

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. 22672

NOTICE OF FILING ADDITIONAL EXHIBITS

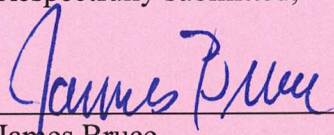
Mewbourne Oil Company hereby submits for filing the following:

Exhibits 2-A (the C-102) and 6 (the pooling checklist). They were revised to include the pool name and pool code.

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

Exhibit 7, 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

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number	2 Pool Code 96381	3 Pool Name Avalon; Bone Spring (oil)
4 Property Code	5 Property Name PINTO 28/29 B3NM FED COM	6 Well Number 1H
7 GRID NO.	8 Operator Name MEWBOURNE OIL COMPANY	9 Elevation 3209'

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
N	28	20S	27E		970	SOUTH	2540	WEST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	29	20S	27E		440	SOUTH	100	WEST	EDDY

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
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No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.

16

CORNER DATA  
NAD 83 GRID - NM EAST

<p><u>GEODETIC DATA</u> NAD 83 GRID - NM EAST</p> <p><u>SURFACE LOCATION</u> N: 560156.1 - E: 555712.3 LAT: 32.5399183° N LONG: 104.2866859° W</p> <p><u>BOTTOM HOLE</u> N: 559661.3 - E: 547969.4 LAT: 32.5385650° N LONG: 104.3118125° W</p>	<p>A: FOUND BRASS CAP "1942" N 559221.5 - E 547863.1</p> <p>B: FOUND BRASS CAP "1942" N 561873.2 - E 547901.5</p> <p>C: FOUND BRASS CAP "1942" N 564526.0 - E 547939.6</p> <p>D: CALCULATED CORNER N 564525.5 - E 553189.8</p> <p>E: FOUND BRASS CAP "1942" N 564496.2 - E 555846.6</p> <p>F: FOUND BRASS CAP "1942" N 564470.0 - E 558504.7</p>	<p>G: FOUND BRASS CAP "1942" N 561826.2 - E 558488.9</p> <p>H: FOUND BRASS CAP "1942" N 559153.2 - E 558477.3</p> <p>I: FOUND BRASS CAP "1942" N 559185.0 - E 555823.3</p> <p>J: FOUND BRASS CAP "1934" N 559216.9 - E 553169.5</p> <p>K: FOUND BRASS CAP "1942" N 559219.2 - E 550516.0</p> <p>L: FOUND BRASS CAP "1942" N 561871.2 - E 553179.3</p>
--	--	---

17 OPERATOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

order heretofore entered by the division.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

