

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

APPLICATION OF MEWBOURNE OIL COMPANY  
TO AMEND ORDER FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

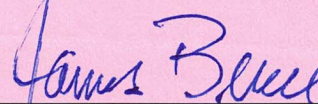
Case No. 23080

**NOTICE OF FILING ADDITIONAL EXHIBIT**

Mewbourne Oil Company hereby submits for filing Exhibit 4, the affidavit of notice. The original filing contained the notice letter and receipts, but the affidavit was omitted. The notice letter is attached, together with all return receipts and returned envelopes received to date.

Also filed is a Revised Exhibit 7, the notice spreadsheet, which incorporates the attached letter and green card information.

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,  
EDDY COUNTY, NEW MEXICO.

Case No. 23080

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: 10/13/22

James Bruce  
James Bruce

EXHIBIT 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](mailto:jamesbruc@aol.com)

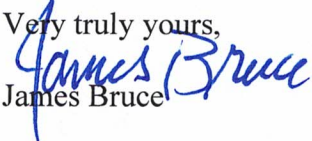
September 15, 2022

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling (Case No. 23080), filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, seeking an order pooling all uncommitted mineral interest owners in the Wolfcamp formation underlying a horizontal spacing unit comprised of the S/2 of Section 33, Township 22 South, Range 27 East, NMPM. The unit will be dedicated to the Rockhound 33 W0IL Fee Well No. 1H, with a first take point in the NE/4SE/4 of 33 and a last take point in the NW/4SW/4 of Section 33, and the Rockhound 33 W0PM Fee Well No. 1H, with a first take point in the SE/4SE/4 of 33 and a last take point in the SW/4SW/4 of Section 33. This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 6, 2022. Due to current circumstances, 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](http://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 September 29, 2022. This statement may be filed online with the Division at [ocd.hearings@state.nm.us](mailto: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

TURNER ROYALTIES, LLC  
31 Brass Horse Road  
Santa Fe, NM 87508

THOMAS M. BEALL  
P.O. Box 1889  
Midland, TX 79702

CHARLES H. HILL, III  
4020 Sahara Court  
Carrollton, TX 75010

DR. ALFRED J. RODRIGUEZ  
7777 Forest Lane  
STE C-236  
Dallas, TX 75230

BPP SOLUTIONS, LLC  
812 SHADY LANE  
FARMINGTON, NM 87401

Post Oak Crown Minerals, LLC  
34 S. Wynden Dr., STE 210  
Houston, TX 77056  
Attn: Permian Land Manager

VIRGINIA A DESMOND  
c/o First American Bank  
Attn: Trust Department  
201 Ocean Avenue #303B  
Santa Monica, CA 90402

VIRGINIA C. DESMOND TRUST  
5502 20th Street  
Lubbock, TX 79407

GEORGE PHILIPS HUEY, JR.  
5850 East Lovers Lane #315  
Dallas, TX 75206

SHARRON STONE TROLLINGER,  
TRUSTEE  
6026 Meadowcreek Dr.  
Dallas, TX 75248

The Heirs or Devisees of James P. Dowell  
700 W. Virginia St.  
McKinney, TX 75069-4544

Pat C. Dowell  
700 W. Virginia St.  
McKinney, TX 75069-4544

The Heirs or Devisees of Bobbie J. McDearmon  
1425 145h Ave. North  
Texas City, TX 77590-5417  
Attn: Devin McDearmon

*Tamara Joy McDearmon P.R.  
of the estate of Reubin R. McDearmon*  
313 Wildflower Ln.  
Kerrville, TX 78028-1816

WHITNEY M. ESCHENHEIMER  
2967 EAST 57TH ST.  
TULSA, OK 74105

RALPH E. MACKEY  
3303 WEST 31ST STREET N  
TULSA, OK 74127

The Heirs and/or Devisees of Neil Sisson  
6149 Kings Rd.  
Ardmore, OK 73401-8848

