

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

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

Case Nos. 22638 and 22639

NOTICE OF FILING ADDITIONAL EXHIBITS

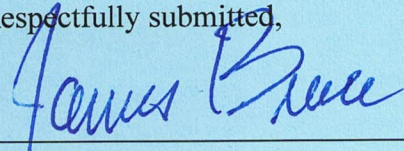
Mewbourne Oil Company hereby submits for filing the following:

Revised Exhibit 4, the notice affidavit, which contains all received green cards and three unclaimed, returned letters.

Exhibit 7, which contains parts of Exhibit 2-B in each case. They show in red lettering the parties being pooled. Several of the parties notified of the hearing (OXY Y-1 Company, Randy Lee Cone, and EOG Resources, Inc.) voluntarily committed their interests to the wells.

Exhibit 8, the certified notice spreadsheet.

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

APPLICATIONS OF MEWBOURNE OIL
COMPANY FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

Case Nos. 22638 & 22639

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 applications filed herein.
4. Notice of the applications 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: 6/29/22

James Bruce
James Bruce

Revised
4
EXHIBIT

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

June 16, 2022

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling (Case No. 22638), filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, seeking to pool all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2S/2 of Section 22, Township 18 South, Range 29 East, NMPM. The unit will be dedicated to the Puma Blanca 22 B2IL Fed. Com. Well No. 1H.

Also enclosed is a copy of an application for compulsory pooling (Case No. 22639), filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, seeking to pool all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2S/2 of Section 22 and the N/2S/2 of Section 21, Township 18 South, Range 29 East, NMPM. The unit will be dedicated to the Puma Blanca 22/21 B2PM Fed. Com. Well No. 1H.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, July 7, 2022. 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 applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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 five business days before the hearing date. 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.

ATTACHMENT

A

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Case 22638:

- ✓ OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, Texas 77046
Attn: NM Permian Land Manager
- ✓ Randy Lee Cone
P.O. Box 231034
Anchorage, Alaska 99523
- ✓ Clifford Cone
P.O. Box 1629
Lovington, NM 88260-1629
- ✓ Karen Cone
39246 S. 631 Rd.
Jay, Oklahoma 74346-4616
- ✓ Karen Cone
217 Cherokee Street
Lowell, Arkansas 72745
- ✓ Kayla Cone
460 Captain Stockton Street
Prairie Grove, Arkansas 72753
- ✓ Kenneth Cone
P.O. Box 507
Dripping Springs, Texas 78620
- ✓ Kenneth Cone
P.O. Box 658
Dripping Springs, Texas 78620
- ✓ Kenneth G. Cone, Trustee of the Trusts
created under the will and condicil of
Kathleen Cone, Deceased, for the
Benefit of the Children of Kenneth G. Cone
P.O. Box 658
Dripping Springs, Texas 78620
- ✓ EOG Resources, Inc.
5509 Champions Drive
Midland, Texas 79706
Attn: Brian Pond
- ✓ MRC Delaware Resources, LLC
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: David Johns

- ✓ Kenneth G. Cone, Trustee of the Trusts
created under the will and condicil of
Kathleen Cone, Deceased, for the
Benefit of the Children of Kenneth G. Cone
P.O. Box 507
Dripping Springs, Texas 78620
- ✓ Clifford Cone, Trustee of the Trusts
created under the will and condicil of
Kathleen Cone, Deceased, for the
Benefit of the Children of Clifford Cone
P.O. Box 1629
Lovington, NM 88260-1629
- ✓ Cathie Cone McCowan
P.O. Box 658
Dripping Springs, TX 78620
- ✓ Cathie Cone McCowan, Trustee of the
Trusts created under the will and condicil
Of Kathleen Cone, Deceased, for the benefit
Of the children of Cathie Cone McCowan Auvenshine
P.O. Box 658
Dripping Springs, TX 78620
- ✓ BOKF, NA
16767 N. Perimeter Drive, Ste. 200
Scottsdale, AZ 85260
Attn: Casey Coffey
- ✓ BOKF, NA
1600 Broadway
Denver, CO 80202
Attn: Ron Keever
- ✓ BOKF, NA
1600 Broadway
Denver, CO 80202
Attn: Kara Sekavec
- ✓ BOKF, NA
2405 Grand Blvd., Suite 840
Kansas City, MO 64108
Attn: Jeff Akright
- ✓ Finley Production Co., LP
P.O. Box 2200
Fort Worth, Texas 76113

1

Case 22639

All the parties listed on page 1, plus:

Devon Energy Production Company, L.P.