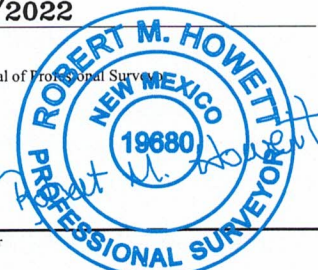
E-mail Address \_\_\_\_\_

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

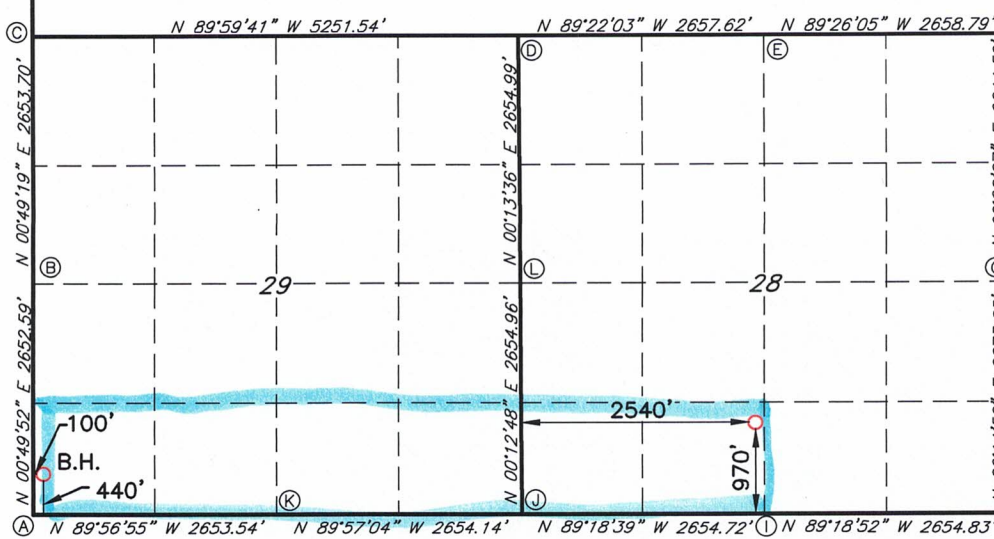
04/05/2022  
Date of Survey

Signature and Seal of Professional Surveyor



19680  
Certificate Number

19



Job No.: LS22040400

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. 22672

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: 7/5/22

James Bruce  
James Bruce

Revised  
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)

June 16, 2022

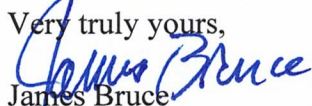
CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling (Case No. 22672), 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 S/2SW/4 of Section 28 and the S/2S/2 of Section 29, Township 20 South, Range 27 East, NMPM. The unit will be dedicated to the Pinta 28/29 B3NM Fed. Com. Well No. 1H.

This matter is 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](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 five business days before the hearing date. 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 A

EXHIBIT A

COG Operating, LLC  
600 W Illinois Ave  
Midland, TX 79701-9808  
Attn: Baylor Mitchell

OXY USA WTP Limited Partnership  
5 Greenway Plaza, Suite 110  
Houston, TX 77046  
Attn: Jonathan Gonzales

SEP Permian, LLC  
9655 Katy Freeway, Suite 500  
Houston, TX 77024  
Attn: Drew Oldis

Kathryn Sheats Johnson  
100 W Seguin Ave  
De Leon, Texas 76444  
Attn: Alice Ward

Lena Mae Ellis  
4213 Homestead Circle  
San Angelo, Texas 76905-7312

Carol Mae Davis  
7 Duncan Rd  
Pueblo, CO 81001-1647

Marie Cleveland George  
417 East 1700 South  
Salt Lake City, Utah 84115  
Attn: Esther Wardle

Mary Christi Carter Daniels  
43 NW Sandy Trail Ln  
Lawton, OK 73505-9557

Carl Mack Carter  
2360 E US Highway 190  
San Saba, TX 76877-7729

Shirley Hoyt Carole Sheats  
1319 Academy Dr  
Arlington, Texas 76013-2312

Hettie Patton Davis  
2851 Coldwater Ct  
Midlothian, TX 76065

Edna Laura Criswell Blankenship  
PO Box 494  
Levelland, TX 79336  
Attn: Connie Martin

Mary Josephine Criswell Lee  
4519 62<sup>nd</sup> St  
Lubbock, TX 79414-4530

John Claude Criswell  
9139 CR 2472  
Royce City, TX 75189  
Attn: Don Criswell

Jesse Harold Criswell  
7 Dellwood Lane  
Canyon, TX 79015  
Attn: Jerry Criswell

The Heirs or Devisees of John C Moore  
16 Benchley Dr  
Marlboro, NJ 07746-1785

NimTex Energy, LLC  
Box 999  
Farwell, TX 79325  
Attn: Nichols Thomas

Bobbie S Davis as sole devisee u/w/o Donald Carlos Davis  
11231 Spring Pine St Apt 1214  
San Antonio, TX 78249-2669