JUNIPER INVESTMENTS, LLC  
2204 N. SANTIAGO AVENUE  
FARMINGTON, NM 87401

GLENDALOUISE FARRIS RICHTER  
9 Willow Wood  
Dallas, TX 75205

GLENDALOUISE FARRIS RICHTER,  
*P.R. of estate of Donald E. Richter*

9 Willow Wood  
Dallas, TX 75205

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 \$

Postmark Here

Sent To  
 GLENDA LOUISE FARRIS RICHTER  
 9 Willow Wood  
 Dallas, TX 75205

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

City, State, ZIP+4®

See Reverse for Instructions

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

7021 0950 0002 0374 3214

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) 9-23-22

C. Date of Delivery 9-23-22

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

2. Article Number (Transfer from service label) 7021 0950 0002 0374 3214 (over \$500)

Domestic Return Receipt

M R H

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

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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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 \$

Postmark Here

Total Postage and Fees

Sent To  
 GLENDA LOUISE FARRIS RICHTER,  
PR. of Estate of Duvalde Richter  
 9 Willow Wood  
 Dallas, TX 75205

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

City, State, ZIP+4®

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

See Reverse for Instructions

7021 0950 0002 0374 3214

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name) 9-23-22

C. Date of Delivery 9-23-22

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Article Number (Transfer from service label) 7021 0950 0002 0374 3214

Domestic Return Receipt

M R H

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

**CERTIFIED MAIL® RECEIPT**  
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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 7021 0950 0002 0374 3276

Street and Apt. No., P.O. Box, or FPO 7021 0950 0002 0374 3276

City, State, Zip+4® 7021 0950 0002 0374 3276

Postmark Here

Jamary Joy McDermott, P.A.  
of the estate of Randall R. McDermott  
313 Wildflower Ln.  
Kerrville, TX 78028-1816

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

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

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:

JUNIPER INVESTMENTS, LLC  
2204 N. SANTIAGO AVENUE  
FARMINGTON, NM 87401

9590 9402 7543 2098 9501 96

2. Article 7021 0950 0002 0374 3238 (over \$500)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) Jamary Joy McDermott C. Date of Delivery 9/21/22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery

Restricted Delivery

Domestic Return Receipt

**M R H**

**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 7021 0950 0002 0374 3276

Street and Apt. No., P.O. Box, or FPO 7021 0950 0002 0374 3276

City, State, Zip+4® 7021 0950 0002 0374 3276

Postmark Here

Jamary Joy McDermott, P.A.  
of the estate of Randall R. McDermott  
313 Wildflower Ln.  
Kerrville, TX 78028-1816

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

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JUNIPER INVESTMENTS, LLC  
2204 N. SANTIAGO AVENUE  
FARMINGTON, NM 87401

9590 9402 7543 2098 9501 96

2. Article 7021 0950 0002 0374 3238 (over \$500)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) Jamary Joy McDermott C. Date of Delivery 9/21/22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery

Restricted Delivery

Domestic Return Receipt

**M R H**

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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 Pat C. Dowell  
700 W. Virginia St.  
McKinney, TX 75069-4544

The Heirs or Devises of James P. Dowell  
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

90EE 42EO 0374 2000 0950 0560 1202

**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:

Pat C. Dowell  
700 W. Virginia St.  
McKinney, TX 75069-4544

9590 9402 7543 2098 9502 19

2. Article Number 7021 0950 0002 0374 3290

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature P. Dowell  Agent  Addressee

B. Received by (Printed Name) P. Dowell Date of Delivery 9-21-22

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

3. Service Type

Priority Mail Express®

Adult Signature

Registered Mail™

Certified Mail®

Collect on Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Postmark Here

Domestic Return Receipt

M RH

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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 Pat C. Dowell  
700 W. Virginia St.  
McKinney, TX 75069-4544

The Heirs or Devises of James P. Dowell  
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

