

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

APPLICATIONS OF MEWBOURNE OIL
FOR COMPULSORY POOLING, EDDY
AND LEA COUNTIES, NEW MEXICO.

Case Nos. 22423 & 22424

NOTICE OF FILING ADDITIONAL EXHIBITS

Mewbourne Oil Company submits for filing the following:

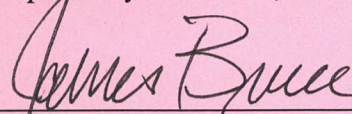
Exhibit 1, which contains the applications and proposed notices.

Supplemental Exhibit 4-A, which contains all green cards and returned mail which have been received.

Exhibit 6, the pooling checklists.

Exhibit 7, a supplemental geology affidavit.

Respectfully submitted,



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

Attorney for Mewbourne Oil Company

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY
AND LEA COUNTY, NEW MEXICO.**

Case No. 22423

APPLICATION

Mewbourne Oil Company applies for an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2NE/4 of Section 11 and the N/2N/2 of Section 12, Township 18 South, Range 31 East, N.M.P.M., Eddy County, New Mexico, and Lot 1 and the NE/4NW/4 (the N/2NW/4) of Section 7, Township 18 South, Range 32 East, N.M.P.M., Lea County, New Mexico, and in support thereof, states:

1. Applicant is an interest owner in the N/2NE/4 of Section 11, the N/2N/2 of Section 12, and the N/2NW/4 of Section 7, and has the right to drill a well thereon.
2. Applicant proposes to drill the Iron Islands 11/7 B2BC Fed. Com. Well No. 1H to a depth sufficient to test the Bone Spring formation, with a first take point in the NW/4NE/4 of Section 11 and a last take point in the NE/4NW/4 of Section 7.
3. Applicant has in good faith sought to obtain the voluntary joinder of all other mineral interest owners in the N/2NE/4 of Section 11, the N/2N/2 of Section 12, and the N/2NW/4 of Section 7 for the purposes set forth herein.
4. Although applicant attempted to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the well or to otherwise commit their interests to the well, certain interest owners have failed or refused to join in dedicating their interests. Therefore, applicant seeks an order pooling all uncommitted mineral interest owners in the Bone

EXHIBIT |

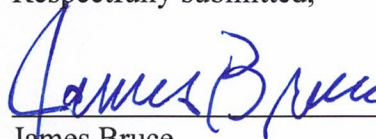
Spring formation underlying the N/2NE/4 of Section 11, the N/2N/2 of Section 12, and the N/2NW/4 of Section 7, pursuant to NMSA 1978 §70-2-17.

5. The pooling of all mineral interest owners in the Bone Spring formation underlying the N/2NE/4 of Section 11, the N/2N/2 of Section 12, and the N/2NW/4 of Section 7 will prevent the drilling of unnecessary wells, prevent waste, and protect correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division enter its order:

- A. Pooling all uncommitted mineral interest owners in the Bone Spring formation underlying the N/2NE/4 of Section 11, the N/2N/2 of Section 12, and the N/2NW/4 of Section 7;
- B. Designating applicant as operator of the well;
- C. Considering the cost of drilling, completing, and equipping the well, and allocating the cost among the well's working interest owners;
- D. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and
- E. Setting a 200% charge for the risk involved in drilling, completing, and equipping the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Mewbourne Oil Company

Application of Mewbourne Oil Company for compulsory pooling, Eddy County and Lea County, New Mexico. Mewbourne Oil Company seeks an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2NE/4 of Section 11 and the N/2N/2 of Section 12, Township 18 South, Range 31 East, NMPM (Eddy County), and Lot 1 and the NE/4NW/4 (the N/2NW/4) of Section 7, Township 18 South, Range 32 East, NMPM (Lea County). The unit will be dedicated to the Iron Islands 11/7 B2BC Fed. Com. Well No. 1H, with a first take point in the NW/4NE/4 of Section 11 and a last take point in the NE/4NW/4 of Section 7. Also to be considered will be the cost of drilling, completing, and equipping the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the well, and a 200% charge for the risk involved in drilling, completing, and equipping the well. The unit is located approximately 10 miles southeast of Loco Hills, New Mexico.