Velma Walters Moore  
1148 FM 1383  
Schulenburg, TX 78956  
Attn: Patti Niesner

Billie Beth Moore  
1148 FM 1383  
Schulenburg, TX 78956  
Attn: Patti Niesner

Scott Martin Carter  
6711 84<sup>th</sup> Street  
Lubbock, TX 79424-4763

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CERTIFIED MAIL® RECEIPT**  
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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (handcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Edna Laura Criswell Blankenship  
PO Box 494  
Lvelland, TX 79336  
Attn: Connie Martin

Street and Apt. No., or PO # \_\_\_\_\_  
City, State, ZIP+4® \_\_\_\_\_

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

7021 0950 0002 0364 6317

**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:  
Article Addressed to: \_\_\_\_\_  
Insured Mail Restricted Delivery (over \$500) M-P

2. Article Number (Transfer from service label)  
7021 0950 0002 0364 6317

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

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Scott Carter  Agent  Addressee  Date of Delivery 10/17/2022

B. Received by (Printed Name) Scott Carter

C. Date of Delivery 10/17/2022

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™  
 Collect on Delivery  
 Restricted Delivery

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Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (handcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Edna Laura Criswell Blankenship  
PO Box 494  
Lvelland, TX 79336  
Attn: Connie Martin

Street and Apt. No., or PO # \_\_\_\_\_  
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:  
Article Addressed to: \_\_\_\_\_

2. Article Number (Transfer from service label)  
7021 0950 0002 0364 6409

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

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Connie Martin  Agent  Addressee  Date of Delivery 10/17/2022

B. Received by (Printed Name) Connie Martin

C. Date of Delivery 10/17/2022

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™  
 Collect on Delivery  
 Restricted Delivery

7021 0950 0002 0364 6409

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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 Fee** \$ \_\_\_\_\_

The Heirs or Devises of John C Moore  
16 Benchley Dr  
Marlboro, NJ 07746-1785

Sent To \_\_\_\_\_

Street and Apt. No., or PO Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

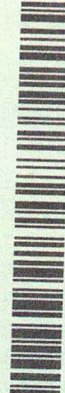
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

29E9 49E0 2000 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:

  
9590 9402 6746 1074 4013 30

2. Article # 7021 0950 0002 0364 6423

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent   
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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

3. Service Type

Priority Mail Express®  
 Registered Mail™  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Insured mail (over \$500)

Domestic Return Receipt

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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** \$ \_\_\_\_\_

The Heirs or Devises of John C Moore  
16 Benchley Dr  
Marlboro, NJ 07746-1785

Sent To \_\_\_\_\_

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

29E9 49E0 2000 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:

  
9590 9402 6746 1074 4008 45

2. Article # 7021 0950 0002 0364 6362

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent   
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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

3. Service Type

Priority Mail Express®  
 Registered Mail™  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Insured mail (over \$500)

Domestic Return Receipt

29E9 49E0 2000 0560 1202

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---

**1. Article Addressed to:**

John Claude Criswell  
9139 CR 2472  
Royce City, TX 75189  
Attn: Don Criswell

Postmark Here

---

**2. Article Identification:**

Article ID: 7021 0950 0002 0364 6366  
Certified Mail Fee: \$6.36

---

**3. Service Type:**

Priority Mail Express®  
 Registered Mail™  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

---

**4. Return Information:**

Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

---

**Total Postage and Fees:** \$6.36

---

**Sent To:** Mary Josephine Criswell Lee  
4519 62nd St  
Lubbock and Apt. No., or PO/Hubbox, TX 79414-4530  
City, State, ZIP+4®

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**1. Article Addressed to:**

John Claude Criswell  
9139 CR 2472  
Royce City, TX 75189  
Attn: Don Criswell

Postmark Here

---

**2. Article Identification:**

Article ID: 7021 0950 0002 0364 6366  
Certified Mail Fee: \$6.36

---

**3. Service Type:**

Priority Mail Express®  
 Registered Mail™  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

