postmark Here |
| Sent To Mary Camille Hall 3812 Tailfeather Drive Round Rock, Texas 78681 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 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 <i>Sue Powell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Sue Powell</i> C. Date of Delivery | |
| 1. Article Addressed to: Sue Osborn Powell 899 Hedgewood Drive Georgetown, Texas 78620 9590 9402 1676 6053 7899 01 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: | |
| 2. Article Number (Transfer from service label) 7012 3050 0001 2948 4187 | | 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | |

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SANTA FE, NEW MEXICO 87504

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

jamesbruc@aol.com

March 24, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

New Mexico Department of Transportation
P.O. Box 1149
Santa Fe, New Mexico 87504

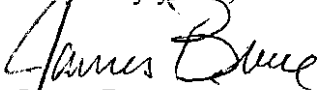
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Wolfcamp well in the N½ of Section 10, 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, April 14, 2016, 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 owner of an interest that may be affected by this application, 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, April 7, 2016. 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

7013 1710 0001 1211 1120

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SANTA FE NM 87504

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| Postage | \$3.45 |
| Certified Fee | \$2.80 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.74 |

SENT
 MAR 25 2016 0500
 SANTA FE NM 87504
 MAR 25 2016 0500
 SANTA FE NM 87504
 MAR 25 2016 0500
 SANTA FE NM 87504

Sent To: New Mexico Department of Transportation
 Street, Apt. P.O. Box 1149
 or PO Box 1 Santa Fe, New Mexico 87504
 City, State, ZIP+4

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1. Article Addressed to:
 New Mexico Department of Transportation
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 Santa Fe, New Mexico 87504

2. **7013 1710 0001 1211 1120**

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): *Thomas S. Kain* C. Date of Delivery: *March 29, 2016*

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

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