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY
AND LEA COUNTY, NEW MEXICO.**

Case No. 22424

APPLICATION

Mewbourne Oil Company applies for an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the S/2NE/4 of Section 11 and the S/2N/2 of Section 12, Township 18 South, Range 31 East, N.M.P.M., Eddy County, New Mexico, and Lot 2 and the SE/4NW/4 (the S/2NW/4) of Section 7, Township 18 South, Range 32 East, N.M.P.M., Lea County, New Mexico, and in support thereof, states:

1. Applicant is an interest owner in the S/2NE/4 of Section 11, the S/2N/2 of Section 12, and the S/2NW/4 of Section 7, and has the right to drill a well thereon.
2. Applicant proposes to drill the Iron Islands 11/7 B2GF Fed. Com. Well No. 1H to a depth sufficient to test the Bone Spring formation, with a first take point in the SW/4NE/4 of Section 11 and a last take point in the SE/4NW/4 of Section 7.
3. Applicant has in good faith sought to obtain the voluntary joinder of all other mineral interest owners in the S/2NE/4 of Section 11, the S/2N/2 of Section 12, and the S/2NW/4 of Section 7 for the purposes set forth herein.
4. Although applicant attempted to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the well or to otherwise commit their interests to the well, certain interest owners have failed or refused to join in dedicating their interests. Therefore, applicant seeks an order pooling all uncommitted mineral interest owners in the Bone

Spring formation underlying the S/2NE/4 of Section 11, the S/2N/2 of Section 12, and the S/2NW/4 of Section 7, pursuant to NMSA 1978 §70-2-17.

5. The pooling of all mineral interest owners in the Bone Spring formation underlying the S/2NE/4 of Section 11, the S/2N/2 of Section 12, and the S/2NW/4 of Section 7 will prevent the drilling of unnecessary wells, prevent waste, and protect correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division enter its order:

- A. Pooling all uncommitted mineral interest owners in the Bone Spring formation underlying the S/2NE/4 of Section 11, the S/2N/2 of Section 12, and the S/2NW/4 of Section 7;
- B. Designating applicant as operator of the well;
- C. Considering the cost of drilling, completing, and equipping the well, and allocating the cost among the well's working interest owners;
- D. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and
- E. Setting a 200% charge for the risk involved in drilling, completing, and equipping the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Mewbourne Oil Company

Application of Mewbourne Oil Company for compulsory pooling, Eddy County and Lea County, New Mexico. Mewbourne Oil Company seeks an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the S/2NE/4 of Section 11 and the S/2N/2 of Section 12, Township 18 South, Range 31 East, NMPM (Eddy County), and Lot 2 and the SE/4NW/4 (the S/2NW/4) of Section 7, Township 18 South, Range 32 East, NMPM (Lea County). The unit will be dedicated to the Iron Islands 11/7 B2GF Fed. Com. Well No. 1H, with a first take point in the SW/4NE/4 of Section 11 and a last take point in the SE/4NW/4 of Section 7. Also to be considered will be the cost of drilling, completing, and equipping the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the well, and a 200% charge for the risk involved in drilling, completing, and equipping the well. The unit is located approximately 10 miles southeast of Loco Hills, New Mexico.

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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

Peer Resources
PO Box 11044
Midland, Texas 79702

Street and Apt. No., or P.O. Box No.
City, State, ZIP+4®

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

7020 2450 0002 1364 0725

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Patricia Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

9590 9402 6746 1074 2327 81

7020 2450 0002 1364 0718 Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Patricia Ann Brunson* Agent Addressee

B. Received by (Printed Name) *Patricia Ann Brunson* C. Date of Delivery *12/27/21*

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

3. Service Type

Priority Mail Express®

Adult Signature

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Collect on Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt *113*

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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

Peer Resources
PO Box 11044
Midland, Texas 79702

Street and Apt. No., or P.O. Box No.
City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Patricia Ann Brunson
PO Box 11044
Midland, Texas 79702

9590 9402 6746 1074 2327 74

7020 2450 0002 1364 0725

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Patricia Ann Brunson* Agent Addressee

