

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

**APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, LEA COUNTY,
EDDY MEXICO.**

Case No. 22243

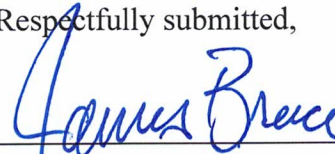
NOTICE OF FILING REPLACEMENT EXHIBIT

Mewbourne Oil Company hereby submits for filing Replacement Exhibit 4 (the affidavit of mailed notice). Additional green cards and notices from the U.S. Postal Service website are attached.

The additional green cards were received on or about January 3, 2022. They show that it took 5 weeks for green cards to be returned, and two have not been returned as of the date of this filing. This notice will be supplemented if additional green cards are returned.

Notice is as complete as possible at this time.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043
jamesbruc@aol.com

Attorney for Mewbourne Oil Company

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

APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.

Case No. 22243

SELF-AFFIRMED STATEMENT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce 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 interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known 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.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 12/14/21

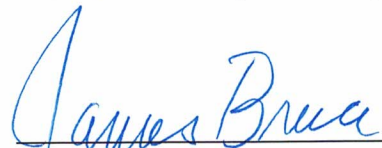

James Bruce

EXHIBIT *Replacement*
4

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

November 15, 2021

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

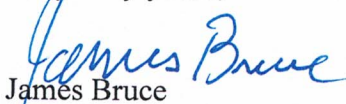
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company (Case No. 22243), regarding a Bone Spring well in a horizontal well unit comprised of the S/2NE/4 of Section 16 and the S/2N/2 of Section 15, Township 18 South, Range 28 East, NMPM, Eddy County, New Mexico.

This matter is re-scheduled for hearing at 8:15 a.m. on Thursday, December 16, 2021. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. 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, December 9, 2021. This statement may be filed online with the Division at ocd.hearings@state.nm.us, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her 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



EXHIBIT A

ZPZ Delaware I LLC
200 Post Oak Blvd., Suite 100
Houston, TX 77056

XTO Holdings LLC
22777 Springwoods Village Parkway
Spring, TX 77389

V-F Petroleum Inc.
P.O. Box 1889
Midland, TX 79702

EOG Resources, Inc.
Midland Division – Land Department
P.O. Box 2267
Midland, Texas 79702

OXY USA WTP LP
Occidental Petroleum Corporation
5 Greenway Plaza, Suite 110
Houston, TX 77046

Marathon Oil Permian LLC
5555 San Felipe St.
Houston, TX 77056

WPX Energy Permian LLC
3500 One Williams Center
Tulsa, OK 74172

Isramco Resources, LLC
1001 W. Loop S., Suite 1150
Houston, TX 77027-9046

PBEX LLC
P.O. Box 10250
Midland, TX 79702

S.K. Lawlis
P.O. Box 1889
Midland, TX 79702

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 \$

Postage \$

Total Postage and Fees \$

Sent To S.K. Lawlis
P.O. Box 1889
Midland, TX 79702

Street and Apt. No., or POE
City, State, Zip+4

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

SENDER: COMPLETE THIS SECTION

1. 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:

V-F Petroleum Inc.
P.O. Box 1889
Midland, TX 79702

9590 9402 6746 1074 2339 31

Article Number (Transfer from carrier label)
7021 0950 0002 0365 4169 (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Addressee
C. Date of Delivery

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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 \$

Postage \$

Total Postage and Fees \$

Sent To V-F Petroleum Inc.
P.O. Box 1889
Midland, TX 79702

Street and Apt. No., or POE
City, State, Zip+4

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

SENDER: COMPLETE THIS SECTION

1. 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:

S.K. Lawlis
P.O. Box 1889
Midland, TX 79702

9590 9402 6746 1074 2340 06

Article Number (Transfer from carrier label)
7021 0950 0002 0365 4220 (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Addressee
C. Date of Delivery

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 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:

PBEX LLC
P.O. Box 10250
Midland, TX 79702



9590 9402 6746 1074 2339 93

2. AI 7021 0950 0002 0365 4213

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

M-32-N

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Lawrence Link C. Date of Delivery 12/2/21
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

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 \$
- Postage \$

Total Postage and Fees

Sent To PBEX LLC
P.O. Box 10250
Midland, TX 79702

Street and Apt. No., or City, State, ZIP+4®

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

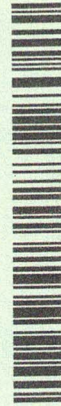
See Reverse for Instructions

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:

