

MEWBOURNE OIL COMPANY
AUTHORIZATION FOR EXPENDITURE

Well Name: Pronghorn 15 B3DM Fed Com 1H Prospect: _____
 Location: SL: 185' FNL & 450' FWL, BHL: 330' FSL & 450' FWL County: Lea ST: NM
 Sec. 15 BIK: _____ Survey: _____ TWP: 23S RNG: 34E Prop. TVD: 11380' TMD: 16000'

INTANGIBLE COSTS 0180		CODE	TCP	CODE	CC
Permits and Surveys		0180-0100	\$5	0180-0200	
Location: Roads, Pits & Site Preparation		0180-0105	\$65,000	0180-0205	\$75,000
Location: Site Restoration, Excavation & Other		0180-0106	\$100,000	0180-0206	
Day Work, Footage, Turnkey Drilling 27 days drlg & 2 comp @ \$18000/day		0180-0110	\$519,000	0180-0210	\$32,100
Fuel 900 gal/day @ \$2.00/gal		0180-0114	\$55,800		
Mud		0180-0120	\$125,000		
Chemicals and Additives		0180-0121		0180-0221	\$5,000
Cementing		0180-0125	\$70,000	0180-0225	\$25,000
Logging, Wireline & Coring Services Gyro/Wireline for Plug & Perf		0180-0130	\$5,000	0180-0230	\$140,000
Casing, Tubing & Snubbing Services		0180-0134	\$20,000	0180-0234	\$15,000
Mud Logging		0180-0137	\$10,000		
Stimulation 15 Stg 5.2MM Gal SW X 6.2MM# Sand				0180-0241	\$800,000
Stimulation Rentals & Other				0180-0242	\$80,000
Water & Other		0180-0145	\$25,000		\$275,000
Bits		0180-0148	\$70,000	0180-0248	\$2,500
Inspection & Repair Services		0180-0150	\$35,000	0180-0250	\$4,000
Misc. Air & Pumping Services Toe prep and Drill out w/tbg		0180-0154	\$35,000	0180-0254	\$20,000
Testing		0180-0158	\$15,000	0180-0258	\$20,000
Completion / Workover Rig 11 days @ \$3500/day				0180-0260	\$38,500
Rig Mobilization		0180-0164	\$160,000		
Transportation		0180-0165	\$35,000	0180-0265	\$5,000
Welding and Construction		0180-0168	\$5,000	0180-0268	
Engineering & Contract Supervision		0180-0170		0180-0270	
Directional Services		0180-0175	\$125,000		
Equipment Rental		0180-0180	\$170,500	0180-0280	\$20,000
Well / Lease Legal		0180-0184	\$5,000	0180-0284	
Well / Lease Insurance		0180-0185	\$5,000	0180-0285	
Intangible Supplies		0180-0188	\$8,000	0180-0288	\$1,000
Damages		0180-0190	\$5,000	0180-0290	
Pipeline, Road, Electrical ROW & Easements		0180-0192		0180-0292	
Pipeline Interconnect				0180-0293	
Company Supervision		0180-0195	\$202,500	0180-0295	\$30,000
Overhead Fixed Rate		0180-0196	\$10,000	0180-0296	\$20,000
Well Abandonment		0180-0198		0180-0298	
Contingencies 10% (TCP) 5% (CC)		0180-0199	\$188,100	0180-0299	\$80,400
TOTAL			\$2,068,905		\$1,688,500
TANGIBLE COSTS 0181					
Casing (19.1" - 30")		0181-0793			
Casing (10.1" - 19.0") 1500' 13 3/8" 48#/54.5# J55 STC @ \$25.61/ft + GRT		0181-0794	\$41,100		
Casing (8.1" - 10.0") 4900' 9 5/8" 36/40# J55/N80 LTC @ \$20.53/ft + GRT		0181-0795	\$107,500		
Casing (6.1" - 8.0") 11650' 7" 26# HCP110 LTC @ \$26.20/ft + GRT		0181-0796	\$326,000		
Casing (4.1" - 6.0") 5100' 4 1/2" 13.5# P110 LTC @ \$14.50/ft + GRT				0181-0797	\$79,000
Tubing (2" - 4") 10800' 2 7/8" 6.5# L80 EUE 8rd @ \$5.23/ft + GRT				0181-0798	\$80,400
Drilling Head		0181-0860	\$14,000		
Tubing Head & Upper Section				0181-0870	\$14,000
Downhole Directional Equipment Halliburton VersaStim Liner Hanger				0181-0871	\$60,000
Sucker Rods				0181-0875	\$35,000
Packer Pump & Subsurface Equipment rod pump				0181-0880	\$10,000
Artificial Lift Systems Gas Lift Valves				0181-0884	\$11,000
Pumping Unit 912 pumping unit				0181-0885	\$100,000
Surface Pumps & Prime Movers 75HP PU motor & SWD transfer pump				0181-0886	\$27,000
Tanks - Steel 5-500bbl steel (2 coated)				0181-0890	\$65,000
Tanks - Others				0181-0891	
Separation & Gas Treating Equipment 30"x10"x1000# 3ph & 24"x10"x1000# 2ph				0181-0895	\$30,000
Heater Treaters, Line Heaters 6'x20'x75# HT				0181-0897	\$17,500
Metering Equipment				0181-0898	\$14,000
Line Pipe - Gas Gathering and Transportation				0181-0900	
Misc. Fittings, Valves, Line Pipe and Accessories				0181-0906	\$65,000
Cathodic Protection				0181-0908	\$5,000
Electrical Installations				0181-0909	\$75,000
Production Equipment Installation				0181-0910	\$40,000
Pipeline Construction 1 mile 4" SDR 7				0181-0920	\$20,000
TOTAL			\$488,600		\$727,900
SUBTOTAL			\$2,557,505		\$2,416,400
TOTAL WELL COST			\$4,973,905		

