

EXHIBIT

7
JAMES BRUCE
ATTORNEY AT LAW

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February 9 2017

CERTIFIED MAIL RETURN RECEIPT REQUESTED

To Persons on Exhibit A

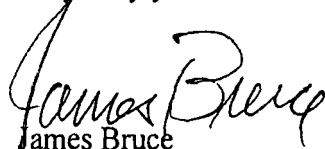
Ladies and gentlemen

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company regarding a Bone Spring well in the W $\frac{1}{2}$ E $\frac{1}{2}$ of Section 2 and the W $\frac{1}{2}$ E $\frac{1}{2}$ of Section 11 Township 25 South Range 28 East NMPM Eddy County New Mexico

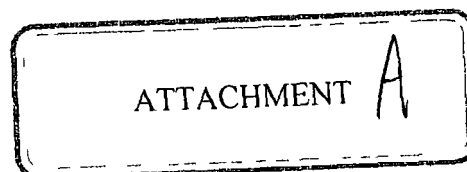
This matter is scheduled for hearing at 8 15 a m on Thursday March 2 2017, in Porter Hall at the Division's offices at 1220 South St Francis Drive, Santa Fe, New Mexico 87505 You are not required to attend this hearing, but as an owner of an interest who may be affected by the application you may appear 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 February 23 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 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

Very truly yours


James Bruce

Attorney for Mewbourne Oil Company



EXHIBIT

A

EOG Resources Inc
5509 Champions Drive
Midland Texas 79706

Panhandle Royalty Company
Suite 300
Grande Central Building
Oklahoma City Oklahoma 73112

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

P n h d l R l t Comp
Sut 300
Grand Cent IB Id it
Oklahoma Cit Oklah ma 7 112

9590 9402 1676 6053 6632 25

2 Article Number (Transfer from service label)
7014 0510 0000 9539 7188 Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jann P. Giebler* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
Jann P. Giebler C Date of Delivery
2-16-17

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

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 on Restricted Delivery
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3811 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

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

Sent To
Street Apt No
PO Box No
City State ZIP 4

FOG Resources Inc
5509 Champion Dr
Midvale UT 84046

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

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

Sent To
Street Apt No
PO Box No
City State ZIP 4

P n h d l R y l t C c p
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Grand Cent IB Id it
Oklahoma Cit Oklah ma 7 112

PS Form 3800 August 2006 See Reverse for Instructions

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1 Article Addressed to

9590 9402 1676 6053 6632 18

2 Article

7014 0510 0000 9539 7171 Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *J. Berry* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
J. Berry C Date of Delivery
2-17-17

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

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 on Restricted Delivery
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

PS Form 3800 August 2006 See Reverse for Instructions