333 West Sheridan Avenue

Oklahoma City, Oklahoma 73102

Magnum Hunter Production, inc.

Suite 600

600 North Marienfeld Street

Midland, Texas 79701

**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 \$ _____
 Total Postage and Fees \$ _____

Sent To Randy Lee Cone
P.O. Box 231034
Anchorage, Alaska 99523
 Street and Apt. No., or PO Box
 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 front of the mailpiece, or on the front if space permits.

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Randy Lee Cone C. Date of Delivery 6/28/2022

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

Postmark Here

9590 9402 6746 1074 4010 88
 7021 0350 0001 3337 6229

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 Greenway Plaza, Suite 110
Houston, Texas 77046
 Street and Apt. No., or PO Box
 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:
Randy Lee Cone
P.O. Box 231034
Anchorage, Alaska 99523

2. 7021 0350 0001 3337 6229

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) Randy Lee Cone C. Date of Delivery 6/27/22

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

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

Postmark Here

9590 9402 6746 1074 4010 88
 7021 0350 0001 3337 6229

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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 **BOKF, NA**
1600 Broadway
Denver, CO 80202
 Street and Apt. No., Attn: Ron Keever
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

Postmark Here

6229 9666 1000 0560 0350 0336 8279

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Grey Mailing C. Date of Delivery 6/27/22

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
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

1. Article Addressed to:
M PBJ Domestic Return Receipt

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

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 **MRC Data Resources, LLC**
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
 Street and Apt. No., Attn: David Johns
 City, State, ZIP+4®

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

Postmark Here

0330 9666 1000 0560 0350 0336

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Grey Mailing C. Date of Delivery 6/27/22

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
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Collect on Delivery by Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

1. Article Addressed to:
M PBJ Domestic Return Receipt

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

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9828 9666 7000 0560 7202

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:

BOKE, NA
 1600 Broadway
 Denver, CO 80202
 Attn: Kara Sekavec

2. Article No. **7021 0350 0001 3336**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) **J. M. HEAS** C. Date of Delivery **6/27/2022**
 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™
 Restricted Delivery

4. Insured Mail (over \$500) Insured Mail Restricted Delivery

Domestic Return Receipt **M PBI**

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:

BOKE NA
 16787 N. Perimeter Drive, Ste. 200
 Scottsdale, AZ 85260
 Attn: Casey Coffey

2. Article No. **7021 0350 0001 3336**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) **[Signature]** C. Date of Delivery **6/27**
 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™
 Restricted Delivery

Domestic Return Receipt **M PD**

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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 Fee \$
 Sent To **BOKE, NA**
 1600 Broadway
 Denver, CO 80202
 Attn: Kara Sekavec
 Street and Apt. No., or City, State, Zip+4®

PS Form 3809, April 2015 PSN 7550-02-000-9047

9828 9666 7000 0560 7202

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 \$

Kenneth G. Cone, Trustee of the Trusts created under the will and condici of Kathleen Cone, Deceased, for the Benefit of the Children of Kenneth G. Cone

P.O. Box 658
Dripping Springs, Texas 78620

Sent To _____
Street and Apt. No. _____
City, State, ZIP+4® _____

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

7202 0350 0001 3336 8309

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:

Cathie Cone McCowan
P.O. Box 658
Dripping Springs, TX 78620

9590 9402 6746 1074 4009 51

2. Article Addressed to:

7021 0350 0001 3336 8309

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Dus-Quirk*

B. Received by (Printed Name) *Teresa Quirk* C. Date of Delivery *7/1/22*

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Restricted Delivery

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

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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 **Cathie Cone McCowan**
P.O. Box 658
Dripping Springs, TX 78620

Street and Apt. 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.

1. Article Addressed to:

Kenneth G. Cone, Trustee of the Trusts created under the will and condici of Kathleen Cone, Deceased, for the Benefit of the Children of Kenneth G. Cone
P.O. Box 658
Dripping Springs, Texas 78620

9590 9402 6746 1074 4010 02

2. Article Addressed to:

7021 0350 0001 3336 8354

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Dus-Quirk

B. Received by (Printed Name) *Teresa Quirk* C. Date of Delivery *7/1/22*

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

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

7202 0350 0001 3336 8309

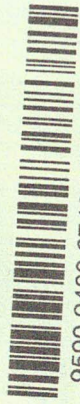
7021 0350 0001 3336 8293

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:

Kenneth G. Cone, Trustee of the Trusts created under the will and concilial of Kathleen Cone, Deceased, for the Benefit of the Children of Kenneth G. Cone
 P.O. Box 507
 Dripping Springs, Texas 78620