EXHIBIT 5

Prepared by: D. Robison Date: 1/29/2016
 Co. Approval: *m. white* Date: 1/29/2016

Joint Owner Interest: _____ Amount: _____
 Joint Owner Name: _____ Signature: _____

Operator has secured Operator's Extra Expense Insurance covering costs of well control, clean up and redrilling as estimated in Line Item 0180-0185. Non-Operator may elect NOT to be covered by this Operator's Extra Expense Insurance only by signing below. **The undersigned elects NOT to be covered by Operator's Extra Expense Insurance for their well.**

Joint Owner Name: _____ Signature: _____ Form Rev: 9/2014

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

September 8, 2016

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit A

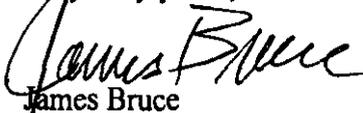
Ladies and gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, for a non-standard spacing and proration unit and compulsory pooling regarding the Pronghorn 15 B3DM Fed. Com. Well No. 1H, a Bone Spring well in the W/2W/2 of Section 15, Township 23 South, Range 34 East, NMPM, Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 29, 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 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 22, 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 his or her 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

Black Mountain Operating, LLC
500 Main Street, Suite 1200
Fort Worth, Texas 76102
Attn: Mr. Kyle Biery

Challenger Crude, Ltd.
3525 Andrews Highway
Midland, Texas 79703
Attn: Mr. Mike Curry

Viersen Oil & Gas Co.
P.O. Box 702708
Tulsa, Oklahoma 74170
Attn: Mr. J.J. Chisholm

Texas Independent Exploration, Inc.
6760 Portwest Drive
Houston, Texas 77024.
Attn: Mr. Chad Bothe

Tom M. Ragsdale
12012 Wickchester Lane, Suite 410.
Houston, Texas 77079

Black & Gold Resources, LLC
800 Bering, Suite 201, Houston, Texas 77057
Attn: David V. De Marco

Phoebe Tompkins
5184 Pine Tree Drive
Miami Beach, FL 33140

Landis Drilling Co.
P.O. Box 994
Midland, Texas 79701

Bonnie Bowman Korbell
and John Korbell
P.O. Box 12199
San Antonio, Texas 78212

Charles C. Albright, III, Trustee
729 W. 16th Street, Suite B8
Costa Mesa, CA 92627

M. Kurt Chapman
P.O. Box 344
Post, Texas 79356

Lillian E. Rutherford and Kenneth Rutherford,
Trustees of the Rutherford Family 1970 Trust
321 Grove Drive
Portola Valley, CA 94028

ABC Oil & Gas Properties
c/o Darleen Cockburn
3208 Boyd
Midland, Texas 79705

Constance B. Cartwright
435 E. 52nd Street, No. 5B
New York, New York 10022

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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Black Mountain Operating, LLC 500 Main Street, Suite 1200 Fort Worth, Texas 76102 Attn: Mr. Kyle Biery</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Date]</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>2. Article 7014 0510 0000 9535 2675</p>		<p>3. Service Type</p> <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	
<p>9590 9402 1933 6123 6391 07</p>		<p>(over \$500) <i>MP</i> Domestic Return Receipt</p>	

