

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

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

**Case Nos. 22426**

**NOTICE OF FILING ADDITIONAL EXHIBITS**

Mewbourne Oil Company submits for filing the following:

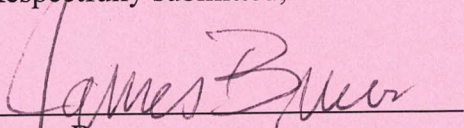
Exhibit 1, which contains the application and proposed notice.

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

Exhibit 6, the pooling checklist.

Exhibit 7, the affidavit of publication in Lea County.

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. 22426

**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/2SE/4 of Section 11 and the S/2S/2 of Section 12, Township 18 South, Range 31 East, N.M.P.M., Eddy County, New Mexico, and Lot 4, SE/4SW/4 and the S/2SE/4 (the S/2S/2) 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/2SE/4 of Section 11, the S/2S/2 of Section 12, and the S/2S/2 of Section 7, and has the right to drill a well thereon.
2. Applicant proposes to drill the Iron Islands 11/7 B2OP Fed. Com. Well No. 1H to a depth sufficient to test the Bone Spring formation, with a first take point in the SW/4SE/4 of Section 11 and a last take point in the SE/4SE/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/2SE/4 of Section 11, the S/2S/2 of Section 12, and the S/2S/2 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 |

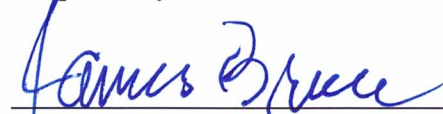
Spring formation underlying the S/2SE/4 of Section 11, the S/2S/2 of Section 12, and the S/2S/2 of Section 7, pursuant to NMSA 1978 §70-2-17.

5. The pooling of all mineral interest owners in the Bone Spring formation underlying the S/2SE/4 of Section 11, the S/2S/2 of Section 12, and the S/2S/2 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/2SE/4 of Section 11, the S/2S/2 of Section 12, and the S/2S/2 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/2SE/4 of Section 11 and the S/2S/2 of Section 12, Township 18 South, Range 31 East, NMPM (Eddy County), and Lot 4, SE/4SW/4, and the S/2SE/4 (the S/2S/2) of Section 7, Township 18 South, Range 32 East, NMPM (Lea County). The unit will be dedicated to the Iron Islands 11/7 B2OP Fed. Com. Well No. 1H, with a first take point in the SW/4SE/4 of Section 11 and a last take point in the SE/4SE/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 10-1/2 miles southeast of Loco Hills, New Mexico.

**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:

Patrigia Ann Brunson  
 4205 Lanford Avenue  
 Springdale, AR 72762

2. Article Number: **7021 0950 0002 0365 4961**  
 PS Form 3811, July 2020 PSN 7530-02-000-9063

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Insured Mail Restricted Delivery (over \$500)

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

A. Signature: *Patrigia Ann Brunson*  
 B. Received by (Printed Name): *Patrigia Ann Brunson*  
 C. Date of Delivery: *5/12/21*

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

1. Article Addressed to:

Patrigia Ann Brunson  
 4205 Lanford Avenue  
 Springdale, AR 72762

2. Article Number: **7021 0950 0002 0365 4961**  
 PS Form 3811, July 2020 PSN 7530-02-000-9063

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Insured Mail Restricted Delivery (over \$500)

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

A. Signature: *Patrigia Ann Brunson*  
 B. Received by (Printed Name): *Patrigia Ann Brunson*  
 C. Date of Delivery: *5/12/21*

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

**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: *Patrigia Ann Brunson*  
 4205 Lanford Avenue  
 Springdale, AR 72762  
 Street and Apt. No., or PO Box  
 City, State, ZIP+4®

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

7021 0950 0002 0365 4961

EXHIBIT

4-A

**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

2. A. **7021 0350 0001 3337 7059**  
 PS Form 3811, July 2020 PSN 7530-02-000-9063

3. Service Type  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Insured Mail Restricted Delivery (over \$500)

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

A. Signature: *[Signature]*  
 B. Received by (Printed Name): *[Signature]*  
 C. Date of Delivery: *[Signature]*

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

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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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: *The Tommye G Ewing Limited Partnership*  
 PO Box 1  
 Amarillo, Texas 79105  
 Street and Apt. No., or PO Box No.  
 City, State, ZIP+4®