9590 9402 6746 1074 4009 75

2. Article Number: **7021 0350 0001 3336 8323**
 (over 3500)

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

Domestic Return Receipt

M FBI

✓

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent Addressee
Drewa Quin
 B. Received by (Printed Name)
Teresa Quin
 C. Date of Delivery
 7/1/22
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

ed Delivery

(over 3500)

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

Domestic Return Receipt

M FBI

✓

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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 _____
 Sent to **Kenneth G. Cone, Trustee of the Trusts created under the will and concilial of Kathleen Cone, Deceased, for the Benefit of the Children of Kenneth G. Cone**
 P.O. Box 507
 Dripping Springs, Texas 78620
 Street and Apt. N
 City, State, ZIP+4® _____

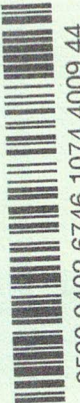
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions.

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:

Cathie Cone McCowan, Trustee of the Trusts created under the will and concilial of Kathleen Cone, Deceased, for the benefit Of the children of Cathie Cone McCowan Auvenhine
 P.O. Box 668
 Dripping Springs, TX 78620



9590 9402 6746 1074 4009 44

2. 7021 0350 0001 3336 8293

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent Addressee
Drewa Quin
 B. Received by (Printed Name)
Teresa Quin
 C. Date of Delivery
 7/1/22
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

stricted Delivery

Domestic Return Receipt

M FBI

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 \$ _____
 Sent to **Cathie Cone McCowan, Trustee of the Trusts created under the will and concilial of Kathleen Cone, Deceased, for the benefit Of the children of Cathie Cone McCowan Auvenhine**
 P.O. Box 668
 Dripping Springs, TX 78620
 Street and Apt. _____
 City, State, ZIP+4® _____

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

7021 0350 0001 3336 8293

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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 **Kenneth Cone**

P.O. Box 507

Dripping Springs, Texas 78620

City, State, ZIP+4®

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

7201 0350 0001 3336 8378

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:

EOG Resources, Inc.
5509 Champions Drive
Midland, Texas 79706
Attn: Brian Pond

2. Article **7021 0350 0001 3336 8347** Restricted Delivery (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent Addressee

B. Received by (Printed Name) **Char Berry** C. Date of Delivery **6/22**

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™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

M FBI

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent Addressee

B. Received by (Printed Name) **Teresa Quick** C. Date of Delivery **7/1/22**

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™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

M FBI

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 **EOG Resources, Inc.**

5509 Champions Drive

Midland, Texas 79706

Attn: Brian Pond

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:

Kenneth Cone
P.O. Box 507
Dripping Springs, Texas 78620

2. Article **7021 0350 0001 3336 8378** Restricted Delivery (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent Addressee

B. Received by (Printed Name) **Teresa Quick** C. Date of Delivery **7/1/22**

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™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

M FBI

**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 **Finley Production Co., LP**

P.O. Box 2200
Fort Worth, Texas 76113

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.

Article Addressed to:

Karen Cone
39246 S. 631 Rd.
Jay, Oklahoma 74346-4616

7021 0350 0001 3336 8408

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) **Karen Cone** C. Date of Delivery **6/30/2022**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
39246 S 631 Rd
Jay, OK 74346

3. Service Type

Priority Mail Express®

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

Insured Mail

Restricted Delivery

**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 **Finley Production Co., LP**

P.O. Box 2200
Fort Worth, Texas 76113

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.

Article Addressed to:

Finley Production Co., LP
P.O. Box 2200
Fort Worth, Texas 76113

7021 0350 0001 3336 8248

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) **MS** C. Date of Delivery **6-29**

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

3. Service Type

Priority Mail Express®

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

Insured Mail

Restricted Delivery

7021 0350 0001 3336 8408

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:

Kenneth Cone
P.O. Box 658
Dripping Springs, Texas 78620



9590 9402 6746 1074 4010 19

2. 7021 0350 0001 3336 8361 (over 3500) restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Teresa Quirk Agent Addressee

B. Received by (Printed Name) Teresa Quirk C. Date of Delivery 7/1/22

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

Domestic Return Receipt

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

Postmark Here

Postage

Total Postage and Fees

Sent To Kenneth Cone
P.O. Box 658

Street and Apt. No., or P.O. Box 78620

City, State, Zip+4®

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

7202 0350 0001 3336 8361

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

Sent To **BOKE, NA**
 2405 Grand Blvd., Suite 840
 Kansas City, MO 64108
 Street and Apt. No., or P.O. Box No.
 Attn: Jeff Akright