---

**4. Return Information:**

Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

---

**Total Postage and Fees:** \$6.36

---

**Sent To:** Mary Josephine Criswell Lee  
4519 62nd St  
Lubbock and Apt. No., or PO/Hubbox, TX 79414-4530  
City, State, ZIP+4®

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

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**OFFICIAL USE**

---

**1. Article Addressed to:**

Mary Josephine Criswell Lee  
4519 62nd St  
Lubbock, TX 79414-4530

Postmark Here

---

**2. Article Identification:**

Article ID: 7021 0950 0002 0364 6393  
Certified Mail Fee: \$6.39

---

**3. Service Type:**

Priority Mail Express®  
 Registered Mail™  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery

---

**4. Return Information:**

Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

---

**Total Postage and Fees:** \$6.39

---

**Sent To:** Mary Josephine Criswell Lee  
4519 62nd St  
Lubbock, TX 79414-4530  
City, State, ZIP+4®

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

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**OFFICIAL USE**

---

**1. Article Addressed to:**

John Claude Criswell  
9139 CR 2472  
Royce City, TX 75189  
Attn: Don Criswell

Postmark Here

---

**2. Article Identification:**

Article ID: 7021 0950 0002 0364 6366  
Certified Mail Fee: \$6.36

---

**3. Service Type:**

Priority Mail Express®  
 Registered Mail™  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

---

**4. Return Information:**

Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

---

**Total Postage and Fees:** \$6.36

---

**Sent To:** John Claude Criswell  
9139 CR 2472  
Royce City, TX 75189  
Attn: Don Criswell  
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:

SEP Permian, LLC  
9655 Katy Freeway, Suite 500  
Houston, TX 77024  
Attn: Drew Oldis



2. Art 7021 0350 0001 3337 6328

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

Domestic Return Receipt

M-B

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Jonathan Gonzalez  Agent  Addressee
- B. Received by (Printed Name) \_\_\_\_\_
- C. Date of Delivery 6/28/22
- 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
  - Collect on Delivery Restricted Delivery

2. Art 7021 0350 0001 3337 6328

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

Domestic Return Receipt

M-B

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 \$ \_\_\_\_\_

Postmark Here

Sent To \_\_\_\_\_

OXY USA WTP Limited Partnership  
5 Greenway Plaza, Suite 110  
Houston, TX 77046  
Attn: Jonathan Gonzales

Street and Apt. No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

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

2021 0350 0001 3337 6328

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 \$ \_\_\_\_\_

Postmark Here

Sent To \_\_\_\_\_

SEP Permian, LLC  
9655 Katy Freeway, Suite 500  
Houston, TX 77024  
Attn: Drew Oldis

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

City, State, ZIP+4® \_\_\_\_\_

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

2021 0350 0001 3337 6328

COMPLETE THIS SECTION ON DELIVERY

A. Signature \_\_\_\_\_

Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery 6/28/22

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
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery Restricted Delivery
- Collect on Delivery Restricted Delivery

Signature Confirmation™

- Signature Confirmation Restricted Delivery

Domestic Return Receipt

M-B

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:

OXY USA WTP Limited Partnership  
5 Greenway Plaza, Suite 110  
Houston, TX 77046  
Attn: Jonathan Gonzales



2. Art 7021 0350 0001 3337 6335

(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](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 Kathryn Sheats Johnson  
100 W Seguin Ave  
De Leon, Texas 76444  
Attn: Alice Ward

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

7202 0560 2000 4960 9971

**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:

Article Addressed to: Carol Mae Davis  
7 Duncan Rd  
Pueblo, CO 81001-1647

2. Article 7021 0950 0002 0364 6461 Restricted Delivery M-8

3. Service Type

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured mail (over \$500)

Domestic Return Receipt M-8

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](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 Kathryn Sheats Johnson  
100 W Seguin Ave  
De Leon, Texas 76444  
Attn: Alice Ward