062E 42EO 0374 2000 0950 0560 1202

**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:

The Heirs or Devises of James P. Dowell  
700 W. Virginia St.  
McKinney, TX 75069-4544

9590 9402 7543 2098 9502 26

2. Article Number 7021 0950 0002 0374 3306

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature P. Dowell  Agent  Addressee

B. Received by (Printed Name) P. Dowell Date of Delivery 9-21-22

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

3. Service Type

Priority Mail Express®

Adult Signature

Registered Mail™

Certified Mail®

Collect on Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Postmark Here

Domestic Return Receipt

M RH

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66EE 42EO 2000 0374 3399  
7021 0950 0002 0374 3399

**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:

**TURNER ROYALTIES, LLC**  
31 Brass Horse Road  
Santa Fe, NM 87508

2. 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™  
 Registered Mail Restricted Delivery  
 Certified Mail®  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery  
 Collect on Delivery  
 Restricted Delivery

4. Insured (over \$500)  Restricted Delivery

5. Certified Mail Fee \$  
 6. Return Receipt (hardcopy) \$  
 7. Return Receipt (electronic) \$  
 8. Certified Mail Restricted Delivery \$  
 9. Adult Signature Required \$  
 10. Adult Signature Restricted Delivery \$

11. Total Postage and Fees \$

12. Sent To **TURNER ROYALTIES, LLC**  
 13. Street and Apt. No. **31 Brass Horse Road**  
 14. City, State, Zip+4® **Santa Fe, NM 87508**

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

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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 **TURNER ROYALTIES, LLC**  
 31 Brass Horse Road  
 Santa Fe, NM 87508

Street and Apt. No. **31 Brass Horse Road**  
 City, State, Zip+4® **Santa Fe, NM 87508**

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

**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™  
 Registered Mail Restricted Delivery  
 Certified Mail®  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery  
 Collect on Delivery  
 Restricted Delivery

Domestic Return Receipt



7021 0950 0002 0374 3375

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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 DR. ALFRED J. RODRIGUEZ  
 7777 Forest Lane  
 STE C-236  
 Dallas, TX 75230

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 0374 3382

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 CHARLES H. HILL, III  
 4020 Sahara Court  
 Carrollton, TX 75010

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 0374 3368

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 BPP SOLUTIONS, LLC  
 812 SHADY LANE  
 FARMINGTON, NM 87401

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 0374 3351

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

For delivery information, visit our website at [www.usps.com](http://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 Post Oak Crown Minerals, LLC  
 34 S. Wynden Dr. STE 210  
 Houston, TX 77056  
 Attn: Permian Land Manager

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 0374 3320

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 GEORGE PHILIPS HUEY, JR.  
 5850 East Lovers Lane #315  
 Dallas, TX 75206

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 0374 3313

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

For delivery information, visit our website at [www.usps.com](http://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 SHARRON STONE TROLLINGER,  
 TRUSTEE  
 6026 Meadowcreek Dr.  
 Dallas, TX 75248

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 0374 3263

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**OFFICIAL USE**

Certified Mail Fee \$	Postmark Here
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 \$	
<b>Total Postage and Fees</b> \$	
Sent To The Heirs or Devises of Bobbie J. McDearmon 1425 145h Ave. North Texas City, TX 77590-5417 Attn: Devin McDearmon	
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 0374 3269

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$	Postmark Here
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 \$	
<b>Total Postage and Fees</b> \$	
Sent To WHITNEY M. ESCHENHEIMER 2967 EAST 57TH ST. TULSA, OK 74105	
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 0374 3245

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Certified Mail Fee \$	Postmark Here
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 checked="" type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
<b>Total Postage and Fees</b> \$	
Sent To The Heirs and/or Devises of Neil Sisson 6149 Kings Rd. Ardmore, OK 73401-8848	
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 0374 3252

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**OFFICIAL USE**

Certified Mail Fee \$	Postmark Here
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 \$	
<b>Total Postage and Fees</b> \$	
Sent To RALPH E. MACKEY 3303 WEST 31ST STREET N TULSA, OK 74127	
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 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.

