

**STATE OF NEW MEXICO
ENERGY, MINERAL S AND NATURAL RFSOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**APPLICATION OF MATADOR PRODUCTION
COMPANY FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO**

Case No 15,642

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 interest owners entitled to receive notice of the application filed herein

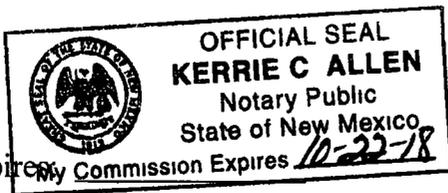
4 Notice of the application was provided to the interest owners at their correct addresses by certified mail Copies of the notice letter and certified return receipts are attached hereto as Attachment A

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 15th day of March 2017 by James Bruce

My Commission Expires _____




Notary Public

EXHIBIT 6C

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

February 23, 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To Persons on Exhibit A

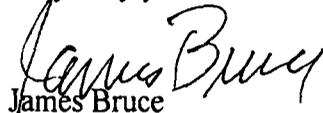
Ladies and gentlemen

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 S½ of Section 11 Township 23 South, Range 27 East, N M P M , Eddy County New Mexico

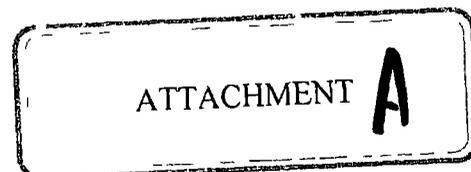
This matter is scheduled for hearing at 8 15 a m on Thursday March 16 2017 in Porter Hall at the Division's offices at 1220 South St Francis Drive Santa Fe New Mexico 87505 You are not required to attend this hearing but as an owner of an interest that may be affected by this application you may appear 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 Wednesday March 9, 2017 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



MICHAEL COLLINS 11 23S 27E RB #208H

James Kirby Read Jr as Foreign Personal Representative
of the Estate of Agnes Lovella Read
HC Box 26346 East Hwy 64
Taos NM 87571

James Kirby Read Jr as Foreign Personal Representative
of the Estate of Agnes Lovella Read
5130 Thornton Street
El Paso TX 79932 2541

James Kirby Read Jr as Foreign Personal Representative
of the Estate of Agnes Lovella Read
6569 Puupilo Rd Unit A
Kapaa HI 96746 9466

Carlsbad Auto Supply
c/o Israel Hernandez
710 South Canyon
Carlsbad New Mexico 88220

Nadel and Gussman Permian LLC
4000 N Big Spring Suite 310
Midland TX 79705

Crown Oil Partners V LP
P O Box 50820
Midland TX 79710

Crump Energy Partners II LLC
P O Box 50820
Midland TX 79710

EXHIBIT

A

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

James Kirby Read Jr as Foreign Personal Representative
of the Estate of Agnes Lella Read
6569 Puupilo Rd Unit A
Kapaa HI 96746 9466

9590 9402 1676 6053 6584 43

2 Article Number (Transfer from service label)
7014 0510 0000 9535 1760

COMPLETE THIS SECTION ON DELIVERY

A Signature: *[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
<input type="checkbox"/> Insured Mail™	

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Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ _____

Postmark _____

Sent To: Carlsbad Auto Supply
c/o Israel Hernandez
710 South Canyon
Carlsbad New Mexico 88220

Street Apt No _____
or PO Box No _____
City State ZIP 4 _____

PS Form 3811 August 2005 See Reverse for Instructions

7014 0510 0000 9535 1753

PS Form 3811 July 2015 PSN 7530 02 000-9053 *M 208* Domestic Return Receipt

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Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ _____

Sent To: James Kirby Read Jr as Foreign Personal Representative
of the Estate of Agnes Lella Read
6569 Puupilo Rd Unit A
Kapaa HI 96746 9466

Street Apt No _____
or PO Box No _____
City State ZIP 4 _____

PS Form 3811 August 2005 See Reverse for Instructions

7014 0510 0000 9535 1760

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

Carlsbad Auto Supply
c/o Israel Hernandez
710 South Canyon
Carlsbad New Mexico 88220