B. Received by (Printed Name) *Patricia Ann Brunson* C. Date of Delivery *1-4-22*

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

3. Service Type

Priority Mail Express®

Adult Signature

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Collect on Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt *113*

7020 2450 0002 1364 0725

EXHIBIT

4-A

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

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Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$

Sent To Frank Bank trustee of the Josephine T. Hudson
Testamentary Trust w/ta dated July 8, 1994
PO Box 1600
San Antonio, Texas 78296
Street and Apt. No., or P.O. Box
City, State, ZIP+4®

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

Postmark
Here

7020 2450 0002 1364 0862

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
B. Received by (Printed Name) Clg
C. Date of Delivery 12-27-11
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

1. Article Addressed to:
MRC Delaware Resources, LLC
MRC Spinal Resources, LLC
MRC Explorers Resources, LLC
One Lincoln Centre, 5400 LBJ Freeway, Suite 150L
Dallas, Texas 75240

2. 7020 2450 0002 1364 0862
(over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053

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 \$

Sent To MRC Delaware Resources, LLC
MRC Spinal Resources, LLC
MRC Explorers Resources, LLC
One Lincoln Centre, 5400 LBJ Freeway, Suite 150L
Dallas, Texas 75240
Street and Apt. No., or P.O. Box
City, State, ZIP+4®

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

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Here

7020 2450 0002 1364 0862

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:
Frank Bank trustee of the Josephine T. Hudson
Testamentary Trust w/ta dated July 8, 1994
PO Box 1600
San Antonio, Texas 78296

9590 9402 6746 1074 2326 51

7020 2450 0002 1364 0848
PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
B. Received by (Printed Name) Wm Gonzalez
C. Date of Delivery 12-21-11
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

Domestic Return Receipt

Domestic Return Receipt

113

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:

5217

J.R. Norton Co.
5210 E Palo Verde Place
Paradise Valley, Arizona 85252

9590 9402 6746 1074 2326 75

2. Article Addressed to:

7020 2450 0002 1364 0824 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt 113

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) 6019 C. Date of Delivery 12/28

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

3. Service Type

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

Postmark Here

2620 2450 0000 0542 0202

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Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To Marathon Oil Permian, LLC
990 Town and Country Blvd.
Houston, Texas 77024

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

City, State, ZIP+4®

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

4280 4961 2000 0542 0202

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Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To J.R. Norton Co.
5210 E Palo Verde Place
Paradise Valley, Arizona 85252

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

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Marathon Oil Permian, LLC
990 Town and Country Blvd.
Houston, Texas 77024

9590 9402 6746 1074 2327 67

2. Article Addressed to:

7020 2450 0002 1364 0732 (over \$500)

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COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) 12/28/2021 C. Date of Delivery 12/28/2021

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

3. Service Type

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

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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 \$

Postmark
Here

Sent To
Street and Apt. No., or P.O. Box
City, State, ZIP+4®

The Tommye G Ewing Limited Partnership
PO Box 1
Amarillo, Texas 79105

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

9520 4967 2000 0542 0202

COMPLETE THIS SECTION FOR DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery
12/28/21

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

2. Article Number (from item 1)
7020 2450 0002 1364 0749
(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 \$

Postmark
Here

Total Postage and Fees \$

Sent To
Street and Apt. No., or P.O. Box
City, State, ZIP+4®

Yates Energy Corporation
PO Box 2323
Roswell, New Mexico 88202

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

6720 4967 2000 0542 0202

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:

The Tommye G Ewing Limited Partnership
PO Box 1
Amarillo, Texas 79105



9590 9402 6746 1074 2327 43

2. Article Number (from item 1)
7020 2450 0002 1364 0756
(over \$500)

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

113

COMPLETE THIS SECTION FOR DELIVERY

A. 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
 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 (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 Box No. _____

City, State, Zip+4® _____

Mystique Management Corporation
6528 E 101st Street, Suite D1 #425
Tulsa, Oklahoma

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

0220 49ET 2000 0542 0202

SENDER: COMPLETE THIS SECTION

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
 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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Restricted Delivery

Postmark Here

Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2327 36

2. 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.