Article Addressed to:

VIRGINIA C. DESMOND TRUST  
5502 20th Street  
Lubbock, TX 79407



9590 9402 7543 2098 9502 57

2. Article Number (Transfer from carrier label)

702J 0950 0002 0374 3337

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

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  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

tricted Delivery

M R H

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 \$

Postmark Here

Total Postage and Fees

SENT TO  
VIRGINIA A DESMOND  
c/o First American Bank  
Attn: Trust Department  
201 Ocean Avenue #303B  
Santa Monica, CA 90402

City, State, ZIP+4®

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

See Reverse for Instructions

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 \$

Postmark Here

Total Postage and Fees

SENT TO  
VIRGINIA C. DESMOND TRUST  
5502 20th Street  
Lubbock, TX 79407

City, State, ZIP+4®

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

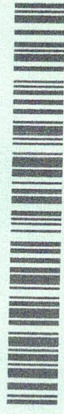
See Reverse for Instructions

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:

VIRGINIA A DESMOND  
c/o First American Bank  
Attn: Trust Department  
201 Ocean Avenue #303B  
Santa Monica, CA 90402



9590 9402 7543 2098 9502 64

2. Article Number (Transfer from carrier label)

702J 0950 0002 0374 3344

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

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  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

tricted Delivery

M R H

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Sharron Stone Trollinger</i></p>	
<p>1. Article Addressed to:</p> <p>SHARRON STONE TROLLINGER, TRUSTEE 6026 Meadowcreek Dr. Dallas, TX 75248</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Trollinger</i> 9/27/22</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0374 3313</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<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>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;"><i>M RH</i> Domestic Return Receipt</p>	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>MANCE PRO THRESH</i></p>	
<p>1. Article Addressed to:</p> <p>GEORGE PHILIPS HUEY, JR. 5850 East Lovers Lane #315 Dallas, TX 75206</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0374 3320</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<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>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;"><i>M RH</i> Domestic Return Receipt</p>	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Neil Sisson</i></p>	
<p>1. Article Addressed to:</p> <p>The Heirs and/or Devises of Neil Sisson 6149 Kings Rd. Ardmore, OK 73401-8848</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Neil Sisson</i> 9-27-22</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0374 3245</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<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>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;"><i>M RH</i></p>	

## CASE NO. 23080

STATUS OF CERTIFIED NOTICE (REVISED)

<u>INTEREST OWNER</u>	<u>MAILING DATE</u>	<u>RECEIPT DATE</u>	<u>CARD RETURNED</u>
Turner Royalties, LLC	September 15, 2022	Unknown	Yes
Thomas M. Beall	"	September 26, 2022	"
Charles H. Hill III	"	Unknown	No
Dr. Alfred J. Rodriguez	"	"	"
Virginia A. Desmond	"	September 23, 2022	Yes
Virginia C. Desmond Trust	"	Unknown	"
George Philips Huey, Jr.	"	"	No
Sharron Stone Trollinger, Trustee	"	September 27, 2022	Yes
James P. Dowell Heirs	"	September 26, 2022	Yes
Pat C. Dowell	"	September 22, 2022	Yes
Bobbie J. McDearmon Heirs	"	Unknown	No
Reuben R. McDearmon Estate	"	September 24, 2022	Yes
Whitney M. Eschenheimer	"	Unknown	No
Ralph E. Mackey	"	"	"
Neil Sisson Heirs	"	September 27, 2022	Yes
Glenda L.F. Richter, Individually & as P.R.	"	September 27, 2022 & September 23, 2022	Yes

All other parties who were notified of the application have voluntarily committed their interests to the wells, and are dismissed from the pooling.

EXHIBIT 7