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jamesbruc@aol.com

June 29, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

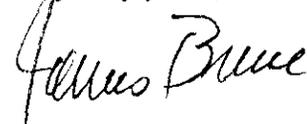
Ladies and gentlemen:

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, July 21, 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 **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, July 14, 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 Mewbourne Oil Company

Attachment **A**

EXHIBIT A

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

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

COG Production LLC
600 West Illinois
Midland, Texas 79701

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

7015 0640 0001 6338 0356

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____
 Total Postage and Fees \$ _____

Sent To BK Exploration Corp.
Suite 401
 Street and Apt. No. 10159 East 11th Street
Tulsa, Oklahoma 74128
 City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:

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

9590 9402 1676 6053 7895 98

2. Article Number (Transfer from service label)

7015 0640 0001 6338 0356

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Whitney Bunn 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

- | | |
|--|---|
| <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 |
| <input type="checkbox"/> Restricted Delivery | |

2

Domestic Return Receipt

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:

COG Production LLC
 600 West Illinois
 Midland, Texas 79701

9590 9402 1676 6053 7895 81

2. Article Number (Transfer from service label)

7015 0640 0001 6338 0363

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Smith 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

- | | |
|--|---|
| <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 |
| <input type="checkbox"/> Restricted Delivery | |

2

Domestic Return Receipt

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:

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

9590 9402 1676 6053 7895 74

2. Article Number: 7015 0640 0001 6338 0370

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *11/6/15*

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

3. Service Type: Priority Mail Express® Adult Signature Registered Mail™ Adult Signature Restricted Delivery Registered Mail Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Return Receipt for Merchandise Collect on Delivery Signature Confirmation™ Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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

Street and Apt. No., or PO Box: _____

City, State, ZIP+4®: _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0370

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
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Return Receipt (electronic) \$

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

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

Street and Apt. No., or PO Box: _____

City, State, ZIP+4®: _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0001 6338 0370

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1. Article Addressed to:

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

9590 9402 1676 6053 7895 67

2. Article Number: 7015 0640 0001 6338 0387

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: _____

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

3. Service Type: Priority Mail Express® Adult Signature Registered Mail™ Adult Signature Restricted Delivery Registered Mail Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Return Receipt for Merchandise Collect on Delivery Signature Confirmation™ Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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