

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. 22423

NOTICE OF FILING ADDITIONAL EXHIBITS

Mewbourne Oil Company submits for filing the following:

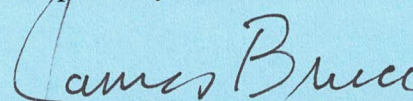
Exhibit 4-A, which contains all green cards and returned mail which have been received.

Exhibit 6, the revised pooling checklist.

Exhibit 8, the certified mailing spreadsheet.

Exhibit 9, a revised C-102.

Respectfully submitted,



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

Attorney for Mewbourne Oil Company

U.S. Postal Service™
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 \$

Postmark
Here

Total Postage and Fees

Sent To Chevron USA, Inc
1400 Smith Street
Houston, Texas 77002
 Street and Apt. No., or PO Attn: Scott Sabrusala
 City, State, ZIP+4®

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

8069 2EEF T000 05ED T202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X 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
 - Restricted Delivery
 - Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

M 11-1

PS Form 3811, July 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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

Article Addressed to:

MRC Delaware Resources, LLC
 MRC Spiral Resources, LLC
 MRC Explorers Resources, LLC
 One Lincoln Centre, 5400 I-10 Freeway, Suite 1500
 Dallas, Texas 75240
 Attn: Land Department

9590 9402 5019 9063 1642 93

2. Article Number, Transfer Number, or Tracking Number
 7021 0350 0001 3337 6830 (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 \$

Postmark
Here

Total Postage and Fees

Sent To MRC Delaware Resources, LLC
MRC Spiral Resources, LLC
MRC Explorers Resources, LLC
One Lincoln Centre, 5400 I-10 Freeway, Suite 1500
Dallas, Texas 75240
 Street and Apt. No., or PO Box No. Attn: Land Department
 City, State, ZIP+4®

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

8069 2EEF T000 05ED T202

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:

Chevron USA, Inc
 1400 Smith Street
 Houston, Texas 77002
 Attn: Scott Sabrusala

9590 9402 5019 9063 1646 99

7021 0350 0001 3337 6908

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 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:

17-30-21

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Restricted Delivery
- Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

M 11-1

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:

Exter Operating Company
5065 Westheimer, Suite 625
Houston, Texas 77056



2. Article Addressed to: **7021 0350 0001 3337**

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: **X DVS 5639 C19**
- B. Received by (Printed Name): **12/29/21**
- C. Date of Delivery: **12/29/21**
- 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
 - Return Receipt for Merchandise
 - Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

6946
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

9590 9402 5019 9063 1647 36

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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 \$

Postmark Here

Total Postage and Fees

Sent To: Exter Operating Company
5065 Westheimer, Suite 625
Houston, Texas 77056

City, State, ZIP+4®

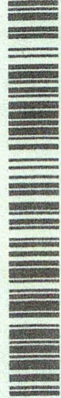
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Vivian Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762



2. Article Addressed to: **7021 0350 0001 3337 6953**

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: **Vivian Ann Brunson**
- B. Received by (Printed Name): **PATRICIA 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
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Restricted 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

9590 9402 5019 9063 1647 36

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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 \$

Postmark Here

Total Postage and Fees

Sent To: Vivian Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

City, State, ZIP+4®

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

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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® _____

Charlesworth Enterprises
 PO Box 1
 Amarillo, Texas 79105

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

2269 2EEF T000 05ED T202

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:

Devon Energy Production Company, LP
 333 West Sheridan Avenue
 Oklahoma City, Oklahoma

9590 9402 6746 1074 2325 52

2. Article Addressed to:

7021 0350 0001 3337 6970 (over \$500)

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

COMPLETE THIS SECTION FOR DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) CV CW-19 C. Date of Delivery 28

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

Postmark Here

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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., or PO Box No. _____

City, State, ZIP+4® _____

Devon Energy Production Company, LP
 333 West Sheridan Avenue
 Oklahoma City, Oklahoma

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

0969 2EEF T000 05ED T202

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:

Charlesworth Enterprises
 PO Box 1
 Amarillo, Texas 79105

9590 9402 6746 1074 2325 69

2. Article Addressed to:

7021 0350 0001 3337 6977 (over \$500)

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

COMPLETE THIS SECTION FOR DELIVERY

A. Signature Agent Addressee

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

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

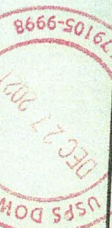
Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

Postmark Here



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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 Yates Energy Corporation
PO Box 2323
Roswell, New Mexico 88202

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

7669 2EE6 T000 05E0 T202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Hernandez 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®

