

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:

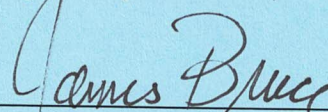
Exhibit 4-A, which contains all green cards and returned mail which have been received.

Exhibit 6, the revised pooling checklist.

Exhibit 7, the certified mailing spreadsheet.

Exhibit 8, 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



7021 0950 0002 0365 4961

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3, 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:

Patricia Ann Brunson  
4205 Lanford Avenue  
Springdale, AR 72762



2. Article Number / Tracking Number: 7021 0950 0002 0365 4961

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *Patricia Ann Brunson*  Agent

B. Received by (Printed Name)  Addresssee  
*Patricia Ann Brunson*  Date of Delivery *5/2/21*

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  
 Certified Mail Restricted Delivery (over \$500)

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

Insured Mail Restricted Delivery (over \$500)

*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)

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 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

EXHIBIT  
*4-A*  
*22426*

9590 9402 6746 1074 2438 24

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

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

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3, 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. Article Number / Tracking Number: 7021 0350 0001 3337 7059

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *[Signature]*  Agent

B. Received by (Printed Name)  Addresssee  
*[Signature]*  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

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

Insured Mail Restricted Delivery (over \$500)

*11-2* Domestic Return Receipt





7021 0350 0001 3337 7035

**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**

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® \_\_\_\_\_

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

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:

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

2. Article Number: 7021 0350 0001 3337 7035 (over \$500)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent

B. Received by (Printed Name) \_\_\_\_\_  Addressee

C. Date of Delivery 12/12/2021

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

3. Service Type

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

11-2 Restricted Delivery

Domestic Return Receipt

7021 0350 0001 3337 7028

**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**

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® \_\_\_\_\_

Peer Resources  
 PO Box 11044  
 Midland, Texas 79702

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: 7021 0350 0001 3337 7028

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent

B. Received by (Printed Name) *Wassana Samu*  Addressee

C. Date of Delivery 1-6-22

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

3. Service Type

Certified Mail®

Certified Mail Restricted Delivery

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

11-2 Restricted Delivery

Domestic Return Receipt



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.

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



2. Article Number (Transfer from www.usps.com)  
 7020 2450 0002 1364 0701  
 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. 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
  - Collect on Mailpiece
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

11-2  
 Insured Mail Restricted Delivery (over \$500)  
 Domestic Return Receipt

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

OFFICIAL USE

7021 0950 0002 0365 4947

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

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 P.O. Box No. 5210 E Palo Verde Place  
 Paradise Valley, Arizona 85252

City, State, ZIP+4® Paradise Valley, AZ 85252

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.

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



2. Article Number (Transfer from www.usps.com)  
 7021 0950 0002 0365 4947  
 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. Date of Delivery 12-26
- 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
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery

11-2  
 Insured Mail Restricted Delivery (over \$500)  
 Domestic Return Receipt

7020 2450 0002 1364 0701

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

OFFICIAL USE

- 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 \$

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

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



**SENDER: COMPLETE THIS SECTION**

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

2. Article: 7021 0950 0002 0365 4916

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

Domestic Return Receipt

11-2

Cherom USA, Inc  
1400 Smith Street  
Houston, Texas 77002

9590 9402 6746 1074 2437 63

3. Service Type

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted 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): [Name]  
C. Date of Delivery: 12-30-21  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

7021 0950 0002 0365 4916

**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 \$

Postmark Here

Total Postage and Fees \$

Sent To: Cherom 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

7021 0950 0002 0365 4909

**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 \$

Postmark Here

Total Postage and Fees \$

Sent To: Frost Bank trustee of the Josephine T. Hudson Testamentary Trust w/d/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

**SENDER: COMPLETE THIS SECTION**

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

2. Article: 7021 0950 0002 0365 4909

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

Domestic Return Receipt

11-2

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

9590 9402 6746 1074 2437 70

3. Service Type

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted 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): [Name]  
C. Date of Delivery: 12.27.21  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:



7021 0950 0002 0365 4893

**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 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., or PO Box No. Dallas, Texas 75283-0308

City, State, Zip+4®

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

7021 0350 0001 3337 7042

**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 Yates Energy Corporation  
 PO Box 2323  
 Roswell, New Mexico 88202

Street and Apt. No., or PO Box No. Roswell, New Mexico 88202

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:

2. Article

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent

B. Received by (Printed Name)  Addressee

C. Date of Delivery 12/28/21

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

7021 0950 0002 0365 4893

**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 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., or PO Box No. Dallas, Texas 75283-0308

City, State, Zip+4®

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

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

2. Article

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

**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

11-2 Restricted Delivery Domestic Return Receipt

DEC 27 2021

7021 0350 0001 3337 7042

**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 Yates Energy Corporation  
 PO Box 2323  
 Roswell, New Mexico 88202

Street and Apt. No., or PO Box No. Roswell, New Mexico 88202

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:

2. Article

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent

B. Received by (Printed Name)  Addressee

C. Date of Delivery 12/28/21

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.

1. Article Addressed to:

Mystique Management Corporation  
6528 E 101<sup>st</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

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Richard*  Agent

B. Received by (Printed Name):  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	

ed Delivery

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)

<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	\$ _____

Postmark Here

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

Sent To: Mystique Management Corporation  
6528 E 101<sup>st</sup> Street, Suite D1 #425  
Tulsa, Oklahoma

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

**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)

<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	\$ _____

Postmark Here

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

Sent To: Charlesworth Enterprises  
PO Box 1  
Amarillo, Texas 79105

Street and Apt. 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:

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

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Charlesworth*  Agent

B. Received by (Printed Name): *Charlesworth*  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	

ed Delivery

Domestic Return Receipt



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.

Vivian Ann Brunson  
4205 Lankford Avenue  
Springdale, AR 72762

9590 9402 6746 1074 2437 94



COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  
 *Vivian Brunson* Addressee
- B. Received by (Printed Name)  C. Date of Delivery  
 VIVIAN ANN BRUNSON 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
  - 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

2. A 7021 0950 0002 0365 4886

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

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  
Vivian Ann Brunson  
4205 Lankford Avenue  
Springdale, AR 72762

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

Postmark Here

7021 0950 0002 0365 4886



**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:

Colklean 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
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
- restricted Delivery
- 1-2 Domestic Return Receipt (over \$500)

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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**

Colklean Corporation  
 PO Box 25663  
 Albuquerque, New Mexico 87125  
 City, State, ZIP+4®

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:

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

2. Article No. 7021 0950 0002 0365 4954

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  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

<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"/> Insured Mail Restricted Delivery (over \$500)	

11-2 Domestic Return Receipt

7021 0950 0002 0365 4954

**U.S. Postal Service™**  
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**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	\$ _____

Postmark Here

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

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

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

City, State, ZIP+4® \_\_\_\_\_

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

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:

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

**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  
 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

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

(Over 300g)

1-2 Restricted Delivery Domestic Return Receipt



7021 0950 0002 0365 4930

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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 HEVCO Employees Ltd  
 PO Box 1933

Street and Apt. No., or P.O. # Roswell, New Mexico 88202-1933  
 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:

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



9590 9402 6746 1074 2437 56

2. Article Number: 7021 0950 0002 0365 4923

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

(over \$500)

1-2 Delivery Domestic Return Receipt

**U.S. Postal Service™**  
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 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