9590 9402 1676 6053 6584 36

2 Article Number (Transfer from service label)
7014 0510 0000 9535 1753

COMPLETE THIS SECTION ON DELIVERY

A Signature: *[Signature]* Agent Addressee

B Received by (Printed Name) *[Name]* C Date of Delivery *2/27/17*

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

PS Form 3811 July 2015 PSN 7530 02 000 9053 *M 208* Domestic Return Receipt

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7014 0510 0000 9535 1746

Postage	\$	P r i m k H e e
Certified Fee		
Return Receipt Fee (Add-on Fee Required)		
Restricted Delivery Fee (Add-on Fee Required)		
Total Postage & Fees	\$	

Street: Nadel and Gussman Perma LLC
 4000 N Bg Sp g, S te 310
 M d l a d TX 79705

State: Apt N
 P.O. 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

Nadel and Gussman Perma LLC
 4000 N Bg Sp g, S te 310
 M d l a d TX 79705

9590 9402 1676 6053 6584 29

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 S. Ancton 2-27-11

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

2 Article Number (Transfer from service label)
 7014 0510 0000 9535 1746

M 208

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

Comp Energy Pates II LP
 P O Box 50820
 Midland TX 79710

9590 9402 1676 6053 6584 12

2 7014 0510 0000 9535 1739

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Lauren Franco* C. Date of Delivery *2/27/17*

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

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

Domestic Return Receipt (over \$500) *M 208*

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7014 0510 0000 9535 1722

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

Sent To: Comp Energy Pates II LLC
 P O Box 50820
 Midland TX 79710

PS Form 3800 August 2009 See Reverse for Instructions

7014 0510 0000 9535 1739

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
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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: Comp Energy Pates II LP
 P O Box 50820
 Midland TX 79710

Street Apt No
 or PO Box No
 City State ZIP

PS Form 3800 August 2009 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

Comp Energy Pates II LLC
 P O Box 50820
 Midland TX 79710

9590 9402 1676 6053 6584 05

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1722

PS Form 3811 July 2015 PSN 7530-02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Lauren Franco* C. Date of Delivery *2/27/17*

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

- 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

Domestic Return Receipt

M 208

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Tracking Number 70140510000095351777

Updated Delivery Day Monday February 27 2017

Product & Tracking Information

Postal Product

Features
Certified Mail

Text Updates

DATE & TIME

STATUS OF ITEM

LOCATION

Email Updates

Reminder to Schedule
Redelivery of your item

February 27 2017 11 08 am

Notice Left (No Authorized Recipient Available)

EL PASO TX 79932

February 27 2017 4 46 am

Arrived at Unit

EL PASO TX 79912

February 26 2017 1 02 am

Departed USPS Facility

EL PASO TX 79910

February 25 2017 4 04 pm

Arrived at USPS Facility

EL PASO TX 79910

ALBUQUERQUE NM 87101

ALBUQUERQUE NM 87101

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Return Receipt Fee
(Endorsement Required)

Registered Mail Fee
(Endorsement Required)

Total Postage & Fees \$

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Home

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James Kirby Read, Esq. Foreign Personal Representative
of the Estate of Agnes Lovella Read
5130 Thornton Street
El Paso TX 79932 2541

PS Form 3800, August 2006

See Reverse for Instructions

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

Postmark
Here

Send To **James Kirby Read Jr as Foreign Personal Representative
of the Estate of Agnes Loretta Read**
Street Apt N HC Box 26346 East Hwy 64
PO Box No Taos, NM 87571
City State ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

James Bruce
P.O. Box 10,6
Santa Fe, New Mexico 87504

\$6.59⁰
US POSTAGE
FIRST CLASS

071V00607931
87501
000094779



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

AKR *LW 33*

James Kirby Read Jr as Foreign Personal Representative

7014 0510 0000 9535 1784

87504-1010