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

7021 0350 0001 3337 7059



**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:

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

2. Article Number (Transmittal No.)

7021 0350 0001 3337 7035 (over \$500)

3. Service Type

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

4. Article Addressed to:

Peer Resources  
PO Box 11044  
Midland, Texas 79702

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**OFFICIAL USE**

Certified Mail Fee \$

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

- Return Receipt (hardcopy) \$
- Certified Mail (electronic) \$
- Adult Signature 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.

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:

Peer Resources  
PO Box 11044  
Midland, Texas 79702

2. Article Number (Transmittal No.)

7021 0350 0001 3337 7028 (over \$500)

3. Service Type

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

4. Article Addressed to:

Peer Resources  
PO Box 11044  
Midland, Texas 79702

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Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To

Peer Resources  
PO Box 11044  
Midland, Texas 79702

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

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:

MRC Delaware Resources, LLC  
 MRC Spiral Resources, LLC  
 MRC Explorers Resources, LLC  
 One Lincoln Centre, 5400 LBJ Freeway, Suite 1500  
 Dallas, Texas 75240



9590 9402 6746 1074 2436 95

2. Article Number (Transfer from reverse side)  
 7020 2450 0002 1364 0701  
 Insured Mail Restricted Delivery (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) CLG
- 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®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Certified Mail®
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Collect on Delivery

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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

MRC Delaware Resources, LLC  
 MRC Spiral Resources, LLC  
 MRC Explorers Resources, LLC  
 One Lincoln Centre, 5400 LBJ Freeway, Suite 1500  
 Dallas, Texas 75240

Sent To  
 Street and Apt. No., or  
 City, State, Zip+4®

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

See Reverse for Instructions

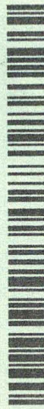
SENDER: COMPLETE THIS SECTION

- 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:

5212

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



9590 9402 6746 1074 2437 32

2. Article Number (Transfer from reverse side)  
 7021 0950 0002 0365 4947  
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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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

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

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

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) CLG
- 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™
  - Registered Mail Restricted Delivery
  - Certified Mail®
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

7021 0950 0002 0365 4947

Domestic Return Receipt

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

**Total Postage and Fees** \$

**Sent To** Frost Bank trustee of the Josephine T. Hudson  
Testamentary Trust w/a dated July 8, 1994  
PO Box 1600  
San Antonio, Texas 78296

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

**City, State, ZIP+4®**

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

7021 0950 0002 0365 4909

**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.

**Article Addressed to:**

**Article** 7021 0950 0002 0365 4916 / Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

**3. Service Type**

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

**Postmark Here**

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

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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** \$

**Sent To** Chevron USA, Inc  
1400 Smith Street  
Houston, Texas 77002

**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

**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.

**Article Addressed to:**

**Article** 7021 0950 0002 0365 4909 / Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

**3. Service Type**

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

**Postmark Here**

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

7021 0950 0002 0365 4916



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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 \$

Yates Energy Corporation  
PO Box 2323  
Roswell, New Mexico 88202

Sent To

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

City, State, ZIP+4®

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

2021 0350 0000 0500 0000 0000 0000 0000 0000 0000

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

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 2437 87

7021 0950 0002 0365 4893

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

Domestic Return Receipt

11-2

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent

B. Received by (Printed Name)  Addressee

C. Date of Delivery

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

DEC 27 2021

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Collect on Delivery

Collect on Delivery Restricted Delivery

Restricted Delivery

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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 \$

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

Sent To

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

City, State, ZIP+4®

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

2021 0350 0000 0500 0000 0000 0000 0000 0000 0000

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

Yates Energy Corporation  
PO Box 2323  
Roswell, New Mexico 88202

9590 9402 6746 1074 2438 31

7021 0350 0001 3337 7042

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

Domestic Return Receipt

11-2

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent

B. Received by (Printed Name)  Addressee

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®

Certified Mail Restricted Delivery

Signature Confirmation™

Collect on Delivery

Collect on Delivery Restricted Delivery

Restricted Delivery

**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:

Mysique Management Corporation  
6528 E 10<sup>th</sup> Street, Suite D1 #425  
Tulsa, Oklahoma