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

7202 0560 2000 4960 9971

**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:

Article Addressed to: Kathryn Sheats Johnson  
100 W Seguin Ave  
De Leon, Texas 76444  
Attn: Alice Ward

2. Article Number (transfer from service label) 7021 0350 0001 3337 6311

3. Service Type

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt M-8

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

5559 4960 2000 0560 7202

# 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** NimTex Energy, LLC  
Box 999  
Farwell, TX 79325  
Attn: Nichols Thomas

**Street and Apt. No., or PO** \_\_\_\_\_

**City, State, ZIP+4®** \_\_\_\_\_

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

Postmark  
Here

### COMPLETE THIS SECTION ON DELIVERY

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name)** WE

**C. Date of Delivery**

**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

Restricted Delivery

Domestic Return Receipt

7021 0950 0002 0364 6430 (over \$500)

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

### 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:

**Carl Mack Carter**  
2160 E US Highway 190  
San Sabá, TX 76877-7729

**9590 9402 6746 1074 4013 23**

2. 7021 0950 0002 0364 6430 (over \$500)

Domestic Return Receipt

M-1

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](http://www.usps.com)

**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** Carl Mack Carter  
2160 E US Highway 190  
San Sabá, TX 76877-7729

**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

Postmark  
Here

### 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:

**NimTex Energy, LLC**  
Box 999  
Farwell, TX 79325  
Attn: Nichols Thomas

**9590 9402 6746 1074 4008 38**

2. A

7021 0950 0002 0364 6355 (over \$500)

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

### COMPLETE THIS SECTION ON DELIVERY

**A. Signature**  
 Agent  
 Addressee

**B. Received by (Printed Name)** M-1

**C. Date of Delivery** 6-29-22

**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™

Collect on Delivery Restricted Delivery

Domestic Return Receipt

**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 Billie Beth Moore  
1148 FM 1383  
Schulenburg, TX 78956  
Attn: Patti Niesner

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

4229 49E0 2000 0560 T202

**COMPLETE THIS SECTION ON DELIVERY**

**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.

A. Signature  Agent  
B. Received by (Printed Name) Jerry Criswell C. Date of Delivery 6-28-22

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

Postmark Here

9590 9402 6746 1074 4008 07

2. Article Number (Printed) 7021 0950 0002 0364 6379

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

4229 49E0 2000 0560 T202

**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 Jesse Harold Criswell  
7 Dellwood Lane  
Canyon, TX 79015  
Attn: Jerry Criswell

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

4229 49E0 2000 0560 T202

**COMPLETE THIS SECTION ON DELIVERY**

**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.

A. Signature  Agent  
B. Received by (Printed Name) Patti Niesner C. Date of Delivery 6-28-22

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

Postmark Here

9590 9402 6746 1074 4008 07

2. Article Number (Printed) 7021 0950 0002 0364 6324

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

4229 49E0 2000 0560 T202

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 *Patti Niesner*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*Patti Niesner* *6-28-22*  
 D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

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.

Velma Walters Moore  
 1148 FM 1383  
 Schulenburg, TX 78956  
 Attn: Patti Niesner



9590 9402 6746 1074 4008 14

2. Article 7021 0950 0002 0364 6331 Restricted Delivery  
 Insured Mail Restricted Delivery (over \$500) *M-F*

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](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 Velma Walters Moore  
 1148 FM 1383  
 Schulenburg, TX 78956  
 Street and Apt. No., or POB Attn: Patti Niesner  
 City, State, ZIP+4®  
 Postmark Here

7021 0950 0002 0364 6331

See Reverse for Instructions

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

7021 0950 0002 0364 6348

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 \$	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 \$	
Total Postage and Fees \$	
Sent To Bobbie S Davis as sole devisee u/w/o Donald Carlos Davis 11231 Spring Pine St Apt 1214 San Antonio, TX 78249-2669	
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 0364 6416

