

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

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

Case Nos. 22161-22164

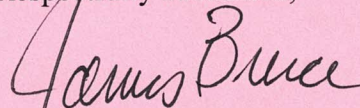
NOTICE OF FILING ADDITIONAL EXHIBITS

Mewbourne Oil Company submits for filing the following:

Exhibit 4=A, the notice of mailing, which contains all green cards and returned mail which has been received.

Exhibit 6, the pooling checklists.

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 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  
One Concho Center  
600 West Illinois Avenue  
Midland, Texas 79701



2. Article Number **7020 2450 0002 3364 4020**

(OVER \$500)

M 5B

Domestic Return Receipt

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) Stephanie Leal
- C. Date of Delivery 8-24-21
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

Domestic Return Receipt

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:

McCombs Exploration, LLC  
755 East Mulberry Ave. Suite 600  
San Antonio, TX 78212



2. Article Number **7020 2450 0002 3364 4037**

(OVER \$500)

M 5B

Domestic Return Receipt

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

Street and Apt. No., or PO

City, State, ZIP+4®

McCombs Exploration, LLC

755 East Mulberry Ave. Suite 600

San Antonio, TX 78212

Postmark Here

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

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](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

Street and Apt. No.

City, State, ZIP+4®

COG Operating, LLC

One Concho Center

600 West Illinois Avenue

Midland, Texas 79701

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

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- 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:

McCombs Exploration, LLC  
755 East Mulberry Ave. Suite 600  
San Antonio, TX 78212



2. Article Number **7020 2450 0002 3364 4037**

(OVER \$500)

M 5B

Domestic Return Receipt

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U.S. Postal Service™

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

Postage

Total Postage and Fees

Sent To

Street and Apt. No., or PO

City, State, ZIP+4®

McCombs Exploration, LLC

755 East Mulberry Ave. Suite 600

San Antonio, TX 78212

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) Sarah O'Shaughnessy
- C. Date of Delivery 8/26/21
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

Domestic Return Receipt

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) Sarah O'Shaughnessy
- C. Date of Delivery 8/26/21
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

Domestic Return Receipt

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 Chisholm Energy Operating, LLC  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

City, State, Zip+4

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

7020 2450 0002 1363 9507

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

2. Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

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

**Domestic Return Receipt**

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Restricted Delivery

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

5. Date of Delivery **8-23-21**

6. Received by (Printed Name) **GW Cooper**

7. Agent  Agent  Addressee

8. Signature **GW Cooper**

9. Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

10. Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

11. Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

12. Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

13. Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

14. Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

15. Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

**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 Chisholm Energy Operating, LLC  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

City, State, Zip+4

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

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

2. Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

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

**Domestic Return Receipt**

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Restricted Delivery

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

5. Date of Delivery **8-23-21**

6. Received by (Printed Name) **JENNIFER CROD**

7. Agent  Agent  Addressee

8. Signature **JENNIFER CROD**

9. Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

10. Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

11. Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

12. Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

13. Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

14. Article Number (Transfer from service label) **7020 2450 0002 1363 9507**

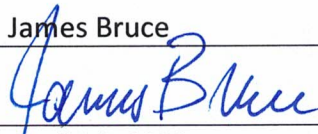
15. Article Addressed to: **Chisholm Energy Operating, LLC**  
 801 Cherry Street, Suite 1200, Unit 20  
 Fort Worth, Texas 76102

7020 2450 0002 1363 9507

<b>COMPULSORY POOLING APPLICATION CHECKLIST</b>	
<b>ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS</b>	
<b>Case: 22161</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date: April 20, 2023</b>	
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, Lea County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Spanish Bay Bone Spring wells
<b>Formation/Pool</b>	
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:	Tonto; Bone Spring, South/Pool Code 59476
Well Location Setback Rules:	Statewide Rules for horizontal wells – 330' and 100' setbacks
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	40 acres
Orientation:	North-South
Description: TRS/County	W/2W/2 §18 and W/2W/2 §19, Township 19 South, Range 33 East, NMPM, Lea 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  EXHIBIT 6
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	N
Proximity Tracts: If yes, description	N  See above description