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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To: Challenger Crude, Ltd. 3525 Andrews Highway Midland, Texas 79703 Attn: Mr. Mike Curry</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To: Black Mountain Operating, LLC 500 Main Street, Suite 1200 Fort Worth, Texas 76102 Attn: Mr. Kyle Biery</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Challenger Crude, Ltd. 3525 Andrews Highway Midland, Texas 79703 Attn: Mr. Mike Curry</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> 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>2. Article 7014 0510 0000 9535 2668</p>		<p>3. Service Type</p> <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	
<p>9590 9402 1933 6123 6390 91</p>		<p>1 Delivery <i>MP</i> Domestic Return Receipt</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053			

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:

Viersen Oil & Gas Co.
P.O. Box 702708
Tulsa, Oklahoma 74170
Attn: Mr. J.J. Chisholm

9590 9402 1933 6123 6390 84

2. Article Number (Transfer from service label)

7014 0510 0000 9535 2651

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Erik Alade

C. Date of Delivery

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 all Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

ALP

Domestic Return Receipt

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

7014 0510 0000 9535 2644

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To: Texas Independent Exploration, Inc.
 6760 Portwest Drive
 Houston, Texas 77024.
 Attn: Mr. Chad Bothe

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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

7014 0510 0000 9535 2651

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To: Viersen Oil & Gas Co.
 P.O. Box 702708
 Tulsa, Oklahoma 74170
 Attn: Mr. J.J. Chisholm

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.
- 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:

Texas Independent Exploration, Inc.
 6760 Portwest Drive
 Houston, Texas 77024.
 Attn: Mr. Chad Bothe

9590 9402 1933 6123 6390 77

2. Article Number

7014 0510 0000 9535 2644

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 K. Morrison

C. Date of Delivery
 9-12-16

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Restricted Delivery

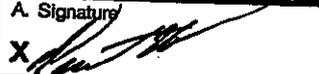
Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Michael Wick</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Tom M. Ragsdale 12012 Wickchester Lane, Suite 410. Houston, Texas 77079</p>		<p>B. Received by (Printed Name) <i>Michael Wick</i> C. Date of Delivery 9-12-2016</p>	
<p>2. Article Number 7014 0510 0000 9535 2637</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>3. Service Type</p> <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		<p>Postmark Here</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To Bonnie Bowman Korbell and John Korbell Street, Apt. No., or PO Box No. P.O. Box 12199 City, State, ZIP+4 San Antonio, Texas 78212</p>	
<p>PS Form 3800, August 2006</p>	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To Tom M. Ragsdale 12012 Wickchester Lane, Suite 410. Street, Apt. No., or PO Box No. Houston, Texas 77079 City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Meredith Cole</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Bonnie Bowman Korbell and John Korbell P.O. Box 12199 San Antonio, Texas 78212</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7014 0510 0000 9535 2590</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>3. Service Type</p> <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		<p>Postmark Here</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name) Kurt Chapman	
<p>M. Kurt Chapman P.O. Box 344 Post, Texas 79356</p>		C. Date of Delivery	
<p>9590 9402 1933 6123 6390 08</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>	
2. Article Number (Transaction Indentation Label)		3. Service Type	
7014 0510 0000 9535 2576		<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		<p>(over \$500) Restricted Delivery</p> <p style="text-align: center;">MP</p> <p style="text-align: center;">Domestic Return Receipt</p>	

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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To: Constance B. Cartwright 435 E. 52nd Street, No. 5B New York, New York 10022</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	

7014 0510 0000 9535 2576

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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To: M. Kurt Chapman P.O. Box 344 Post, Texas 79356</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	

7014 0510 0000 9535 2576

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name) Dominic Ryzolan	
<p>Constance B. Cartwright 435 E. 52nd Street, No. 5B New York, New York 10022</p>		C. Date of Delivery	
<p>9590 9402 1933 6123 6389 71</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>	
2. Article Number (Transaction Indentation Label)		3. Service Type	
7014 0510 0000 9535 2545		<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		<p>(over \$500) Restricted Delivery</p> <p style="text-align: center;">MP</p> <p style="text-align: center;">Domestic Return Receipt</p>	

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

7014 0510 0000 9535 2552

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

Postmark
Here

Sent To ABC Oil & Gas Properties
 c/o Darleen Cockburn
 Street, Apt. No., or PO Box No. 3208 Blvd
 City, State, ZIP+4 Midland, Texas 79705

PS Form 3800, August 2005 See Reverse for Instructions

James Bruce
 P.O. Box 1056
 Santa Fe, New Mexico 87504

\$6.68
US POSTAGE
FIRST-CLASS
 071V00607931
 87501
 000089644

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

Dec
12/20

.....