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

City, State, ZIP+4®

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

7021 0950 0002 0365 4923



COMPULSORY POOLING APPLICATION CHECKLIST	
<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>	
<b>Applicant</b>	Mewbourne Oil Company
<b>Designated Operator &amp; OGRID (affiliation if applicable)</b>	Mewbourne Oil Company/Ogrid No. 14744 (same as applicant)
<b>Applicant's Counsel:</b>	James Bruce, Attorney at Law
<b>Case Title:</b>	Application of Mewbourne Oil Company for Compulsory Pooling, Eddy and Lea Counties, New Mexico
<b>Entries of Appearance/Intervenor:</b>	N/A
<b>Well Family</b>	Iron Island Bone Spring wells
<b>Formation/Pool</b>	
<b>Formation Name(s) or Vertical Extent:</b>	Bone Spring formation
<b>Primary Product (Oil or Gas):</b>	Oil
<b>Pooling this vertical extent:</b>	Entire Bone Spring formation
<b>Pool Name and Pool Code:</b>	Tamano; Bone Spring (Pool Code 58040)
<b>Well Location Setback Rules:</b>	Statewide Rules
<b>Spacing Unit</b>	
<b>Type (Horizontal/Vertical)</b>	Horizontal
<b>Size (Acres)</b>	400 acres
<b>Building Blocks:</b>	40 acres
<b>Orientation:</b>	West-East
<b>Description: TRS/County</b>	S/2SE/4 §11 and S/2S/2 §12 18S-31E NMPM (Eddy County), and S/2S/2 §7 18S-32E NMPM (Lea County)
<b>Standard Horizontal Well Spacing Unit (Y/N), if No, describe and is approval of non-standard unit requested in this application?</b>	Yes
<b>Other Situations</b>	
<b>Depth Severance: Y/N, if yes, description</b>	No
<b>Proximity Tracts: If yes, description</b>	No
<b>Proximity Defining Well: if yes,</b>	No

REVISSED  
6  
EXHIBIT

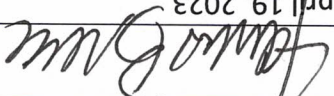


description	
Applicant's Ownership in Each Tract	Exhibit 2B
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Iron Islands 11/7 B2OP Federal Com. Well No. 1H API No. 30-015-Pending SHL: 820 FSL & 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
AFE Capex and Operating Costs	\$8000
Drilling Supervision/Month \$	\$800
Production Supervision/Month \$	Exhibit 2
Justification for Supervision Costs	200%
Requested Risk Charge	Proposed Notice of Hearing
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
	<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	Bone Spring
	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
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



**STATUS OF CERTIFIED NOTICE**

CASE NO. 23426

INTEREST OWNER	MAILING DATE	RECEIPT DATE	CARD RETURNED
MRC Delaware Resources, LLC	12/16/21	12/27/21	YES
MRC Spiral Resources, LLC			
MRC Explorers Resources, LLC			
Colkelan Corporation			NO
Frost Bank as Trustee of the Josephine T. Hudson Testamentary Trust		12/27/21	YES
Bank of America, N.A. as Trustee of the Delmar H. Lewis Living Trust		12/27/21	YES
Vivian Ann Brinson		12/27/21	YES
Mystique Management Corporation		UNKNOWN	YES
Charlesworth Enterprises		12/29/21	YES
The Tommy G. Ewing Limited Partnership		12/28/21	YES
Yates Energy Corporation		12/26/21	YES
Marathon Oil Permian LLC		12/22/21	YES
Pear Resources		1/6/22	YES
Patricia Ann Brunson		12/27/21	YES
Francis H. Hudson, Trustee of Lindy's Living Trust		UNDELIVERED	NO
J.R. Norton Co.		12/28/21	YES