City, State, ZIP+4®

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

7021 0350 0001 3336 8255

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 Fee \$

Sent To **BOKE, NA**
 2405 Grand Blvd., Suite 840
 Kansas City, MO 64108
 Street and Apt. No., or P.O. Box No.
 Attn: Jeff Akright

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:

Devon Energy Production Company, L.P.
 333 W. Sheridan Ave.
 Oklahoma City, Oklahoma 73102
 Attn: Aaron Young

7021 0350 0001 3336 8224 (over \$500)

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

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 **Devon Energy Production Company, L.P.**
 333 W. Sheridan Ave.
 Oklahoma City, Oklahoma 73102
 Street and Apt. No., or P.O. Box No.
 Attn: Aaron Young

City, State, ZIP+4®

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

7021 0350 0001 3336 8224

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed Addressee

B. Received by (Printed Name) **JEFF AKRIGHT** Date of Delivery **JUN 09 2022**

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™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed Addressee

B. Received by (Printed Name) **C-19** Date of Delivery **7-8-22**

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

COMPLETE THIS SECTION

1. Article Addressed to:

Magnum Hunter Production, Inc.
600 N. Marfield St., Suite 600
Midland, Texas 79701
Attn: John Collman

2. Article Number: 7021 0350 0001 3336 8231 (over \$500) *M 04/1/55*

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

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

5. Date of Delivery: 6-27-2013

6. Received by (Printed Name): AMELIA WALDO

7. Signature: *A. Waldo*

8. Agent Addressee

9. 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 \$ _____

Magnum Hunter Production, Inc.
600 N. Marfield St., Suite 600
Midland, Texas 79701
Attn: John Collman

Sent To _____

Street and Apt. No., or _____

City, State, ZIP+4® _____

Postmark Here

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

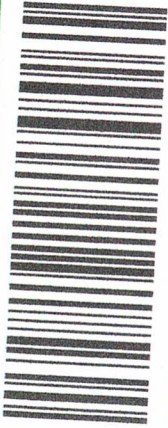
See Reverse for Instructions

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

RETURNED TO SENDER UNCLAIMED

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

CERTIFIED MAIL®



7021 0350 0001 3336 8385

Stampist
\$7.53
US POSTAGE
FIRST-CLASS
062513292392
87501
000133467
Schwartz

Kayla Cone
460 Captain Stockton Street
Prairie Grove, Arkansas 72753

NIXIE 722 DE 1 0007/15/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *1255-04125-15-44

UNC
87504>1056

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 \$

Postmark
Here

Postage

Total Postage and Fees

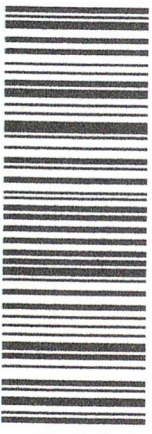
Sent To Kayla Cone
460 Captain Stockton Street
Prairie Grove, Arkansas 72753
City, State, ZIP+4®

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

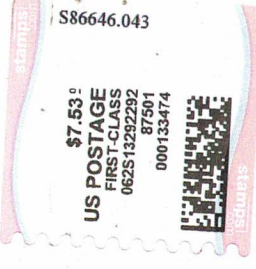
7021 0350 0001 3336 8385

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

CERTIFIED MAIL



7021 0350 0001 3336 8316



6/27

Clifford Cone, Trustee of the Trusts created under the will and condil of Kathleen Cone, Deceased, for the Benefit of the Children of Clifford Cone P.O. Box 1629

NIXIE 750 DE 1 0007/14/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *1882-02166-14-15

UNC
87504>1056

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 \$

Sent To \$

Street and Apt.

City, State, Zip+4

Postmark Here

Clifford Cone, Trustee of the Trusts created under the will and condil of Kathleen Cone, Deceased, for the Benefit of the Children of Clifford Cone P.O. Box 1629 Lovington, NM 86260-1629

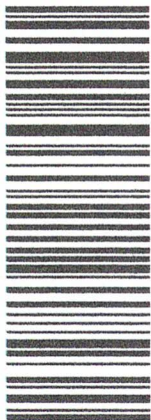
7021 0350 0001 3336 8316

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

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

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

CERTIFIED MAIL



7021 0350 0001 3337 6212

Handwritten: 11/2

Clifford Cone
P.O. Box 1629

NIXIE 750 DE 1 0007/14/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *1882-02167-14-15