1. Article Addressed to:

Mystique Management Corporation
6528 E 101st Street, Suite D1 #425
Tulsa, Oklahoma

9590 9402 6746 1074 2327 29

2. Article Addressed to:

Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2327 36

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Restricted Delivery

Postmark Here

Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2327 36

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

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, Zip+4® _____

Mystique Management Corporation
6528 E 101st Street, Suite D1 #425
Tulsa, Oklahoma

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

SENDER: COMPLETE THIS SECTION

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.

1. Article Addressed to:

Mystique Management Corporation
6528 E 101st Street, Suite D1 #425
Tulsa, Oklahoma

9590 9402 6746 1074 2327 29

2. Article Addressed to:

Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2327 36

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Restricted Delivery

Postmark Here

Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2327 36

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

0220 49ET 2000 0542 0202

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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 \$

Postmark
Here

Total Postage and Fees

Sent To
Bank of America, N.A., Successor trustee
Of the Delmar H Lewis Living Trust
PO Box 830308
Dallas, Texas 75283-0308
Street and Apt. No.
City, State, ZIP+4®
See Reverse for Instructions

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

4620 49ET 2000 0542 0202

SENDER: COMPLETE THIS SECTION

- 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.

Vivian Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762



9590 9402 6746 1074 2327 12

2. Article Addressed to:
7020 2450 0002 1364 0794
(over \$500)

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

Domestic Return Receipt

- A. Signature
Vivian Ann Brunson
- B. Received by (Printed Name)
VIVIAN ANN BRUNSON
- C. Date of Delivery
12/27/21
- D. Is delivery address different from item 1? Yes No

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

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 \$

Postmark
Here

Vivian Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

Sent To
Street and Apt. No., or PO Box
City, State, ZIP+4®

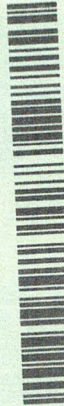
PS Form 3800, April 2015 PSN 7530-02-000-9047

2420 49ET 2000 0542 0202

SENDER: COMPLETE THIS SECTION

- 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.

Bank of America, N.A., Successor trustee
Of the Delmar H Lewis Living Trust
PO Box 830308
Dallas, Texas 75283-0308



9590 9402 6746 1074 2327 05

2. Article Addressed to:
7020 2450 0002 1364 0794

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

COMPLETE THIS SECTION ON DELIVERY

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

DEC 27 2021

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

Domestic Return Receipt

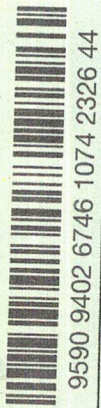
113

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:

Coltelean Corporation
 PO Box 25663
 Albuquerque, New Mexico 87125



2. 7020 2450 0002 1364 0855

PS Form 3811, July 2020 PSN 7530-02-000-9063

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
 if YES, enter delivery address below: No

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

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

113

**U.S. Postal Service™
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 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 Coltelean Corporation
 PO Box 25663
 Albuquerque, New Mexico 87125
 Street and Apt. No. _____
 City, State, ZIP+4® _____

Postmark Here

7020 2450 0002 1364 0855

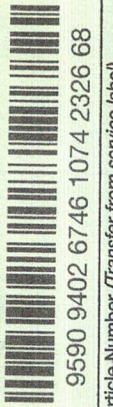
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Francis H Hudson, trustee of the
Trustee of Lindy's Living Trust
4200 S. Hulen, Suite 302
Fort Worth, Texas 76109



2. Article Number (Transfer from container label)

7020 2450 0002 1364 0831

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
If YES, enter delivery address below: No

3. Service Type

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

Restricted Delivery

113 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 \$ _____

Postmark Here

Sent To Francis H Hudson, trustee of the
Trustee of Lindy's Living Trust
4200 S. Hulen, Suite 302
Fort Worth, Texas 76109

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

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

7020 2450 0002 1364 0831

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:

HEYCO Employees Ltd
PO Box 1933
Roswell, New Mexico 88202-1933

9590 9402 6746 1074 2326 82

2. **7020 2450 0002 1364 0817** Restricted Delivery

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
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> 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