Collect on Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

M 11-1

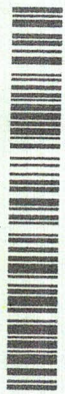
PS Form 3811, July 2020 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 6746 1074 2325 76

2. Article Number (Enter on front of mailpiece)
7021 0350 0001 3337 6984
(over \$500)

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

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

4969 2EE6 T000 05E0 T202

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:

Yates Energy Corporation
PO Box 2323
Roswell, New Mexico 88202



9590 9402 6746 1074 2325 83

2. Article Number (Enter on front of mailpiece)
7021 0350 0001 3337 6991
(over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) M 11-1 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®

Collect on Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

M 11-1

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

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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 Patricia Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

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

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

8289 2EEF T000 05E0 T202

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:
Valko, LLC
PO Box 1090
Roswell, New Mexico 88202-1090
Attn: Land Department

2. Article # 7021 0350 0001 3337 6854 (over \$500)

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

4. Article Addressed to:
Patricia Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

5. Article # 7021 0350 0001 3337 6878 (over \$500)

PS Form 3811, July 2015 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 Patricia Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

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

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

8289 2EEF T000 05E0 T202

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:
Valko, LLC
PO Box 1090
Roswell, New Mexico 88202-1090
Attn: Land Department

2. Article # 7021 0350 0001 3337 6878 (over \$500)

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

4. Article Addressed to:
Patricia Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

5. Article # 7021 0350 0001 3337 6878 (over \$500)

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 \$

Postmark
Here

Total Postage and Fees

Sent To
Occidental Permian, LP
5 Greenway Plaza, Suite 110
Houston, Texas 77046
Street and Apt. No., or
City, State, ZIP+4®

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

7202 0350 0001 3337 7004

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:

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



9590 9402 6746 1074 2325 90

2. Article Number 7021 0350 0001 3337 7004

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

M 11-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) C. Date of Delivery 12/30/2021
- D. Is delivery address different from item 1? Yes No

1. Article Addressed to:

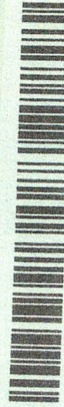
- 3. Service Type
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Certified Mail®
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:

Occidental Permian, LP
5 Greenway Plaza, Suite 110
Houston, Texas 77046



9590 9402 6746 1074 2326 06

2. Article Number 7021 0350 0001 3337 7011

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

Domestic Return Receipt

M 11-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) C. Date of Delivery 12/24/21
- 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
 - Insured Mail Restricted Delivery

7202 0350 0001 3337 7004

7021 0350 0001 3337 6922

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OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
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	
Street and Apt. No., or PO	Christopher R Fletcher 2511 Westbrook Drive Fort Wayne, Indiana 46805
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:

Collelan Corporation
 PO Box 25663
 Albuquerque, New Mexico 87125
 Attn: Land Department

2. Article 702J 0350 0001 3337 6847

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

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

5. Signature
 Agent
 Addressee

6. Received by (Printed Name) _____
 C. Date of Delivery _____

7. Domestic Return Receipt M 11-1

PS Form 3811, July 2015 PSN 7530-02-000-9053

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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 Collelan Corporation
 PO Box 25663
 Albuquerque, New Mexico 87125
 Attn: Land Department

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

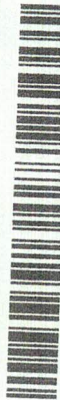
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Amanda L. Fletcher-Furbec
443 McAldoo Avenue
Greensboro, North Carolina 27406



9590 9402 6746 1074 2343 96

2. Art

7021 0350 0001 3337 6861

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®
 Collect on Delivery / Restricted Delivery
 Restricted Delivery

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

M 11-1 Domestic Return Receipt

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 Fee \$

Sent To
 Amanda L. Fletcher-Furbec
 443 McAldoo Avenue
 Greensboro, North Carolina 27406

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

City, State, ZIP+4® _____

Postmark Here

7021 0350 0001 3337 6861

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
 Attn: Land Department



9590 9402 6505 0346 1777 25

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6892

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

Domestic Return Receipt

M 11-1

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

James H Yates, Inc
 PO Box 189
 Roswell, New Mexico 88202-0189
 Attn: Land Department

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

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. A 7021 0350 0001 3337 6885
 PS Form 3811, July 2015 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
 Collect on Delivery Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