Proximity Defining Well: if yes, description	
Applicant's Ownership in Each Tract	Exhibit 2-B
<b>Well(s)</b>	
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	Spanish Bay 18/19 B1DM Federal Com. Well No. 1H API No. 30-025-49415 SHL: 205 FNL & 1170 FWL §18 BHL: 100 FSL & 500 FWL §19 FTP: 100 FNL & 500 FWL §18 LTP: 100 FSL & 500 FWL §19 First Bone Spring/TVD 9123 feet/MD 18972 feet
Well #2	Spanish Bay 18/19 B2DM Federal Com. Well No. 1H API No. 30-025-49416 SHL: 205 FNL & 1200 FWL §18 BHL: 100 FSL & 500 FWL §19 FTP: 100 FNL & 500 FWL §18 LTP: 100 FSL & 500 FWL §19 Second Bone Spring/TVD 9943 feet/MD 19839 feet
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 Charge	Cost plus 200%
<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	Exhibit 2-A-1

the Spacing Unit	
Tract List (including lease numbers and owners)	Exhibit 2-A-1
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	
Pooled Parties (including ownership type)	Exhibit 2-B; Working Interest Owners
Unlocatable Parties to be Pooled	None
Ownership Depth Severance (including percentage above & below)	No Depth Severance
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit 2-C
List of Interest Owners (i.e. 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-D-1
Cost Estimate to Equip Well	Exhibit 2-D-1
Cost Estimate for Production Facilities	Exhibit 2-D-1
<b>Geology</b>	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibits 2-A and 3-A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3-B
Well Orientation (with rationale)	North-South Exhibits 3 and 3-A
Target Formation	First and Second Bone Spring Sands
HSU Cross Section	Exhibit 3-B
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
C-102	Exhibit 2-A-1
Tracts	Exhibit 2-A
Summary of Interests, Unit	Exhibits 2-B

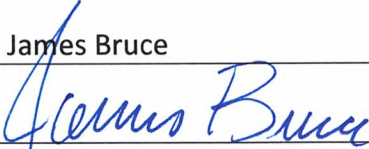
<b>Recapitulation (Tracts)</b>	
General Location Map (including basin)	Exhibit 3-A
Well Bore Location Map	Exhibit 2-A
Structure Contour Map - Subsea Depth	Exhibit 3-A
Cross Section Location Map (including wells)	Exhibit 3-B
Cross Section (including Landing Zone)	Exhibit 3-B
<b>Additional Information</b>	
Special Provisions/Stipulations	
<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):	
<b>Date:</b>	April 19, 2023

<b>COMPULSORY POOLING APPLICATION CHECKLIST</b>	
<b>ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS</b>	
<b>Case: 22162</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date: April 20, 2023</b>	
Applicant	<b>Mewbourne Oil Company</b>
Designated Operator & OGRID (affiliation if applicable)	<b>Mewbourne Oil Company/OGRID 14744</b>
Applicant's Counsel:	James Bruce
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Spanish Bay Bone Spring wells
<b>Formation/Pool</b>	
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:	Tonto; Bone Spring, South/Pool Code 59476
Well Location Setback Rules:	Statewide Rules for horizontal wells – 330' and 100' setbacks
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	40 acres
Orientation:	North-South
Description: TRS/County	E/2W/2 §18 and E/2W/2 §19, Township 19 South, Range 33 East, NMPM, Lea County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application?	Y
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	N
Proximity Tracts: If yes, description	N See above description



Proximity Defining Well: if yes, description	
Applicant's Ownership in Each Tract	Exhibit 2-B
<b>Well(s)</b>	
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	Spanish Bay 18/19 B1CN Federal Com. Well No. 1H API No. 30-025-Pending SHL: 205 FNL & 1260 FWL §18 BHL: 100 FSL & 1950 FWL §19 FTP: 100 FNL & 1950 FWL §18 LTP: 100 FSL & 1950 FWL §19 First Bone Spring/TVD 9125 feet/MD 18975 feet
Well #2	Spanish Bay 18/19 B2CN Federal Com. Well No. 1H API No. 30-025-49534 SHL: 205 FNL & 1200 FWL §18 BHL: 100 FSL & 500 FWL §19 FTP: 100 FNL & 500 FWL §18 LTP: 100 FSL & 500 FWL §19 Second Bone Spring/TVD 9942 feet/MD 19846 feet
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 Charge	Cost plus 200%
<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	Exhibit 2-A-2

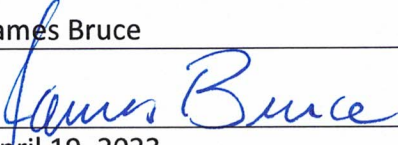
the Spacing Unit	
Tract List (including lease numbers and owners)	Exhibit 2-A-2
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	
Pooled Parties (including ownership type)	Exhibit 2-B; Working Interest Owners
Unlocatable Parties to be Pooled	None
Ownership Depth Severance (including percentage above & below)	No Depth Severance
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit 2-C
List of Interest Owners (i.e. 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-D-2
Cost Estimate to Equip Well	Exhibit 2-D-2
Cost Estimate for Production Facilities	Exhibit 2-D-2
<b>Geology</b>	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibits 2-A and 3-A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3-B
Well Orientation (with rationale)	North-South Exhibits 3 and 3-A
Target Formation	First and Second Bone Spring Sands
HSU Cross Section	Exhibit 3-B
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
C-102	Exhibit 2-A-2
Tracts	Exhibit 2-A
Summary of Interests, Unit	Exhibits 2-B

Recapitulation (Tracts)	
General Location Map (including basin)	Exhibit 3-A
Well Bore Location Map	Exhibit 2-A
Structure Contour Map - Subsea Depth	Exhibit 3-A
Cross Section Location Map (including wells)	Exhibit 3-B
Cross Section (including Landing Zone)	Exhibit 3-B
<b>Additional Information</b>	
Special Provisions/Stipulations	
<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):	
<b>Date:</b>	April 19, 2023

<b>COMPULSORY POOLING APPLICATION CHECKLIST</b>	
<b>ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS</b>	
<b>Case: 22163</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date: April 20, 2023</b>	
Applicant	<b>Mewbourne Oil Company</b>
Designated Operator & OGRID (affiliation if applicable)	<b>Mewbourne Oil Company/OGRID 14744</b>
Applicant's Counsel:	James Bruce
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Spanish Bay Bone Spring wells
<b>Formation/Pool</b>	
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:	Tonto; Bone Spring, South/Pool Code 59476
Well Location Setback Rules:	Statewide Rules for horizontal wells – 330' and 100' setbacks
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	40 acres
Orientation:	North-South
Description: TRS/County	W/2E/2 §18 and W/2E/2 §19, Township 19 South, Range 33 East, NMPM, Lea County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application?	Y
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	N
Proximity Tracts: If yes, description	N See above description

Proximity Defining Well: if yes, description	
Applicant's Ownership in Each Tract	Exhibit 2-B
<b>Well(s)</b>	
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	Spanish Bay 18/19 B1CN Federal Com. Well No. 1H API No. 30-025-Pending SHL: 205 FNL & 1260 FWL §18 BHL: 100 FSL & 1950 FWL §19 FTP: 100 FNL & 1950 FWL §18 LTP: 100 FSL & 1950 FWL §19 First Bone Spring/TVD 9125 feet/MD 18975 feet
Well #2	Spanish Bay 18/19 B2CN Federal Com. Well No. 1H API No. 30-025-49534 SHL: 205 FNL & 1200 FWL §18 BHL: 100 FSL & 500 FWL §19 FTP: 100 FNL & 500 FWL §18 LTP: 100 FSL & 500 FWL §19 Second Bone Spring/TVD 9942 feet/MD 19846 feet
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 Charge	Cost plus 200%
<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	Exhibit 2-A-3

the Spacing Unit	
Tract List (including lease numbers and owners)	Exhibit 2-A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	
Pooled Parties (including ownership type)	Exhibit 2-B; Working Interest Owners
Unlocatable Parties to be Pooled	None
Ownership Depth Severance (including percentage above & below)	No Depth Severance
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit 2-C
List of Interest Owners (i.e. 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-D-3
Cost Estimate to Equip Well	Exhibit 2-D-3
Cost Estimate for Production Facilities	Exhibit 2-D-3
<b>Geology</b>	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibits 2-A and 3-A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3-B
Well Orientation (with rationale)	North-South Exhibits 3 and 3-A
Target Formation	First and Second Bone Spring Sands
HSU Cross Section	Exhibit 3-B
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
C-102	Exhibit 2-A-3
Tracts	Exhibit 2-A
Summary of Interests, Unit	Exhibits 2-B

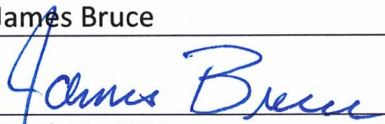
Recapitulation (Tracts)	
General Location Map (including basin)	Exhibit 3-A
Well Bore Location Map	Exhibit 2-A
Structure Contour Map - Subsea Depth	Exhibit 3-A
Cross Section Location Map (including wells)	Exhibit 3-B
Cross Section (including Landing Zone)	Exhibit 3-B
<b>Additional Information</b>	
Special Provisions/Stipulations	
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
Printed Name (Attorney or Party Representative):	James Bruce
Signed Name (Attorney or Party Representative):	
Date:	April 19, 2023

<b>COMPULSORY POOLING APPLICATION CHECKLIST</b>	
<b>ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS</b>	
<b>Case: 22164</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date: April 20, 2023</b>	
Applicant	<b>Mewbourne Oil Company</b>
Designated Operator & OGRID (affiliation if applicable)	<b>Mewbourne Oil Company/OGRID 14744</b>
Applicant's Counsel:	James Bruce
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Spanish Bay Bone Spring wells
<b>Formation/Pool</b>	
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:	Tonto; Bone Spring, South/Pool Code 59476
Well Location Setback Rules:	Statewide Rules for horizontal wells – 330' and 100' setbacks
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	40 acres
Orientation:	North-South
Description: TRS/County	E/2E/2 §18 and E/2E/2 §19, Township 19 South, Range 33 East, NMPM, Lea 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
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	N
Proximity Tracts: If yes, description	N
	See above description



Proximity Defining Well: if yes, description	
Applicant's Ownership in Each Tract	Exhibit 2-B
<b>Well(s)</b>	
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	Spanish Bay 18/19 B1AP Federal Com. Well No. 1H API No. 30-025-Pending SHL: 205 FNL & 1170 FEL §18 BHL: 100 FSL & 500 FEL §19 FTP: 100 FNL & 500 FEL §18 LTP: 100 FSL & 500 FEL §19 First Bone Spring/TVD 9125 feet/MD 18975 feet
Well #2	Spanish Bay 18/19 B2AP Federal Com. Well No. 1H API No. 30-025-Pending SHL: 205 FNL & 1200 FWL §18 BHL: 100 FSL & 500 FWL §19 FTP: 100 FNL & 500 FWL §18 LTP: 100 FSL & 500 FWL §19 Second Bone Spring/TVD 9950 feet/MD 19850 feet
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 Charge	Cost plus 200%
<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	Exhibit 2-A-4

the Spacing Unit	
Tract List (including lease numbers and owners)	Exhibit 2-A-4
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	
Pooled Parties (including ownership type)	Exhibit 2-B; Working Interest Owners
Unlocatable Parties to be Pooled	None
Ownership Depth Severance (including percentage above & below)	No Depth Severance
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit 2-C
List of Interest Owners (i.e. 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-D-4
Cost Estimate to Equip Well	Exhibit 2-D-4
Cost Estimate for Production Facilities	Exhibit 2-D-4
<b>Geology</b>	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibits 2-A and 3-A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3-B
Well Orientation (with rationale)	North-South Exhibits 3 and 3-A
Target Formation	First and Second Bone Spring Sands
HSU Cross Section	Exhibit 3-B
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
C-102	Exhibit 2-A-4
Tracts	Exhibit 2-A
Summary of Interests, Unit	Exhibits 2-B

Recapitulation (Tracts)	
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<b>Signed Name</b> (Attorney or Party Representative):	
<b>Date:</b>	April 19, 2023