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 \$	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 \$	
Total Postage and Fees \$	
Sent To Hettie Patton Davis 2851 Coldwater Ct Midlothian, TX 76065	
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

7021 0950 0002 0364 6478

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 \$	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 \$	
Total Postage and Fees \$	
Sent To Lena Mae Ellis 4213 Homestead Circle San Angelo, Texas 76905-7312	
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

7021 0950 0002 0364 6454

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 \$	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 \$	
Total Postage and Fees \$	
Sent To Marie Cleveland George 417 East 1700 South Salt Lake City, Utah 84115 Attn: Esther Wardle	
Street and Apt. No., or PO	
City, State, ZIP+4®	

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

7021 0950 0002 0364 6447

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 \$	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 \$	
Total Postage and Fees \$	
Sent To Mary Christi Carter Daniels 43 NW Sandy Trail Ln Lawton, OK 73505-9557	
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 0350 0001 3337 6342

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 \$	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 \$	
Total Postage and Fees \$	
Sent To COG Operating, LLC 600 W Illinois Ave Midland, TX 79701-9808 Attn: Baylor Mitchell	
Street and Apt. No., or PO	
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:

Lena Mae Ellis  
4213 Homestead Circle  
San Angelo, Texas 76905-7312



9590 9402 6746 1074 4012 86

2. Article Number: 7021 0950 0002 0364 6478

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

---

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

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

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

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


Insured Mail Restricted Delivery (over \$500)

**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:

Bobbie S Davis as sole devisee w/w/o Donald Carlos Davis  
11231 Spring Pine St Apt 1214  
San Antonio, TX 78249-2669



9590 9402 6746 1074 4008 21

2. Article Number: 7021 0950 0002 0364 6348

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

---

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Wesley Davis* C. Date of Delivery: *7-1-22*

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

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


Insured Mail Restricted Delivery (over \$500)

**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:

COG Operating, LLC  
600 W Illinois Ave  
Midland, TX 79701-9808  
Attn: Baylor Mitchell



9590 9402 6746 1074 4017 81

2. Article Number: 7021 0350 0001 3337 6342

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

---

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *K. Clinton* C. Date of Delivery: *[Blank]*

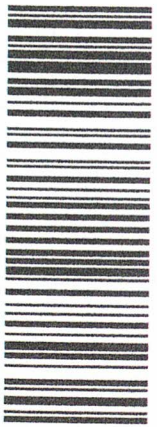
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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

Insured Mail Restricted Delivery (over \$500)

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

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL**



7021 0950 0002 0364 6416

*REFUSED*

Hettie Patton Davis  
2851 Coldwater Ct

*6/27*

586646.017  
\$7.33<sup>0</sup>  
US POSTAGE  
FIRST CLASS  
06251329292  
87501  
000133504

750 DE 1 0007/01/22  
RETURN TO SENDER  
REFUSED  
UNABLE TO FORWARD  
BC: 87504105656 \*0968-00819-23-46

REF  
875045953660



**COMPULSORY POOLING APPLICATION CHECKLIST****ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

<b>Case:</b>	<b>22672</b>
<b>Date:</b>	<b>July 5, 2022</b>
Applicant	Mewbourne Oil Company
Designated Operator & OGRID (affiliation if applicable)	Mewbourne Oil Company/OGRID No.14744
Applicant's Counsel:	James Bruce
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Pinta Bone Spring well
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent:	Bone Spring Formation
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Entire Bone Spring formation
Pool Name and Pool Code:	<i>Avatar; Bone Spring (oil) Pool (Code 96381)</i>
Well Location Setback Rules:	Statewide rules and current horizontal well rules
Spacing Unit Size:	Quarter-quarter sections/40 acres
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	240 acres
Building Blocks:	
Orientation:	West - East
Description: TRS/County	S/2S/2 §29 and S/2SW/4 §28-20S-27E, NMPM, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	
Applicant's Ownership in Each Tract	Exhibit 2-A
<b>Well(s)</b>	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non- standard)	Pinta 28/29 B3NM Fed. Com. Well No. 1H API No. 30-015-Pending SHL: 970 FSL & 2540 FWL §28 BHL: 440 FSL & 100 FWL §29 FTP: 440 FSL & 2540 FWL §28 LTP: 440 FSL & 100 FWL §29 Third Bone Spring/TVD 8170 feet/MD 15662 feet