Marathon Oil Permian LLC
5555 San Felipe St.
Houston, TX 77056



9590 9402 6746 1074 2339 62

2. AI 7021 0950 0002 0365 4190

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

M-32-N

U.S. Postal Service™
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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 Marathon Oil Permian LLC
5555 San Felipe St.
Houston, TX 77056

Street and Apt. No., or City, State, ZIP+4®

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) CLG C. Date of Delivery 12/2/2021
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

Total Postage and Fees (over \$500)

0617 5965 2000 0560 7202

0617 5965 2000 0560 7202



ALBUQUERQUE NM 870

MAIL
LOPE TO THE RIGHT
D AT DOTTED LINE

23 NOV 2021PM 2 L



0365 4244

WPX Energy Permian LLC
3500 One Williams Center
Tulsa, OK 74172

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)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To WPX Energy Permian LLC
3500 One Williams Center
Tulsa, OK 74172

Street and Apt. No., or _____

City, State, ZIP+4® _____

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

James B
P.O. Box
Santa Fe

7202 0560 0000 9500 2000 0960 2121

UTE
87504-1519

7021 0950 0002 0365 4176

**U.S. Postal Service™
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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 **EOG Resources, Inc.
Midland Division – Land Department
P.O. Box 2267
Midland, Texas 79702**

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

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

7021 0950 0002 0365 4206

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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 **Istranco Resources, LLC
1001 W. Loop S., Suite 1150
Houston, TX 77027-9046**

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

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

7021 0950 0002 0365 4145

**U.S. Postal Service™
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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 **ZPX Delaware I LLC
200 Post Oak Blvd., Suite 100
Houston, TX 77056**

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

City, State, ZIP+4® _____

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

7021 0950 0002 0365 4152

**U.S. Postal Service™
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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 **XTO Holdings LLC
22777 Springwoods Village Parkway
Spring, TX 77389**

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

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

7021 0950 0002 0365 4183

**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 \$ _____

Postage \$ _____


Total Postage and Fees \$ _____

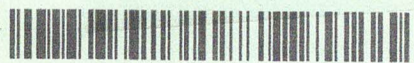
Sent To **OXY USA WTP LP
Occidental Petroleum Corporation
5 Greenway Plaza, Suite 110
Houston, TX 77046**

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

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

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> <p>X <i>[Signature]</i></p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<p>XTO Holdings LLC 22777 Springwoods Village Parkway Spring, TX 77389</p>  <p>9590 9402 6746 1074 2339 24</p>		11-29-2021
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
2. Article	<p>7021 0950 0002 0365 4152</p> <p>(over \$500) Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		
		M-9L-N 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<p>OXY USA WTP LP Occidental Petroleum Corporation 5 Greenway Plaza, Suite 110 Houston, TX 77046</p>  <p>9590 9402 6746 1074 2339 55</p>		11-29-21
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
2. Article	<p>7021 0950 0002 0365 4183</p> <p>(over \$500) Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		
		M-9L-N Domestic Return Receipt

USPS Tracking®

[FAQs >](#)

[Track Another Package +](#)

Tracking Number: 70210950000203654176

(EOG Resources)

[Remove X](#)

Your item was picked up at a postal facility at 7:53 am on November 29, 2021 in MIDLAND, TX 79702.

USPS Tracking Plus™ Available [v](#)

Delivered, Individual Picked Up at Postal Facility

November 29, 2021 at 7:53 am
MIDLAND, TX 79702

Feedback

Get Updates [v](#)

Text & Email Updates [v](#)

Tracking History [v](#)

USPS Tracking Plus™ [v](#)

Product Information [v](#)

See Less [^](#)

Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions.

USPS Tracking®

[FAQs >](#)

[Track Another Package +](#)

Tracking Number: 70210950000203654206

(Isramco)

[Remove X](#)

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

USPS Tracking Plus™ Available [v](#)

In Transit to Next Facility

December 7, 2021

Feedback

Get Updates [v](#)

Text & Email Updates [v](#)

Tracking History [v](#)

USPS Tracking Plus™ [v](#)

Product Information [v](#)

[See Less ^](#)

Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions.

USPS Tracking®

[FAQs >](#)

[Track Another Package +](#)

Tracking Number: 70210950000203654145

(202 Delaware)

[Remove X](#)

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

USPS Tracking Plus™ Available 

In Transit to Next Facility

November 30, 2021

Feedback

Get Updates 

Text & Email Updates 

Tracking History 

USPS Tracking Plus™ 

Product Information 

[See Less ^](#)

Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions.