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

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

Case No. 23409

NOTICE OF FILING ADDITIONAL EXHIBITS

Mewbourne Oil Company submits for filing the following:

Supplemental Exhibit 2-A, which contains properly completed C-102s. Please note that because the well unit includes acreage in two different pools, there are two C-102s for each well.

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

Exhibit 6, the pooling checklist.

Exhibit 7, the certified notice spreadsheet.

Respectfully submitted,

James Bruce

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
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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	3 Pool Name
30-025-50789	2209	ANTELOPE RIDGE; BONE SPRING, WEST

4 Property Code	5 Property Name	6 Well Number
333185	IBEX 15/10 B1MD FED COM	1H

7 OGRID NO.	8 Operator Name	9 Elevation
14744	MEWBOURNE OIL COMPANY	3460'

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
M	15	23S	34E		280	SOUTH	1520	WEST	LEA

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
D	10	23S	34E		100	NORTH	660	WEST	LEA

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
160			

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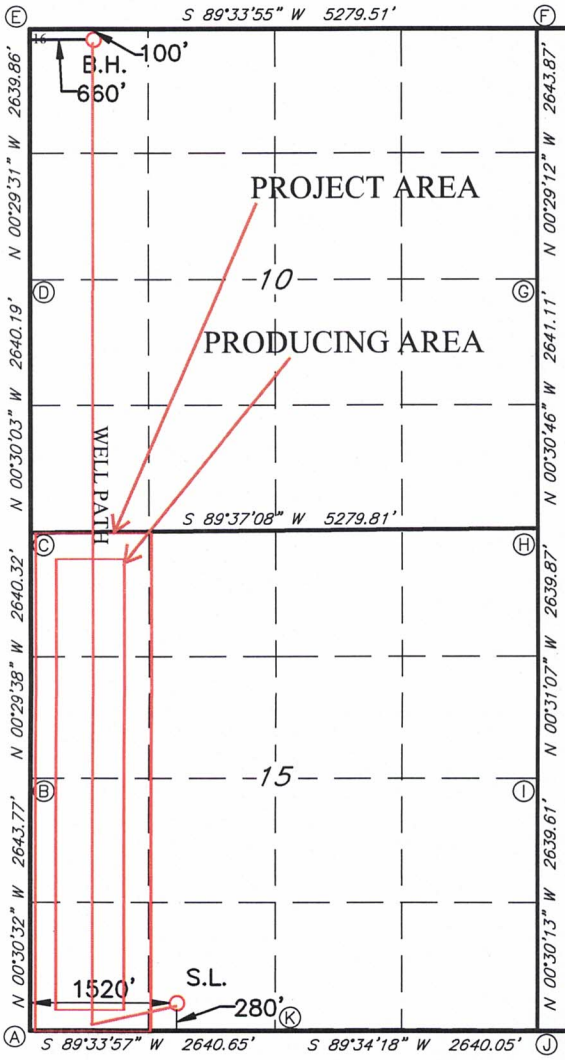

GEODETIC DATA
NAD 83 GRID – NM EAST

SURFACE LOCATION
N: 473289.2 – E: 810700.8
LAT: 32.2981354° N
LONG: 103.4615678° W

BOTTOM HOLE
N: 483464.7 – E: 809752.4
LAT: 32.3261245° N
LONG: 103.4643701° W

CORNER DATA
NAD 83 GRID – NM EAST

A: FOUND BRASS CAP "1913"
N: 472997.8 – E: 809183.6

B: FOUND BRASS CAP "1913"
N: 475641.0 – E: 809160.1

C: FOUND BRASS CAP "1913"
N: 478280.8 – E: 809137.4

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N: 480920.4 – E: 809114.3

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N: 473037.5 – E: 814463.3

K: FOUND BRASS CAP "1913"
N. 473017.8 – E: 811823.8

17 OPERATOR CERTIFICATION

EXHIBIT Supplemental 2-1

...and complete ...her ...luding ...this ...working ...ng ...order heretofore entered by the division.

Bradley Bishop 8-24-22
Signature Date

BRADLEY BISHOP
Printed Name

BBISHOP@MEWBOURNE.COM
E-mail Address

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Signature and Seal of Professional Surveyor

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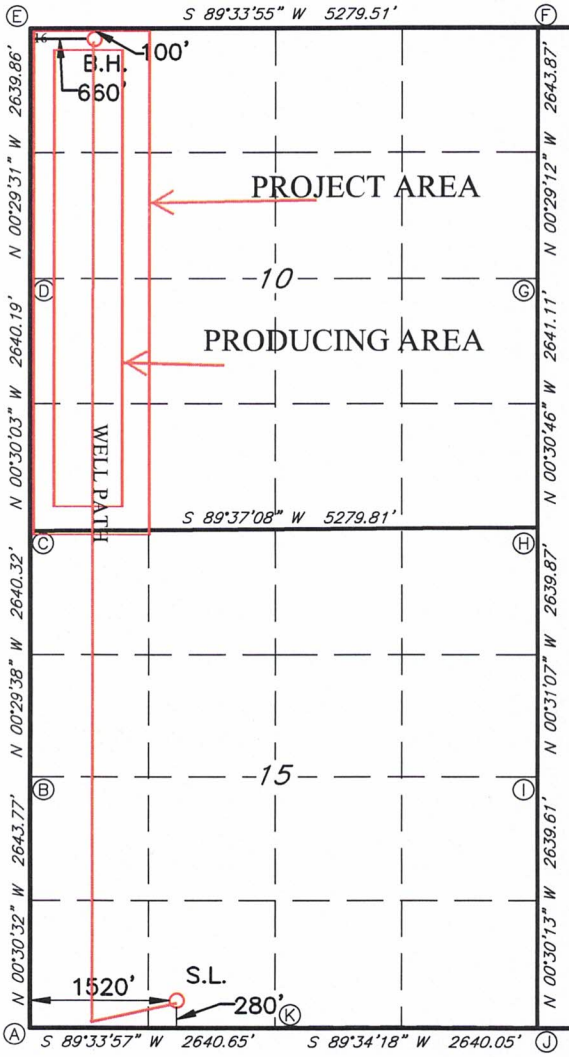

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4 Property Code	5 Property Name	6 Well Number
333188	IBEX 15/10 B2MD FED COM	1H

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14744	MEWBOURNE OIL COMPANY	3459'

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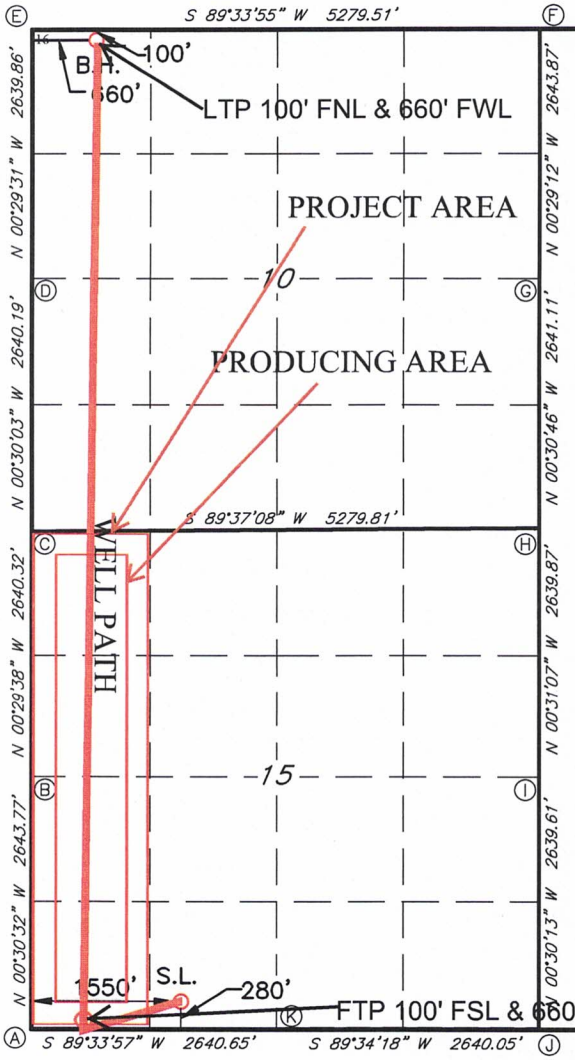

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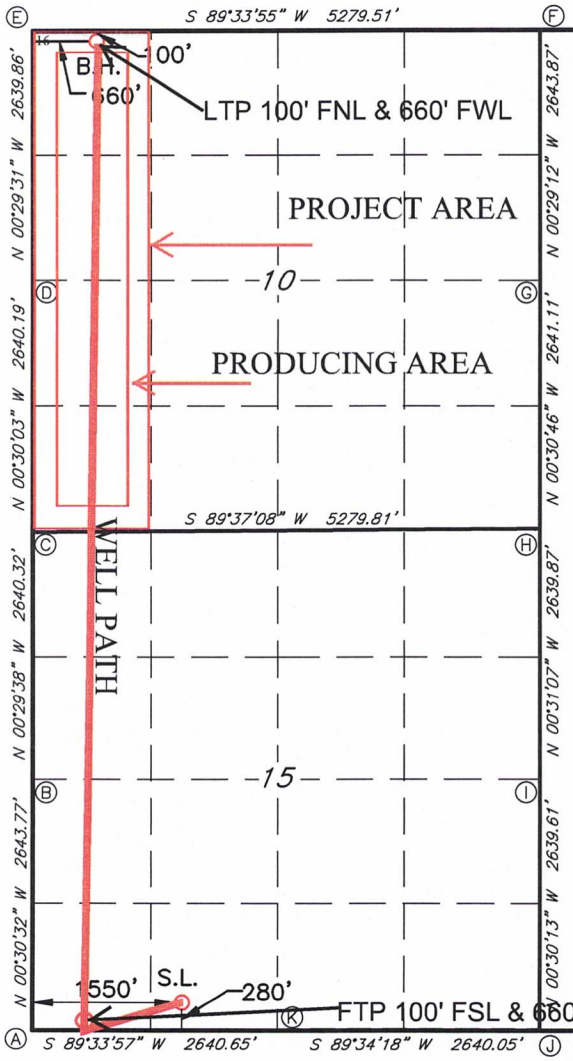

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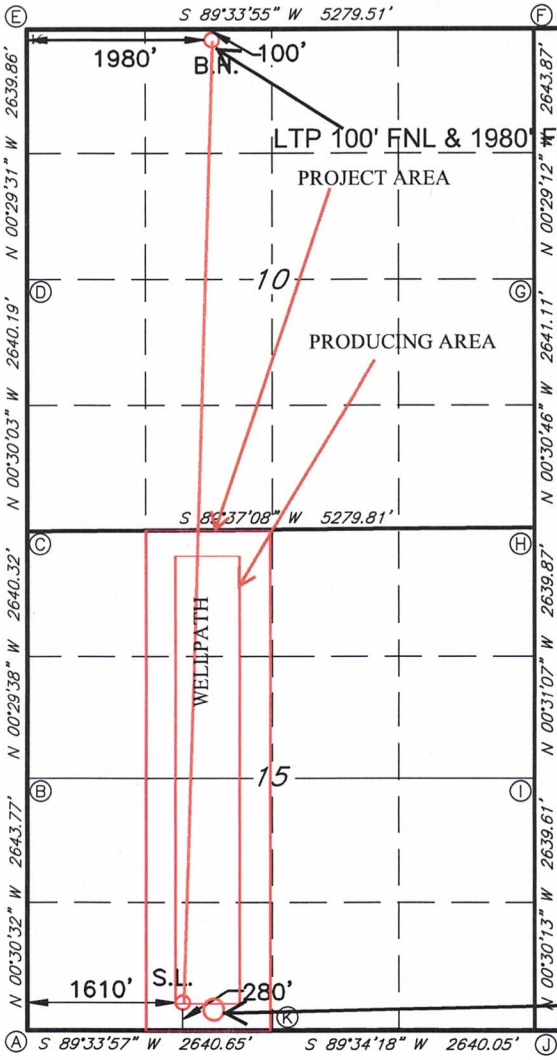

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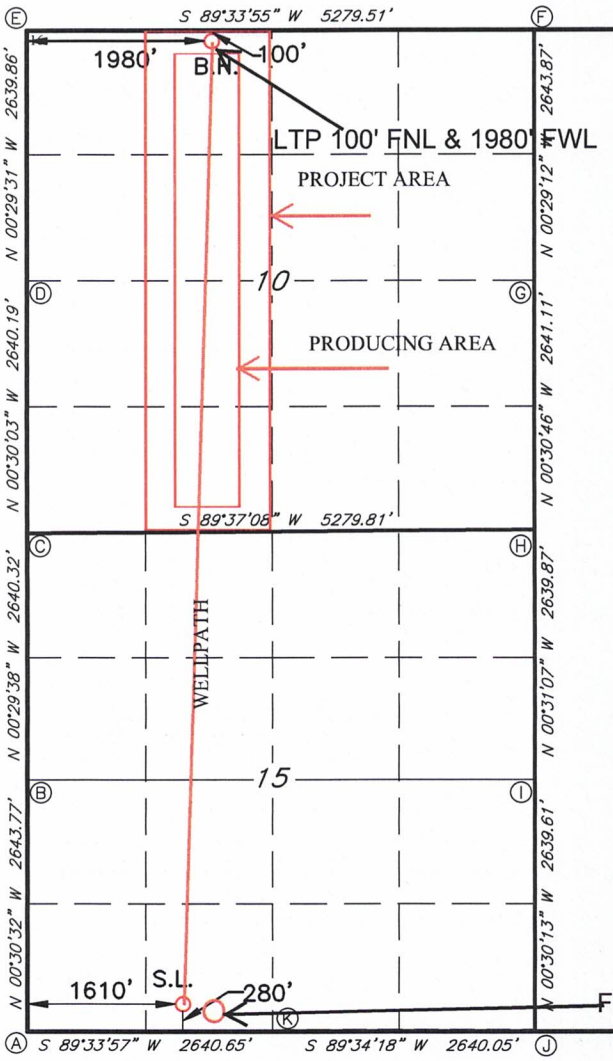

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D: FOUND BRASS CAP "1913"
N: 480920.4 – E: 809114.3

E: FOUND PK NAIL
N: 483559.7 – E: 809091.7

F: FOUND PK NAIL
N: 483599.8 – E: 814370.1

G: FOUND BRASS CAP "1913"
N: 480956.4 – E: 814392.6

H: FOUND BRASS CAP "1913"
N: 478315.9 – E: 814416.2

I: FOUND BRASS CAP "1913"
N: 475676.6 – E: 814440.1

J: FOUND BRASS CAP "1913"
N: 473037.5 – E: 814463.3

K: FOUND BRASS CAP "1913"
N. 473017.8 – E: 811823.8

17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Bradley Bishop 8-24-22
Signature Date

BRADLEY BISHOP
Printed Name

BBISHOP@MEWBOURNE.COM
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.

01-28-2021
Date of Survey

Signature and Seal of Professional Surveyor:

ROBERT M. HOWETT
NEW MEXICO
19680
PROFESSIONAL SURVEYOR

19680
Certificate Number

Job No: LS21010074

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	3 Pool Name
30-025-50492	2209	ANTELOPE RIDGE; BONE SPRING, WEST

4 Property Code	5 Property Name	6 Well Number
333189	IBEX 15/10 B2NC FED COM	1H

7 OGRID NO.	8 Operator Name	9 Elevation
14744	MEWBOURNE OIL COMPANY	3459'

10 Surface Location

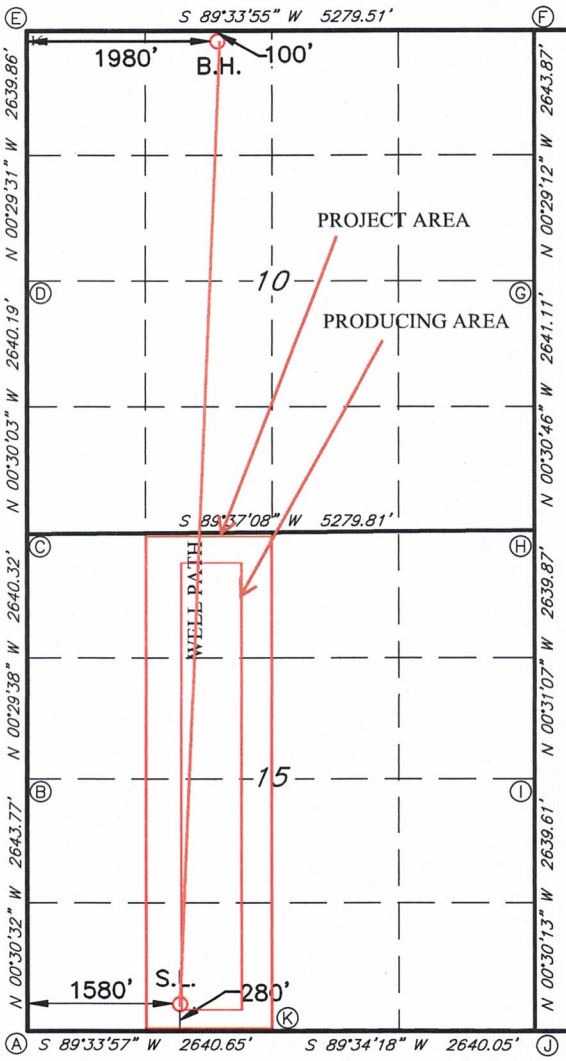
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
N	15	23S	34E		280	SOUTH	1580	WEST	LEA

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
C	10	23S	34E		100	NORTH	1980	WEST	LEA

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
160			

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.



GEODETIC DATA
NAD 83 GRID – NM EAST

SURFACE LOCATION
N: 473289.7 – E: 810760.8
LAT: 32.2981353° N
LONG: 103.4613736° W

BOTTOM HOLE
N: 483474.8 – E: 811072.1
LAT: 32.3261226° N
LONG: 103.4600977° W

CORNER DATA
NAD 83 GRID – NM EAST

A: FOUND BRASS CAP "1913"
N: 472997.8 – E: 809183.6

B: FOUND BRASS CAP "1913"
N: 475641.0 – E: 809160.1

C: FOUND BRASS CAP "1913"
N: 478280.8 – E: 809137.4

D: FOUND BRASS CAP "1913"
N: 480920.4 – E: 809114.3

E: FOUND PK NAIL
N: 483559.7 – E: 809091.7

F: FOUND PK NAIL
N: 483599.8 – E: 814370.1

G: FOUND BRASS CAP "1913"
N: 480956.4 – E: 814392.6

H: FOUND BRASS CAP "1913"
N: 478315.9 – E: 814416.2

I: FOUND BRASS CAP "1913"
N: 475676.6 – E: 814440.1

J: FOUND BRASS CAP "1913"
N: 473037.5 – E: 814463.3

K: FOUND BRASS CAP "1913"
N. 473017.8 – E: 811823.8

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Bradley Bishop — 8-24-22
Signature — Date

BRADLEY BISHOP
Printed Name

BBISHOP@MEWBOURNE.COM
E-mail Address

18 SURVEYOR CERTIFICATION

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01-28-2021
Date of Survey

Signature and Seal of Professional Surveyor

ROBERT M. HOWETT — NEW MEXICO — 19680 — PROFESSIONAL SURVEYOR

19680
Certificate Number

Job No: LS21010077

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
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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	3 Pool Name
30-025-50492	2207	ANTELOPE RIDGE; BONE SPRING, NORTHWEST

4 Property Code	5 Property Name	6 Well Number
333189	IBEX 15/10 B2NC FED COM	1H

7 OGRID NO.	8 Operator Name	9 Elevation
14744	MEWBOURNE OIL COMPANY	3459'

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	15	23S	34E		280	SOUTH	1580	WEST	LEA

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
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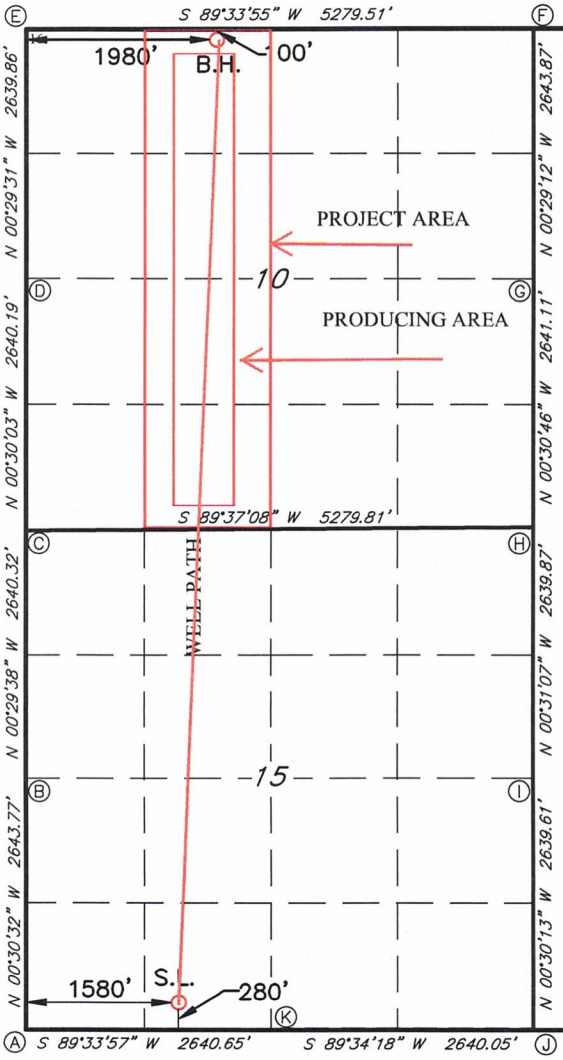
12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
160			

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.



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NAD 83 GRID – NM EAST

SURFACE LOCATION
N: 473289.7 – E: 810760.8
LAT: 32.2981353° N
LONG: 103.4613736° W

BOTTOM HOLE
N: 483474.8 – E: 811072.1
LAT: 32.3261226° N
LONG: 103.4600977° W

CORNER DATA
NAD 83 GRID – NM EAST

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N: 472997.8 – E: 809183.6

B: FOUND BRASS CAP "1913"
N: 475641.0 – E: 809160.1

C: FOUND BRASS CAP "1913"
N: 478280.8 – E: 809137.4

D: FOUND BRASS CAP "1913"
N: 480920.4 – E: 809114.3

E: FOUND PK NAIL
N: 483559.7 – E: 809091.7

F: FOUND PK NAIL
N: 483599.8 – E: 814370.1

G: FOUND BRASS CAP "1913"
N: 480956.4 – E: 814392.6

H: FOUND BRASS CAP "1913"
N: 478315.9 – E: 814416.2

I: FOUND BRASS CAP "1913"
N: 475676.6 – E: 814440.1

J: FOUND BRASS CAP "1913"
N: 473037.5 – E: 814463.3

K: FOUND BRASS CAP "1913"
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Signature — Date: 8-24-22

BRADLEY BISHOP
Printed Name

BBISHOP@MEWBOURNE.COM
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.

01-28-2021
Date of Survey

Signature and Seal of Professional Surveyor

ROBERT M. HOWETT
NEW MEXICO
19680
PROFESSIONAL SURVEYOR

19680
Certificate Number

Job No: LS21010077

Released to Imaging: 4/19/2023 11:00:17 AM

Received by OCD: 4/19/2023 10:56:45 AM

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:

Southern Union Exploration Company
1400 Smith Street
Houston, TX 77002

9590 9402 7543 2098 9325 50

2. Article Number (Transfer from service label)
7020 0090 0000 0865 2320

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) Anthony Allegra
C. Date of Delivery 3-27-23

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Restricted Delivery
(over $500)

Domestic Return Receipt

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
$

Postmark Here

Sent To
BTA Oil Producers, LLC
104 S Pecos St
Midland, TX 79701

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

7020 0090 0000 0865 2290

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
$

Postmark Here

Sent To
Southern Union Exploration Company
1400 Smith Street
Houston, TX 77002

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

7020 0090 0000 0865 2320

EXHIBIT 4

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:

BTA Oil Producers, LLC
104 S Pecos St
Midland, TX 79701

9590 9402 6836 1074 6494 13

2. Article Number (Transfer from service label)
7020 0090 0000 0865 2290

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)
C. Date of Delivery 3/27/23

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

Domestic Return Receipt

Released to Imaging: 4/19/2023 11:07:12 AM

Received by OCD: 4/19/2023 10:56:45 AM

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:

VPD New Mexico, LLC
PO Box 471157
Fort Worth, Texas 76107

9590 9402 6746 1074 2153 33

2. Article Number (Transfer from service label) 7020 0090 0000 0865 2436

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Aaron McCamant C. Date of Delivery 4/3/23

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

IX

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

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

Postmark Here

Sent To
Devon Energy Production Company, L.P.
333 West Sheridan Avenue
Oklahoma City, OK 73102

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

City, State, ZIP+4®

7020 0090 0000 0865 2306

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

---

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

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OFFICIAL USE

Certified Mail Fee
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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
VPD New Mexico, LLC
PO Box 471157
Fort Worth, Texas 76107

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

City, State, ZIP+4®

7020 0090 0000 0865 2436

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 mailpiec
or on the front if space permits.

1. Article Addressed to:

Devon Energy Production Company, L.P.
333 West Sheridan Avenue
Oklahoma City, OK 73102

9590 9402 7543 2098 9325 74

2. Article Number (Transfer from service label) 7020 0090 0000 0865 2306

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

CENTRAL OKLAHOMA CITY OK 731 MAR 25 2023 USPS

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

IX

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

Released to Imaging: 4/19/2023 11:00:12 AM

Received by OCD: 4/19/2023 10:56:45 AM

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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1. Article Addressed to:

Southern Union Exploration Company
600 W. Illinois Ave.
Midland, TX 79701
Attn: Baylor Mitchell

9590 9402 7543 2098 9325 43

2. Article Number (Transfer from service label) 7020 0090 0000 0865 2337

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Isaac Villalpando

C. Date of Delivery

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

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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

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®.