M 11-1

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

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

OFFICIAL USE

Certified Mail Fee

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

Postage

Total Postage and Fees

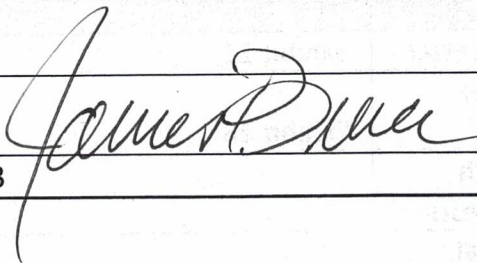
Sent To HEYCO Employees Ltd
 PO Box 1933
 Street and Apt. No., 1 Roswell, New Mexico 88202-1933
 City, State, ZIP+4®

Postmark Here

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 NMPM (Eddy County), and N/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 REVISED 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	Bone Spring
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

CASE NO. 23423 & 23424

STATUS OF CERTIFIED NOTICE

<u>INTEREST OWNER</u>	<u>MAILING DATE</u>	<u>RECEIPT DATE</u>	<u>CARD RETURNED</u>
MRC Delaware Resources, LLC MRC Spiral Resources, LLC MRC Explorers Resources, LLC	12/16/21	12/27/21	YES
Colkelan Corporation	“	UNDELIVERED	NO
Valko, LLC	“	12/29/21	YES
Amanda L Fletcher-Furbee	“	UNDELIVERED	NO
Laurelind Corporation	“	UNDELIVERED	NO
Extex Operating Company	“	12/29/21	YES
Vivian Ann Brunson	“	12/27/21	YES
Devon Energy Production Company, L.P.	“	12/28/21	YES
Charlesworth Enterprises	“	12/27/21	YES
The Tommye G. Ewing Limited Partnership	“	12/27/21	YES
Yates Energy Corporation	“	12/28/21	YES
Marathon Oil Permian LLC	“	12/30/21	YES
Occidental Permian, LP	“	12/24/21	YES
Patricia Ann Brunson	“	12/27/21	YES
HEYCO Employees Ltd.	“	UNDELIVERED	NO
James H. Yates, Inc.	“	UNDELIVERED	NO
Chevron U.S.A., Inc.	“	12/30/21	YES

8
EXHIBIT

Patti Jeanine Fletcher
Letcher

“

UNDELIVERED

NO

Christopher R. Fletcher

“

UNDELIVERED

NO

District I
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number	2 Pool Code 58040	3 Pool Name TAMANO; BONE SPRING
4 Property Code	5 Property Name IRON ISLANDS 11/7 B2BC FED COM	6 Well Number 1H
7 GRID NO 19744	8 Operator Name MEWBOURNE OIL COMPANY	9 Elevation 3754'

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
C	11	18S	31E		1050	NORTH	2010	WEST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	7	18S	32E		660	NORTH	2574	WEST	LEA

12 Dedicated Acres 320	13 Joint or Infill	14 Consolidation Code	15 Order No.
----------------------------------	--------------------	-----------------------	--------------

No allowable will be assigned to this completion until all interest have been

EXHIBIT 9

the division.

16

CORNER DATA
NAD 83 GRID - NM EAST

A: CALCULATED CORNER
N: 638662.9 - E: 690302.5

B: FOUND BRASS CAP "1916"
N: 641301.7 - E: 690286.0

C: FOUND BRASS CAP "1916"
N: 643944.5 - E: 690271.1

D: FOUND BRASS CAP "1916"
N: 643964.0 - E: 692910.9

E: FOUND BRASS CAP "1916"
N: 643983.4 - E: 695551.7

F: FOUND BRASS CAP "1916"
N: 644003.4 - E: 698192.6

G: FOUND BRASS CAP "1913"
N: 644024.0 - E: 700832.1

H: FOUND BRASS CAP "1913"
N: 644031.5 - E: 703505.2

I: FOUND BRASS CAP "1913"
N: 644040.6 - E: 706142.9

J: FOUND BRASS CAP "1913"
N: 641403.8 - E: 706159.1

K: FOUND BRASS CAP "1913"
N: 638764.6 - E: 706174.7

L: FOUND BRASS CAP "1913"
N: 638756.6 - E: 703534.5

M: FOUND BRASS CAP "1913"
N: 638751.3 - E: 700865.5

N: FOUND BRASS CAP "1916"
N: 638700.6 - E: 695582.7

O: FOUND BRASS CAP "1916"
N: 638685.1 - E: 692942.2

P: FOUND BRASS CAP "1916"
N: 641340.7 - E: 695568.1

Q: FOUND BRASS CAP "1913"
N: 641385.1 - E: 700847.0

DECLARATION
I, the undersigned, being a duly qualified and licensed Professional Surveyor in the State of New Mexico, do hereby certify that the foregoing is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____

Printed Name _____

E-mail Address _____

18 SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

12-09-2020
Date of Survey

Signature and Seal of Professional Surveyor

19680
Certificate Number

Job No.: LS2012077B