OFFICIAL USE

7020 2450 0002 1364 0817

Certified Mail Fee \$ _____

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To HEYCO Employees Ltd
PO Box 1933
Roswell, New Mexico 88202-1933

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HEYCO Employees Ltd
PO Box 1933
Roswell, New Mexico 88202-1933

2. **7020 2450 0002 1364 0817**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X

B. Received by (Printed Name) Agent Addressee

C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

Restricted Delivery

Domestic Return Receipt

OFFICIAL USE

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

For information, visit www.usps.com

Postmark Here

Certified Mail Fee

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
HEYCO Employees Ltd
PO Box 1933
Roswell, New Mexico 88202-1933

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

7020 2450 0002 1364 0817

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:

James H Yates, Inc
 PO Box 189
 Roswell, New Mexico 88202-0189



9590 9402 6746 1074 2326 99

2. Art

7020 2450 0002 1364 0800

(over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) 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

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)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To James H Yates, Inc
 PO Box 189
 Roswell, New Mexico 88202-0189
 Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

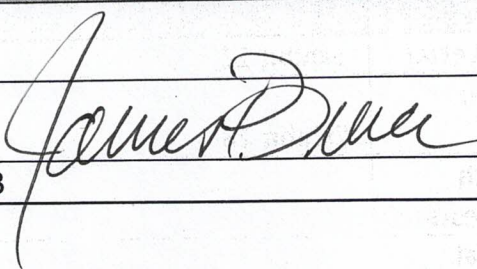
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0000 4967 2000 0542 0202

COMPULSORY POOLING APPLICATION CHECKLIST	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 22423	APPLICANT'S RESPONSE
Date: April 20, 2023	
Applicant	Mewbourne Oil Company
Designated Operator & OGRID (affiliation if applicable)	Mewbourne Oil Company/Ogrid No. 14744 (same as applicant)
Applicant's Counsel:	James Bruce, Attorney at Law
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling, Eddy and Lea Counties, New Mexico
Entries of Appearance/Intervenors:	N/A
Well Family	Iron Island Bone Spring wells
Formation/Pool	
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:	Tamano; Bone Spring (Pool Code 58040)
Well Location Setback Rules:	Statewide Rules
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	40 acres
Orientation:	West-East
Description: TRS/County	N/2NE/4 §11 and N/2N/2 §12 18S-31E NMPPM (Eddy County), and N/2NW/4 §7 18S-32E NMPPM (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>	Yes EXHIBIT 6
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes,	No

description	
Applicant's Ownership in Each Tract	Exhibit 2B
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Iron Islands 11/7 B2BC Federal Com. Well No. 1H API No. 30-015-Pending SHL: 1050 FNL & 2010 FWL §11 BHL: 660 FNL & 2527 FWL §7 FTP: 660 FNL & 2540 FEL §11 LTP: 660 FNL & 2574 FWL §7 Target formation: Second Bone Spring Sand; West-East orientation TVD 8705 feet, MD 19580 feet Not drilled
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
Requested Risk Charge	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 2B
Tract List (including lease numbers and owners)	Exhibit 2B
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit 2B (Working Interest Owners)
Unlocatable Parties to be Pooled	Yes

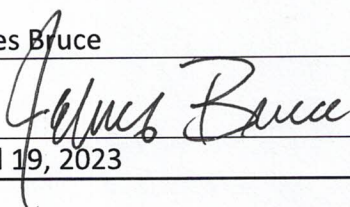
Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit 2C
List of Interest Owners (i.e. Exhibit A of JOA)	Exhibit 2B
Chronology of Contact with Non-Joined Working Interests	
Overhead Rates In Proposal Letter	\$8000/\$800
Cost Estimate to Drill and Complete	Exhibit 2D
Cost Estimate to Equip Well	Exhibit 2D
Cost Estimate for Production Facilities	Exhibit 2D
Geology	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibit 3A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3B
Well Orientation (with rationale)	Exhibits 3 and 3C
Target Formation	Wolfcamp
HSU Cross Section	Exhibit 3B
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit 2A
Tracts	Exhibit 2B
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit 2B
General Location Map (including basin)	Exhibit 2A
Well Bore Location Map	Exhibit 2A
Structure Contour Map - Subsea Depth	Exhibit 3A
Cross Section Location Map (including wells)	Exhibit 3A
Cross Section (including Landing Zone)	Exhibit 3B
Additional Information	