9590 9402 6746 1074 2438 00

2. Article 7021 0350 0001 3337 7073

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Edward  Agent  Addressee

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

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

3. Service Type

- 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

11-2 Domestic Return Receipt

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

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

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

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

City, State, ZIP+4® \_\_\_\_\_

Charlesworth Enterprises  
PO Box 1  
Amarillo, Texas 79105

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

2021 0350 0001 3337 7073

**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 Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

Mysique Management Corporation  
6528 E 10<sup>th</sup> Street, Suite D1 #425  
Tulsa, Oklahoma

9590 9402 6746 1074 2438 17

2. Article 7021 0350 0001 3337 7066

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:

Charlesworth Enterprises  
PO Box 1  
Amarillo, Texas 79105

9590 9402 6746 1074 2438 17

2. Article 7021 0350 0001 3337 7066

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Harry  Agent  Addressee

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

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

3. Service Type

- 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

11-2 Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

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

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

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

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

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

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

City, State, ZIP+4® \_\_\_\_\_

Charlesworth Enterprises  
PO Box 1  
Amarillo, Texas 79105

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

2021 0350 0001 3337 7066

**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:

Vivian Ann Brunson  
 4205 Lanford Avenue  
 Springdale, AR 72762

9590 9402 6746 1074 2437 94

2. A 7021 0950 0002 0365 4886 (Lower 9000)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Vivian Ann Brunson*  Agent  Addressee

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  
 If YES, enter delivery address below:

3. Service Type

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

11-2 Domestic Return Receipt

9884 5990 0002 0365 4886

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: Vivian Ann Brunson  
 4205 Lanford Avenue  
 Springdale, AR 72762

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

City, State, ZIP+4® \_\_\_\_\_

Postmark Here

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:

Colkelan Corporation  
 PO Box 25663  
 Albuquerque, New Mexico 87125



9590 9402 6746 1074 2437 01

2. Article Number (Transfer from service label)  
 7021 0950 0002 0365 4978  
 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

Adult Signature Restricted Delivery

Certified Mail®

Collect on Delivery

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

11-2

9264 5960 2000 0950 1202

**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 \$

Postmark Here

Total Postage and Fees

Sent To

Colkelan Corporation  
 PO Box 25663  
 Street and Apt. No., or P.O. Box  
 Albuquerque, New Mexico 87125  
 City, State, ZIP+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:

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

9590 9402 6746 1074 2437 25

2. Article: 7021 0950 0002 0365 4954

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

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

4. Insured Mail Restricted Delivery (over \$500) 112 Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To 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 Box No.

City, State, ZIP+4®

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

7021 0950 0002 0365 4954

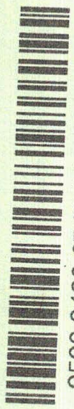
Postmark Here

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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



9590 9402 6746 1074 2437 49

2. 7021 0950 0002 0365 4930

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

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Restricted Delivery

11-2 Domestic Return Receipt

**U.S. Postal Service™  
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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 \$

Postmark Here

Postage

Total Postage and Fees

Sent To

HEYCO Employees Ltd  
 PO Box 1933  
 Street and Apt. No., or PO Box, New Mexico 88202-1933  
 City, State, ZIP+4®

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

0664 0950 0000 0365 4930

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

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.

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



2. Article Number 7021 0950 0002 0365 4923 (over \$500) Delivery

Domestic Return Receipt

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

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark Here

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

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

City, State, ZIP+4<sup>®</sup>

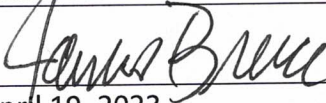
PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