EXHIBIT

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Horizontal Well First and Last Take Points	See above
Completion Target (Formation, TVD and MD)	See above
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$8000
Production Supervision/Month \$	\$800
Justification for Supervision Costs	Exhibit 2, page 2
Requested Risk Cha648	Cost + 200%/Exhibit 2, page 2
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit 1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit 4
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit 5
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit 2-B
Tract List (including lease numbers and owners)	Exhibit 2-B
Pooled Parties (including ownership type)	Exhibit 2-B
Unlocatable Parties to be Pooled	
Ownership Depth Severance (including percentage above & below)	None
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit 2-C
List of Interest Owners ( <i>i.e.</i> Exhibit A of JOA)	Exhibit 2-B
Chronology of Contact with Non-Joined Working Interests	Exhibit 2-C
Overhead Rates In Proposal Letter	
Cost Estimate to Drill and Complete	Exhibit 2-C
Cost Estimate to Equip Well	Exhibit 2-C
Cost Estimate for Production Facilities	Exhibit 2-C
<b>Geology</b>	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibits 2-A and 3-A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3-C
Well Orientation (with rationale)	Laydown/Exhibit 3
Target Formation	Bone Spring
HSU Cross Section	Exhibit 3-C
Depth Severance Discussion	Not Applicable
<b>Forms, Figures and Tables</b>	
C-102	Exhibit 2-A
Tracts	Exhibit 2-B
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit 2-B

General Location Map (including basin)	Exhibits 2-A and 3-A
Well Bore Location Map	Exhibits 2-A and 3-A
Structure Contour Map - Subsea Depth	Exhibit 3-A
Cross Section Location Map (including wells)	Exhibits 3-B and 3-C
Cross Section (including Landing Zone)	Exhibit 3-C
<b>Additional Information</b>	
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name</b> (Attorney or Party Representative):	James Bruce
<b>Signed Name</b> (Attorney or Party Representative):	<i>James Bruce</i>
<b>Date:</b>	July 5, 2022

## CASE NO. 22672

STATUS OF CERTIFIED NOTICE

<u>INTEREST OWNER</u>	<u>MAILING DATE</u>	<u>RECEIPT DATE</u>	<u>CARD RETURNED</u>
COG Operating LLC	June 16, 2022	Unknown	Yes
OXY USA WTP Limited Partnership	"	June 28, 2022	"
SEP Permian LLC	"	June 27, 2022	"
Kathryn Sheats Johnson	"	June 26, 2022	"
Lena Mae Ellis	"	July 1, 2022	"
Carol Mae Davis	"	Unknown	"
Marie Cleveland George	"	"	No
Edna Laura Criswell Blankenship	"	June 27, 2022	Yes
Mary Josephine Criswell Lee	"	"	"
John Claude Criswell	"	"	"
Jesse Harold Criswell	"	June 28, 2022	"
John C. Moore	"	June 28, 2022	"
NimTex Energy LLC	"	June 29, 2022	"
Bobbie S. Davis	"	July 1, 2022	"
Velma Waters Moore	"	June 28, 2022	Yes
Billie Beth Moore	"	"	"
Scott Martin Carter	"	June 27, 2002	"
Mary Christi Carter Daniels	"	Unknown	No

EXHIBIT

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Carl Mack Carter	“	Unknown	Yes
Shirley Hoyt Carole Sheats	“	“	“
Hettie Patton Davis,	“	Refused service	No