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 West Sheridan Avenue
Oklahoma City, OK 73102
Street and Apt. No., or PO Box
City, State, ZIP+4®

Postmark Here

7020 0090 0000 0865 2450

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

---

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Certified Mail Fee
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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
Southern Union Exploration Company
600 W. Illinois Ave.
Midland, TX 79701
Attn: Baylor Mitchell
Street and Apt. No., or PO Box
City, State, ZIP+4®

Postmark Here

7020 0090 0000 0865 2337

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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Devon Energy Production Company, L.P.
333 West Sheridan Avenue
Oklahoma City, OK 73102

9590 9402 6746 1074 2153 19

2. Article Number (Transfer from service label) 7020 0090 0000 0865 2450

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
MAR 24 2023

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

OKLAHOMA CITY OKLAHOMA 731 USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
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1. Article Addressed to:

Phoebe Tompkins
c/o Andy Tompkins
955 Dutch Road
Fairview PA 16415

9590 9402 7543 2098 9325 29

2. Article Number (Transfer from service label)

7020 0090 0000 0865 2351

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Andy Tompkins | C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

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

---

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT IX
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 Charles C. Albright, III, Trustee
Street and Apt. No., or PO Box No. 729 W. 16th Street, Suite B8
City, State, ZIP+4® Costa Mesa, CA 92627

Postmark Here

7020 0090 0000 0865 2382

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

---

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT IX
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 Phoebe Tompkins
Street and Apt. No., or PO c/o Andy Tompkins 955 Dutch Road
City, State, ZIP+4® Fairview PA 16415

Postmark Here

7020 0090 0000 0865 2351

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

---

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- 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:

Charles C. Albright, III, Trustee
729 W. 16th Street, Suite B8
Costa Mesa, CA 92627

9590 9402 6746 1074 3810 52

2. Article Number (Transfer from service label)

7020 0090 0000 0865 2382

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

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

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- 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:

ConocoPhillips Company
600 W. Illinois Ave.
Midland, TX 79701
Attn: Baylor Mitchell

9590 9402 7543 2098 9325 67

2. Article Number *(Transfer from service label)* 7020 0090 0000 0865 2313

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Isaac Mathews
C. Date of Delivery

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

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

ted Delivery

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

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Certified Mail Fee
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Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
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☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To
Michael L. Yates
1 Twin Circle Drive
Houston, TX 77042

Street and Apt. No., or PO Bo

City, State, ZIP+4®

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

7020 0090 0000 0865 2313

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Certified Mail Fee
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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
ConocoPhillips Company
600 W. Illinois Ave.
Midland, TX 79701
Attn: Baylor Mitchell

Street and Apt. No., or PO Bo

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:

Michael L. Yates
1 Twin Circle Drive
Houston, TX 77042

9590 9402 7543 2098 9325 12

2. Article 7020 0090 0000 0865 2368 ed Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
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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:

Endeavor Energy Resources, L.P.
110 North Marienfeld Street, Suite 200
Midland, TX 79701

9590 9402 6746 1074 2153 40

2. Article Number (Transfer from service label)

7020 0090 0000 0865 2429

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X G. Sanchez ☐ Agent ☐ Addressee

B. Received by (Printed Name) G Sanchez
C. Date of Delivery 3/25/23

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

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
(over $500)

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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®

Endeavor Energy Resources, L.P.
110 North Marienfeld Street, Suite 200
Midland, TX 79701

Postmark Here

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

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Certified Mail Fee
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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
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CRW Corporation
1601 W. Kansas Ave.
Midland, Texas 79701

Postmark Here

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

7020 0090 0000 0865 2399

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:

CRW Corporation
1601 W. Kansas Ave.
Midland, Texas 79701

9590 9402 6746 1074 2153 71

2. Article Number (Transfer from service label)

7020 0090 0000 0865 2399

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 3-25-23

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

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

Maverick Oil & Gas Corporation
1001 W Wall St.
Midland, TX 79701

9590 9402 6746 1074 2153 57

2. Article Number *(Transfer from service label)*
7020 0090 0000 0865 2412

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
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IX

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

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U.S. Postal Service™
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Certified Mail Fee
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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
Maverick Oil & Gas Corporation
1001 W Wall St.
Midland, TX 79701

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

COMPULSORY POOLING APPLICATION CHECKLIST	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 23409	**APPLICANT'S RESPONSE**
Date: April 6, 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 a Non-Standard Spacing and Proration Unit, Lea County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Ibex Bone Spring wells
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	First and Second Bone Spring zones
Pool Name and Pool Code:	Antelope Ridge; Bone Spring, West [Pool Code 2209] and Antelope Ridge; Bone Spring, Northwest [Pool Code 2207] (Section 15 is in the West Pool and Section 10 is in the Northwest pool)
Well Location Setback Rules:	Standard Rules for horizontal wells – 330' and 100' setbacks
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	40 acres
Orientation:	South-North
Description: TRS/County	W/2 §15 and W/2 §10, Township 23 South, Range 34 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?	No Approval requested in this application
Other Situations	