Handwritten: AN 1/19

UNC
87504>1056

U.S. Postal Service
CERTIFIED MAIL
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

Clifford Cone

P.O. Box 1629

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

Lovington, NM 88260-1629

City, State, Zip+4

7021 0350 0001 3337 6212

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

7021 0350 0001 3336 8392

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

Postmark
Here

Sent To	Karen Cone
Street and Apt. No.	217 Cherokee Street
	Lowell, Arkansas 72745
City, State, ZIP+4®	

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

Spacing Unit Ownership

Puma Blanca 22 B2IL Fed Com #1H	Interest
Mewbourne Oil Company, et al.	77.62042900%
Kenneth G. Cone, Trustee of the Trusts created under eth Will and Codicil of Kathleen Cone, deceased, for the benefit of the children of Kenneth G. Cone	3.75000000%
Clifford Cone, Trustee of the Trusts created under the Will and Codicil of Kathleen Cone, deceased, for himself and for the benefit of the children of Clifford Cone	3.75000000%
Cathie Cone McCowan, Trustee of the Trusts created under the Will and Codicil of Kathleen Cone, deceased, for the benefit of the children of Cathie Cone McCowan Auvenshine	3.75000000%
Kenneth G. Cone	2.50000000%
Clifford Cone	2.50000000%
Cathie Cone McCowan	2.50000000%
BOKF, NA (formerly Bank of Oklahoma, N.A.), Trustee, Kayla Cone, Karen Cone, Finley Production Co., LP	2.50000000%
MRC Delaware Resources, LLC	1.12957100%
Total	100.00000000%

Parties in Red are being pooled - 22.379571%

From Exhibit 2.B in Case 22638

EXHIBIT 7

Spacing Unit Ownership

Puma Blanca 22/21 B2PM Fed Com #1H	Interest
Mewbourne Oil Company, et al.	64.48771450%
Devon Energy Production Company, L.P.	20.15625000%
Magnum Hunter Production, Inc.	4.16625000%
Kenneth G. Cone, Trustee of the Trusts created under eth Will and Codicil of Kathleen Cone, deceased, for the benefit of the children of Kenneth G. Cone	1.87500000%
Clifford Cone, Trustee of the Trusts created under the Will and Codicil of Kathleen Cone, deceased, for himself and for the benefit of the children of Clifford Cone	1.87500000%
Cathie Cone McCowan, Trustee of the Trusts created under the Will and Codicil of Kathleen Cone, deceased, for the benefit of the children of Cathie Cone McCowan Auvenshine	1.87500000%
Kenneth G. Cone	1.25000000%
Clifford Cone	1.25000000%
Cathie Cone McCowan	1.25000000%
BOKF, NA (formerly Bank of Oklahoma, N.A.), Trustee, Kayla Cone, Karen Cone, Finley Production Co., LP	1.25000000%
MRC Delaware Resources, LLC	0.56478550%
Total	100.00000000%

Parties in Red are being pooled - 35.5122855%

From Exhibit 2-B in Case 22639

CASE NOS. 22638 & 22639

STATUS OF CERTIFIED NOTICE

<u>INTEREST OWNER</u>	<u>MAILING DATE</u>	<u>RECEIPT DATE</u>	<u>CARD RETURNED</u>
<u>Case No. 22638;</u>			
Kenneth G. Cone, Trustee of Trusts U/W/O Kathleen Cone F/B/O children of Kenneth G. Cone	June 16, 2022	July 1, 2022	Yes
Clifford Cone, Trustee of Trusts U/W/O Kathleen Cone for himself and F/B/O children of Clifford Cone	“	Unclaimed	No
Cathie Cone McCowan, Trustee of Trusts U/W/O Kathleen Cone F/B/O children Of Cathie Cone McCowan Auvenshine	“	July 1, 2022	Yes
Kenneth G. Cone	“	“	“
Clifford Cone	“	Unclaimed	No
Cathie Cone McCowan	“	July 1, 2022	Yes
BOKF, Trustee	“	June 27, 2022	“
Kayla Cone	“	Unclaimed	No
Karen Cone	“	June 29, 2022	Yes
Finley Production Company	“	“	“
MRC Delaware Resources, LLC	“	June 27, 2022	“

EXHIBIT

8

Case No. 22639;

The parties listed above, plus:

Devon Energy Production Company, L.P.	June 16, 2022	June 30, 2022	Yes
Magnum Hunter Production, Inc.	“	June 24, 2022	“

Note: The three persons who did not claim their certified mail were notified by publication. See Exhibit 5.