ABC Oil & Gas Properties
 c/o Darleen Cockburn
 3208 Blvd

7014 0510 0000 9535 2552

NIXIE 799 DE 1 0009/15/16

RETURN TO SENDER
 NO MAIL RECEIPTABLE
 UNABLE TO FORWARD

7970538201 87504-1056

BC: 87504105656 *2255-00731-09-42

7014 0510 0000 9535 2583

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 **Charles C. Albright, III, Trustee**

Street, Apt. No.,
or PO Box No. **729 W. 16th Street, Suite B8**
Costa Mesa, CA 92627

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 2583

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 **Lillian E. Rutherford and Kenneth Rutherford,
Trustees of the Rutherford Family 1970 Trust**

Street, Apt. No.,
or PO Box No. **321 Grove Drive**
Portola Valley, CA 94028

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 2620

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 **Black & Gold Resources, LLC**

Street, Apt. No.,
or PO Box No. **800 Bering, Suite 201, Houston, Texas 77057**
Attn: David V. De Marco

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 2618

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 **Phoebe Tompkins**

Street, Apt. No.,
or PO Box No. **5184 Pine Tree Drive**
Miami Beach, FL 33140

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 2606

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 **Landis Drilling Co.**

Street, Apt. No.,
or PO Box No. **P.O. Box 994**
Midland, Texas 79701

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

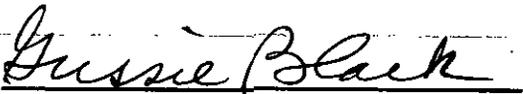
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
September 15, 2016
and ending with the issue dated
September 15, 2016.



Publisher

Sworn and subscribed to before me this
15th day of September 2016.

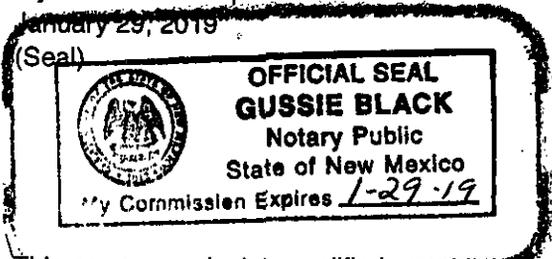


Business Manager

My commission expires

January 29, 2019

(Seal)



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL LEGAL

LEGAL NOTICE
September 15, 2016

NOTICE

To: Phoebe Tompkins, Landis Drilling Co., Bonnie Bowman Korbell, John Korbell, Charles C. Albright, III, Trustee, M. Kurt Chapman, Lillian E. Rutherford and Kenneth Rutherford, Trustees of the Rutherford Family 1970 Trust, ABC Oil & Gas Properties, Darleen Cockburn and Constance B. Cartwright, or your heirs, devisees, or successors, Mewbourne Oil Company, has filed an application with the New Mexico Oil Conservation Division seeking an order approving a 160-acre non-standard oil spacing and proration unit (project area) in the Bone Spring formation comprised of the W/2W/2 of Section 15, Township 23 South, Range 34 East, NMPM, Lea County, New Mexico. Applicant further seeks the pooling of all mineral interests in the Bone Spring formation underlying the W/2W/2 of Section 15. The unit will be dedicated to the Pronghorn 15 B3DM Fed. Com. Well No. 1H, a horizontal well with a surface location in the NW/4NW/4, and a terminus in the SW/4SW/4, of Section 15. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the well and a 200% charge for the risk involved in drilling and completing the well. The application is scheduled to be heard at 8:15 a.m. on September 29, 2016 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date. The attorney for applicant is James Bruce, P.O. Box 1056, Santa Fe, New Mexico, 87504. The unit is located approximately 18 miles southwest of Oil Center, New Mexico. #31228

EXHIBIT 7

01101711

00181112

JAMES BRUCE
JAMES BRUCE, ATTORNEY AT LAW
P.O. BOX 1056
SANTA FE, NM 87504

Offset Ownership
Pronghorn "15" B3DM Federal Com No. 1H
W/2W/2 of Section 15, T23S, R34E
Lea County, New Mexico

