

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. 23396

NOTICE OF FILING ADDITIONAL EXHIBITS

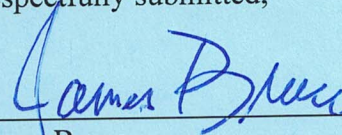
Mewbourne Oil Company hereby submits the following additional exhibits:

Supplemental Exhibit 4-B, which contains additional green cards received after the hearing.

Replacement Exhibit 6, the pooling checklist, which includes information on the proximity tract.

Exhibit 7, the pooling spreadsheet.

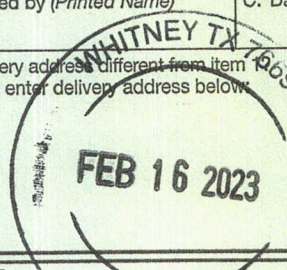
Respectfully submitted,



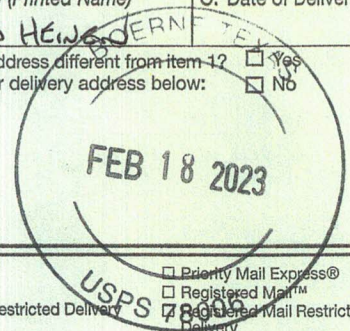
James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043
jamesbruc@aol.com

Attorney for Mewbourne Oil Company

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Mike Pollard 42089 Crooked Stick Drive Whitney, TX 76692</p> </div>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0374 0770</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 7543 2098 9330 21</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Mark B. Heinen 122 Mountain Spring Drive Boerne, TX 78006</p> </div>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0374 0831</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 7543 2098 9330 83</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	



Supplemental
 EXHIBIT A-B

COMPULSORY POOLING APPLICATION CHECKLIST	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 23396	APPLICANT'S RESPONSE
Date: March 2, 2023	
Applicant	Mewbourne Oil Company
Designated Operator & OGRID (affiliation if applicable)	Mewbourne Oil Company/OGRID 14744
Applicant's Counsel:	James Bruce
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling and Approval of Overlapping Well Units, Eddy County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Swanson Bone Spring wells
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Entire Bone Spring formation
Pool Name and Pool Code:	Sand Tank Bone Spring/Pool Code 96832
Well Location Setback Rules:	Standard Rules for horizontal wells – 330' and 100' setbacks
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	480 acres
Building Blocks:	40 acres
Orientation:	West-East
Description: TRS/County	SE/4 §3 and S/2 §2, Township 18 South, Range 29 East, NMPM, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is approval of non-standard unit requested in this application?</u>	Y <div style="text-align: right;"><i>Replacements</i> EXHIBIT 6</div>
Other Situations	
Depth Severance: Y/N. If yes, description	N
Proximity Tracts: If yes, description	Y See above description

Proximity Defining Well: if yes, description	Swanson 3/2 B2JI Federal Com. Well No. 2H
Applicant's Ownership in Each Tract	Exhibit 2-1
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Swanson 3/2 B2JI Federal Com. Well No. 2H API No. 30-025-Pending SHL: 1400 FSL & 2205 FWL §3 BHL: 1430 FSL & 100 FEL §2 FTP: 1430 FSL & 2540 FEL §3 LTP: 1430 FSL & 100 FEL §2 Second Bone Spring/TVD 6846 feet/MD 14809 feet
Well #2	
Horizontal Well First and Last Take Points	See above
Completion Target (Formation, TVD and MD)	See above
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$8000
Production Supervision/Month \$	\$800
Justification for Supervision Costs	Exhibit 2, page 2
Requested Risk Charge	
Notice of Hearing	
Proposed Notice of Hearing	Exhibit 1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibits 4-A and 4-B
Proof of Published Notice of Hearing (10 days before hearing)	Exhibits 5-A and 5-B
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit 2-1
Tract List (including lease numbers and owners)	Exhibit 2-1
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to	Exhibit 2-1

notice requirements.	
Pooled Parties (including ownership type)	Exhibits 2-1 and 2-2; Working Interest Owners
Unlocatable Parties to be Pooled	None
Ownership Depth Severance (including percentage above & below)	No Depth Severance
Joinder	
Sample Copy of Proposal Letter	Exhibit 2-3
List of Interest Owners (i.e. Exhibit A of JOA)	Exhibits 2-1 and 2-2
Chronology of Contact with Non-Joined Working Interests	Exhibit 2-3
Overhead Rates In Proposal Letter	
Cost Estimate to Drill and Complete	Exhibit 2-4
Cost Estimate to Equip Well	Exhibit 2-4
Cost Estimate for Production Facilities	Exhibit 2-4
Geology	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibits 2-1 and 3-A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3-B
Well Orientation (with rationale)	West-East Exhibits 3 and 3-C
Target Formation	Second Bone Spring Sand
HSU Cross Section	Exhibit 3-B
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit 2-1
Tracts	Exhibit 2-1
Summary of Interests, Unit Recapitulation (Tracts)	Exhibits 2-1 and 2-2
General Location Map (including basin)	Exhibit 3-A
Well Bore Location Map	Exhibit 2-1
Structure Contour Map - Subsea Depth	Exhibit 3-A

Cross Section Location Map (including wells)	Exhibit 3-A
Cross Section (including Landing Zone)	Exhibit 3-B
Additional Information	
Special Provisions/Stipulations	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	James Bruce
Signed Name (Attorney or Party Representative):	<i>James Bruce</i>
Date:	February 28, 2023

attentive

CASE NO. 23396

STATUS OF CERTIFIED NOTICE

I. NOTIFIED OF COMPULSOIRY POOLING AND OVERLAPPING WELL UNITS

<u>INTEREST OWNER</u>	<u>MAILING DATE</u>	<u>RECEIPT DATE</u>	<u>CARD RETURNED</u>
John Kennedy	2/8/23	Not returned	No

NOTE: Two other people (Elizabeth Najar and George Najar) were notified of the pooling portion of the hearing, but were not pooled because it was determined they owned no interest.

II. NOTIFIED OF OVERLAPPING WELL UNITS ONLY

Joel R. Miller Energy, L.P.	2/8/23	2/16/23	Yes
OXY Y-1 Company	"	2/13/23	Yes
Mark B. Heinen	"	2/18/23	Yes
Mel Riggs	"	Not returned	No
Mark Tisdale	"	Not returned	No
Debra Denise Lathan as Trustee of the Family Trust U/W/O Paul Lathan	"	2/13/23	Yes
Greg Benton	"	Unknown	Yes
Robert Thomas	"	2/16/23	Yes
Mike Pollard	"	2/16/23	Yes
EOG Resources, Inc.	"	2/17/23	Yes
Earl Russell Emmons	"	Not returned	No
John Charles Emmons	"	Not returned	No
David Najar	"	Not returned	No
Jeffrey Najar	"	Not returned	No
Susan Nishio	"	Not returned	No

EXHIBIT 7

George Najjar as Personal
Representative of the
Estate of Roland Najjar

“

Not returned

No