Special Provisions/Stipulations	N/A
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):	
Date:	April 19, 2023

COMPULSORY POOLING APPLICATION CHECKLIST	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 22424	APPLICANT'S RESPONSE
Date: April 20, 2023	
Applicant	Mewbourne Oil Company
Designated Operator & OGRID (affiliation if applicable)	Mewbourne Oil Company/Ogrid No. 14744 (same as applicant)
Applicant's Counsel:	James Bruce, Attorney at Law
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling, Eddy and Lea Counties, New Mexico
Entries of Appearance/Intervenors:	N/A
Well Family	Iron Island Bone Spring wells
Formation/Pool	
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:	Tamano; Bone Spring (Pool Code 58040)
Well Location Setback Rules:	Statewide Rules
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	40 acres
Orientation:	West-East
Description: TRS/County	S/2NE/4 §11 and S/2N/2 §12 18S-31E NMPM (Eddy County), and S/2NW/4 §7 18S-32E NMPM (Lea County)
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application?	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes,	No

description	
Applicant's Ownership in Each Tract	Exhibit 2B
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Iron Islands 11/7 B2GF Federal Com. Well No. 1H API No. 30-015-Pending SHL: 1080 FNL & 2010 FWL §11 BHL: 1980 FNL & 2527 FWL §7 FTP: 1980 FNL & 2540 FEL §11 LTP: 1980 FNL & 2574 FWL §7 Target formation: Second Bone Spring Sand; West-East orientation TVD 8800 feet, MD 19631 feet Not drilled
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
Requested Risk Charge	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 2B
Tract List (including lease numbers and owners)	Exhibit 2B
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit 2B (Working Interest Owners)
Unlocatable Parties to be Pooled	Yes

Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit 2C
List of Interest Owners (i.e. Exhibit A of JOA)	Exhibit 2B
Chronology of Contact with Non-Joined Working Interests	
Overhead Rates In Proposal Letter	\$8000/\$800
Cost Estimate to Drill and Complete	Exhibit 2D
Cost Estimate to Equip Well	Exhibit 2D
Cost Estimate for Production Facilities	Exhibit 2D
Geology	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibit 3A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3B
Well Orientation (with rationale)	Exhibits 3 and 3C
Target Formation	Wolfcamp
HSU Cross Section	Exhibit 3B
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit 2A
Tracts	Exhibit 2B
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit 2B
General Location Map (including basin)	Exhibit 2A
Well Bore Location Map	Exhibit 2A
Structure Contour Map - Subsea Depth	Exhibit 3A
Cross Section Location Map (including wells)	Exhibit 3A
Cross Section (including Landing Zone)	Exhibit 3B
Additional Information	

Special Provisions/Stipulations	N/A
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):	
Date:	April 19, 2023

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

APPLICATIONS OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY AND LEA
COUNTIES, NEW MEXICO.

Case Nos. 22423 - 22424

SELF-AFFIRMED STATEMENT OF CHARLES CROSBY

COUNTY OF MIDLAND)
) ss.
STATE OF TEXAS)

Charles Crosby deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am a geologist for Mewbourne Oil Company ("Mewbourne"), and I am familiar with the geological matters involved in these cases. I have been qualified by the Division as an expert petroleum geologist.
3. The Division has requested information on why the well units in these cases exclude the NE/4 of Section 7, Township 18 South, Range 32 East, NMPM was excluded from the well units in these two cases.
4. The NE/4 of Section 7 was excluded because it is dedicated, in the Bone Spring formation, to the Bola 7 Federal Well No. 3H, operated by Matador Production Company. It is a producing well. It was initially proposed as a vertical well, and was later converted to a one-half mile horizontal well.
5. As a result Mewbourne elected to exclude that acreage. It is not stranded.

I understand that this Self-Affirmed Statement will be used as written testimony in these cases. 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 next to my signature below.

Date: April 11, 2023

Charles Crosby
Charles Crosby

EXHIBIT

7