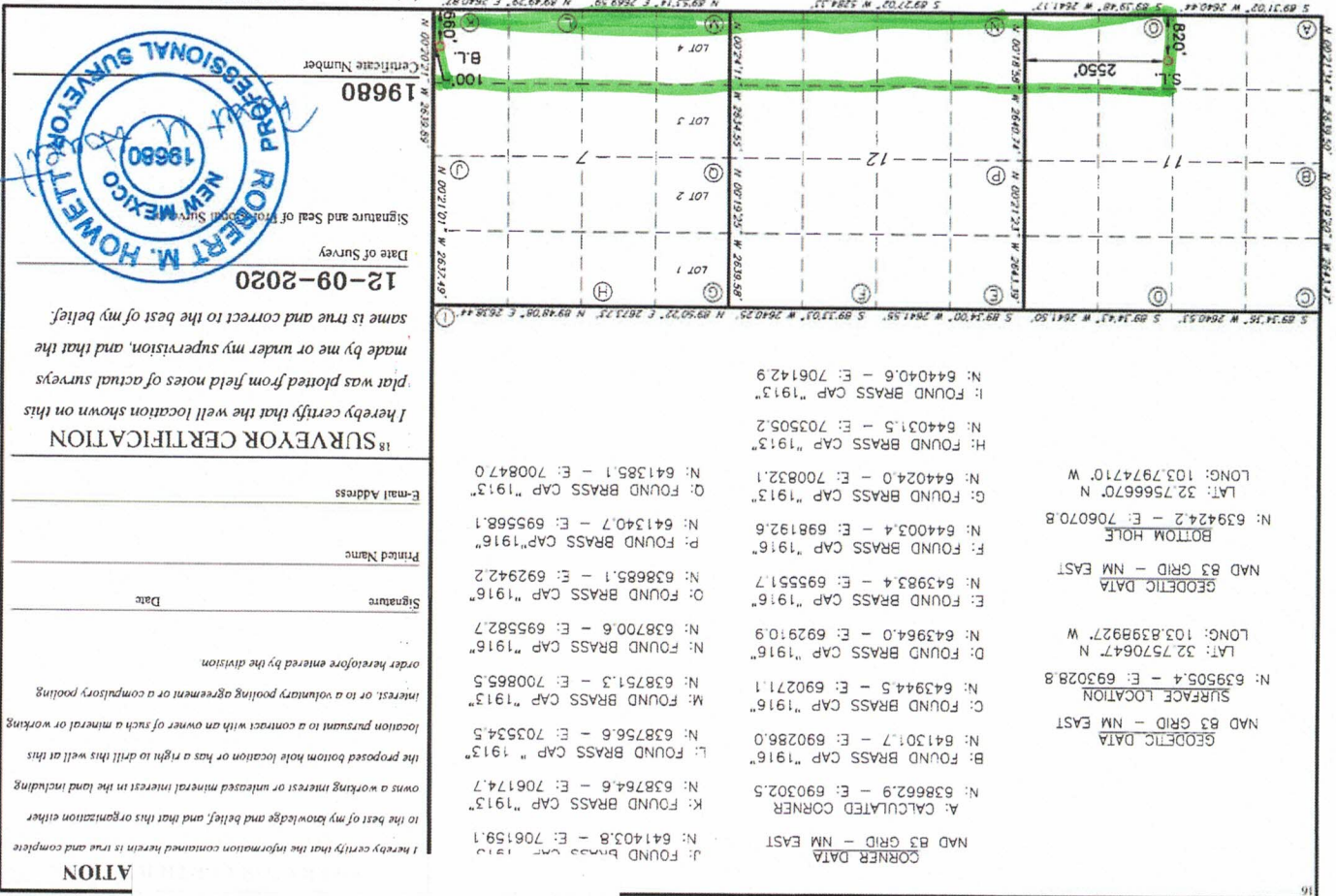
EXHIBIT





NO	UNDELIVERED	12/30/21	YES
NO	UNDELIVERED		
NO	UNDELIVERED		





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

EXHIBIT 8

1 APN Number		2 Pool Name		3 Property Name		4 Operator Name		5 Elevation	
58040		Tamaro! Bone Springs		IRON ISLANDS 11/7 B2OP FED COM		MEWBOURNE OIL COMPANY		3736'	
14794		6 Well Number		7 Property Code		8 Operator Name		9 Elevation	
1H		1H		1H		1H		1H	

WELL LOCATION AND ACREAGE DEDICATION PLAT

AMENDED REPORT

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

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

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