<b>COMPULSORY POOLING APPLICATION CHECKLIST</b>	
<b>ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS</b>	
<b>Case: 22426</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 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
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent:	Bone Spring formation
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Entire Bone Spring formation
Pool Name and Pool Code:	Tamano; Bone Spring (Pool Code 58040)
Well Location Setback Rules:	Statewide Rules
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	400 acres
Building Blocks:	40 acres
Orientation:	West-East
Description: TRS/County	S/2SE/4 §11 and S/2S/2 §12 18S-31E NMPM (Eddy County), and S/2S/2 §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
<b>Other Situations</b>	EXHIBIT 6
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
<b>Well(s)</b>	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Iron Islands 11/7 B2OP Federal Com. Well No. 1H API No. 30-015-Pending SHL: 820 FSL & 2550 FEL §11 BHL: 660 FSL & 100 FEL §7 FTP: 660 FSL & 2540 FEL §11 LTP: 660 FSL & 100 FEL §7  Target formation: Second Bone Spring Sand; West-East orientation TVD 8890 feet, MD 21510 feet Not drilled
Well #2	
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
Requested Risk Charge	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 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
<b>Joinder</b>	
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
<b>Geology</b>	
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
<b>Forms, Figures and Tables</b>	
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
<b>Additional Information</b>	


Special Provisions/Stipulations	N/A
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name (Attorney or Party Representative):</b>	James Bruce
<b>Signed Name (Attorney or Party Representative):</b>	
<b>Date:</b>	April 19, 2023

# Affidavit of Publication

STATE OF NEW MEXICO  
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated  
April 18, 2023  
and ending with the issue dated  
April 18, 2023.



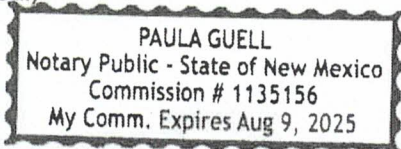
Publisher

Sworn and subscribed to before me this  
18th day of April 2023.



Notary

My commission expires  
August 09, 2025  
(Seal)



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

**LEGAL NOTICE**  
April 18, 2023

**NOTICE**

To: MRC Delaware Resources, LLC, MRC Spiral Resources, LLC, MRC Explorers Resources, LLC, Colkelan Corporation, Frost Bank as Trustee of the Josephine T. Hudson Testamentary Trust, Bank of America, N.A. as Trustee of the Delmar H. Lewis Living Trust, Vivian Ann Brinson, Mystique Management Corporation, Charlesworth Enterprises, The Tommye G. Ewing Limited Partnership, Yates Energy Corporation, Marathon Oil Permian LLC, Pear Resources, Patricia Ann Brunson, Francis H. Hudson, Trustee of Lindy's Living Trust, J.R. Norton Co. HEYCO Employees Ltd., James H. Yates, Inc., and Chevron U.S.A., Inc., or your heirs, devisees, successors, or assigns: Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the S/2SE/4 of Section 11 and the S/2S/2 of Section 12, Township 18 South, Range 31 East, NMPM (Eddy County), and Lot 4, SE/4SW/4, and the S/2SE/4 (the S/2S/2) of Section 7, Township 18 South, Range 32 East, NMPM (Lea County). The unit will be dedicated to the Iron Islands 11/7 B2OP Fed. Com. Well No. 1H (Case No. 22426). 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. This matter is scheduled for hearing on May 4, 2023 at 8:15 a.m. During the current circumstances, state buildings are closed to the public and the hearing will be conducted remotely. To view the hearing docket and to determine how to participate in an electronic hearing, go to <https://www.emnrd.nm.gov/ocd/hearing-info/>, or contact Mariene Salvidrez at [Mariene.Salvidrez@emnrd.nm.gov](mailto:Mariene.Salvidrez@emnrd.nm.gov). You are not required to attend this hearing, but as an owner of an interest who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date. A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than five business days before the hearing date. This statement may be filed online with the Division at [ocd.hearings@emnrd.nm.gov](mailto:ocd.hearings@emnrd.nm.gov) and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the attorney for applicant, James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504, [jamesbruc@aol.com](mailto:jamesbruc@aol.com). The unit is located approximately 10-1/2 miles southeast of Loco Hills, New Mexico.  
#00277674

EXHIBIT 7

01101711

00277674

JAMES BRUCE  
JAMES BRUCE, ATTORNEY AT LAW  
P.O. BOX 1056  
SANTA FE, NM 87504