E/2W/2 of Section 15:

Mewbourne Oil Company – Operator
(same parties as W/2W/2)

E/2E/2 of Section 16:

COG Operating LLC – Operator

E/2NE/4 of Section 21:

COG Operating LLC – Operator

SE/4 of Section 9:

Mewbourne Oil Company – Operator
Devon Energy Production Company, L.P. – Working Interest Owner
OXY Y-1 Company – Working Interest Owner
ConocoPhillips Company – Working Interest Owner

Section 22:

Siana Operating LLC – Operator
EOG Resources Inc. – Operator
GMT Exploration Company LLC

Section 10:

Siana Operating LLC – Operator
Black Mountain Operating LLC – Operator
CML Exploration, LLC – Operator

EXHIBIT

8

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

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

Case No. 15,553

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.

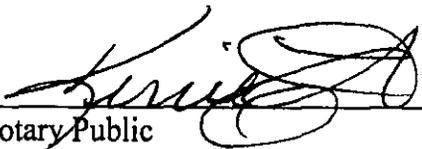


James Bruce

SUBSCRIBED AND SWORN TO before me this 28th day of September, 2016 by James Bruce.

My Commission Expires _____

 OFFICIAL SEAL KERRIE C. ALLEN Notary Public State of New Mexico My Commission Expires <u>12-22-18</u>
--



Notary Public

EXHIBIT 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)

jamesbruc@aol.com

September 8, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

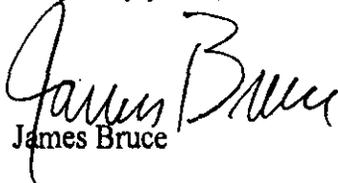
Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Bone Spring well in the W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 15, Township 23 South, Range 34 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 29, 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 owner or operator** who 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, September 15, 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

COG Operating LLC
600 West Illinois Avenue
Midland, Texas 79701

Siana Operating LLC
P.O. Box 10303
Midland, Texas 79702

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

GMT Exploration Company LLC
Suite 2000
1560 Broadway
Denver, Colorado 80202

CML Exploration, LLC
P.O. Box 890
Snyder, Texas 79550

7014 0510 0000 9535 2682

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 **CML Exploration, LLC**
 Street, Apt. No., or PO Box No. **P.O. Box 890**
Snyder, Texas 79550
 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:

Siana Operating LLC
P.O. Box 10303
Midland, Texas 79702

9590 9402 2074 6132 2680 32

2. Article Number (Transfer from carrier label) **7014 0510 0000 9535 2712**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
John Lelek

B. Received by (Printed Name) **John Lelek**
 C. Date of Delivery **9-21-16**

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

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

M P

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:

CML Exploration, LLC
P.O. Box 890
Snyder, Texas 79550

9590 9402 1933 6123 6391 14

2. Article Number (Transfer from carrier label) **7014 0510 0000 9535 2682**

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

M P

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Janis Key

B. Received by (Printed Name) **Janis Key**
 C. Date of Delivery **9-12-16**

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

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

7014 0510 0000 9535 2712

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 **Siana Operating LLC**
 Street, Apt. No., or PO Box No. **P.O. Box 10303**
Midland, Texas 79702
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9535 2729

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

Sent To: **COG Operating LLC**
600 West Illinois Avenue
Midland, Texas 79701

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.
- 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:

GMT Exploration Company LLC
Suite 2000
1560 Broadway
Denver, Colorado 80202

9590 9402 1933 6123 6391 21

2. Article Number (Transfer from service label)
7014 0510 0000 9535 2699

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

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 No
If YES, enter delivery address below:

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 |

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:

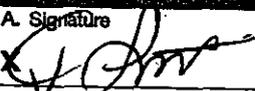
COG Operating LLC
600 West Illinois Avenue
Midland, Texas 79701

9590 9402 2074 6132 2680 25

2. Article Number (Transfer from service label)
7014 0510 0000 9535 2729

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) **Jenn Smith** C. Date of Delivery **7/2/16**

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

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 |

Domestic Return Receipt

7014 0510 0000 9535 2699

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

Sent To: **GMT Exploration Company LLC**
Suite 2000
1560 Broadway
Denver, Colorado 80202

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

M-P

7014 0510 0000 9535 2705

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 **EOG Resources, Inc.**
P.O. Box 2267
 Street, Apt. No., or PO Box No. **Midland, Texas 79702**
 City, State, ZIP+4