EXHIBIT 6

Depth Severance: Y/N. If yes, description	No, but due to existing Third Bone Spring wells on this acreage applicant only seeks to pool the First and Second Bone Spring zones
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	
Applicant's Ownership in Each Tract	Exhibit 2-B
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	Ibex 15/10 B1MD Federal Com. Well No. 1H API No. 30-025-50789 SHL: 280 FEL & 1520 FWL §15 BHL: 100 FNL & 660 FWL §10 FTP: 100 FSL & 660 FWL §15 LTP: 100 FNL & 660 FWL §10 First Bone Spring/TVD 9758 feet/MD 20019 feet
Well #2	Ibex 15/10 B2MD Federal Com. Well No. 1H API No. 30-025-50491 SHL: 280 FEL & 1550 FWL §15 BHL: 100 FNL & 660 FWL §10 FTP: 100 FSL & 660 FWL §15 LTP: 100 FNL & 660 FWL §10 First Bone Spring/TVD 10487 feet/MD 20702 feet
Well #3	Ibex 15/10 B1NC Federal Com. Well No. 1H API No. 30-025-50490 SHL: 280 FEL & 1610 FWL §15 BHL: 100 FNL & 1980 FWL §10 FTP: 100 FSL &1980 FWL §15 LTP: 100 FNL & 1980 FWL §10 First Bone Spring/TVD 9737 feet/MD 19955 feet
Well #4	Ibex 15/10 B2NC Federal Com. Well No. 1H API No. 30-025-50490 SHL: 280 FEL & 1580 FWL §15 BHL: 100 FNL & 1980 FWL §10 FTP: 100 FSL &1980 FWL §15 LTP: 100 FNL & 1980 FWL §10 First Bone Spring/TVD 10487 feet/MD 20667 feet

AFE Capex and Operating Costs	
Drilling Supervision/Month $	$8000
Production Supervision/Month $	$800
Justification for Supervision Costs	Exhibit 2-C
Requested Risk Charge	Cost plus 200%
Notice of Hearing	
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
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit 2-B
Tract List (including lease numbers and owners)	Exhibit 2-B
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	Exhibit 2-B
Pooled Parties (including ownership type)	Exhibit 2-B; Working Interest Owners, Record Title Owners, and offsets
Unlocatable Parties to be Pooled	Yes; two parties did not return green cards
Ownership Depth Severance (including percentage above & below)	No Depth Severance
Joinder	
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
Cost Estimate to Equip Well	Exhibit 2-D
Cost Estimate for Production Facilities	Exhibit 2-D
Geology	
Summary (including special	Exhibit 3

considerations)	
Spacing Unit Schematic	Exhibits 2-A and 3-A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3-B
Well Orientation (with rationale)	South-North; Exhibit 2-A
Target Formation	First and Second Bone Spring Sands
HSU Cross Section	Exhibit 3-B
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit 2-A; because there are two pools involves each well has two C-102s
Tracts	Exhibit 2-B
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit 2-B
General Location Map (including basin)	Exhibit 2-A
Well Bore Location Map	Exhibit 2-A
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):	James Bruce
Date:	Effective April 6, 2023

CASE NO. 23409

STATUS OF CERTIFIED NOTICE

INTEREST OWNER	MAILING DATE	RECEIPT DATE	CARD RETURNED
Black & Gold Resources, LLC	March 16, 2023	Unknown	No
CRW Corporation	"	March 25, 2023	Yes
Charles C. Albright, III, Trustee	"	Unknown	Yes
Tom M. Ragsdale	"	Unknown	No
Phoebe Tompkins	"	Unknown	Yes
Maverick Oil & Gas Corporation	"	Unknown	Yes
Endeavor Energy Resources, L.P.	"	March 25, 2023	Yes
Devon Energy Production Company, L.P.	"	March 27, 2023	Yes
VDP New Mexico, LLC	"	April 3, 2023	Yes
Michael L. Yates	"	Unknown	Yes
Joan M. Moore, Executrix	"	Unknown	No
Southern Union Exploration Company	"	March 27, 2023	Yes
BTA Oil Producers, LLC	"	March 27, 2023	Yes

EXHIBIT 7