

CASE NO. 24189

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

EXHIBIT LIST (3rd Revised – Final)

PART II

4. Affidavit of Mailing
 - 4-A: Notice Letter
 - 4-B: Certified Notice Spreadsheet
5. Affidavit of Publication
6. Application and Proposed Notice

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)

jamesbruc@aol.com

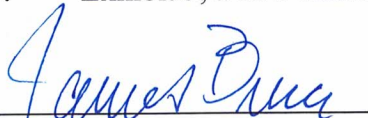
June 6, 2024

NOTICE OF FILING A REVISED EXHIBIT PACKAGE

Case No. 24189

This revised exhibit package is filed to include:

- A. Exhibit 1, the pooling checklist, using the Division's new form;
- B. Revised Exhibit 2, the landman's affidavit, regarding the complicated title;
- C. Revised Exhibit 2-A, containing (i) a revised C-102 containing the correct pool name and pool code, (ii) a revised and updated ownership list of all owners in Sections 8 and 9, and (iii) a listing of all parties being pooled.
- D. Revised Exhibit 2-B containing sample proposal letters sent in January 2023 and December 2023.
- E. Revised Exhibits 4 and 4-A containing a notice letter recently mailed, and a revised and updated Exhibit 4-B, the certified notice spreadsheet.
- F. Exhibit 5, a new affidavit of publication.



James Bruce
Attorney for Mewbourne Oil Company

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

APPLICATIONS OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.

Case Nos. 24189-24190

SELF-AFFIRMED STATEMENT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit 4-A.
5. Applicant has complied with the notice provisions of Division Rules.

I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 6/5/24

James Bruce
James Bruce

EXHIBIT 4

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

EXHIBIT 4-A

May 22, 2024

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of two applications, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, requesting the following relief:

Case No. 24189: 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/2N/2 of Section 9 and the S/2N/2 Section 8, Township 22 South, Range 27 East, NMPM. Applicant proposes to drill the Sandlot 9/8 Fee Well No. 554H, with a first take point in the SE/4NE/4 of Section 9 and a last take point in the SW/4NW/4 of Section 8.

Case No. 24190: Mewbourne Oil Company seeks an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2S/2 of Section 9 and the N/2S/2 Section 8, Township 22 South, Range 27 East, NMPM. Applicant proposes to drill the Sandlot 9/8 Fee Well No. 525H, with a first take point in the NE/4SE/4 of Section 9 and a last take point in the NW/4SW/4 of Section 8.

Also to be considered will be the cost of drilling, completing, testing, 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, testing, and equipping the well.

These matters are scheduled for hearing at 8:30 a.m. on Thursday, June 13, 2024. The hearing may be attended (a) in person in Pecos Hall of the Wendell Chino Building, 1st Floor, 1220 South St. Francis Drive, Santa Fe New Mexico 87505, or (b) via the WebEx virtual meeting platform. To view the hearing docket and to determine how to participate in an electronic

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hearing, go to <https://www.emnrd.nm.gov/ocd/hearing-info/>, or contact Freya Tschantz at freya.Tschantz@emnrd.nm.gov. You are not required to attend this hearing, but as an owner of an interest who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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, 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 undersigned.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

5

TRACT OWNERSHIP
SANDLOT 9/8 FEE #525H
SANDLOT 9/8 FEE #554H
S/2N/2 & N/2S/2 of Sections 9 & 8, T22S, R27E
EDDY COUNTY, NM

S/2N/2 & N/2S/2 of Sections 9 & 8, T22S, R27E:

Bone Spring formation:

% Leasehold Interest

OXY USA WTP LP 5 Greenway Plaza, Suite 110 Houston, Texas 77046	21.102520%
Featherstone Development Corporation PO Box 429 Roswell, New Mexico 88202	2.343750%
Red River Energy Partners, LLC P.O. Box 2455 Midland, Texas 79702	0.520833%
T.J. & Mary Sivley Trust Bank of America, N.A., Trustee P.O. Box 840738 Dallas, Texas 75284-0783	0.333088%
David Sorenson P.O. Box 1453 Roswell, New Mexico 88202	0.250063%
Red Bird Ventures, Inc. 15814 Champion Forest Drive, PMB 250 Spring, Texas 77379	0.246731%
Pozo Rico Partners, LTD PO Box 2258 Cleburne, Texas 76033	0.194589%

EXHIBIT **A**

b

Williamson Enterprises P.O. Box 32570 Santa Fe, New Mexico 87504	0.150038%
Osprey Oil & Gas IV, LLC 707 N. Carrizo St. Midland, Texas 79701	0.118142%
Cody Energy, Inc. P.O. Box 3010 Cody, Wyoming 82414	0.098779%
Tex-Ok Energy, Limited Partnership P.O. Box 3010 Cody, Wyoming 82414	0.098779%
Lanita C. Williamson Family Living Trust Mary Carol Green, Trustee 5910 N. Central Expressway, Suite 1662 Dallas, Texas 75206	0.066686%
Ella G. Loving, deceased (Unleased)	0.055469%
Sheldon K. Beren, deceased 1635 Tennyson St Denver, Colorado 80204	0.054302%
Ruth D. Roberts, deceased P.O. Box 6368 Austin, Texas 75701	0.046419%
Tumbler Operating Partners, LLC 1150 N. Kimball Avenue, Suite 100 Southlake, Texas 76092	0.046419%
Wesley Keith Roberts 418 Forest Hills Drive League City, Texas 77573-5760	0.046419%

David S. Gottesman, deceased 18 Indian Rock Rd. Nashua, NH 03063	0.043441%
Frits Markus, deceased 437 Madison Ave. APT 30 New York, New York 10022	0.043441%
Robert M. Beren, SSP, deceased 2020 North Bramblewood Wichita, Kansas 67206	0.027151%
Joan S. Beren, SSP, deceased 573 N. Armour St. Wichita, Kansas 67206	0.027151%
Jay R. Nunnally 3553 Green Meadows Dr. Glen Rose, Texas 76043	0.016669%

Total interest being pooled: 26.326536%

9589 0710 5270 0497 0419 34

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 Featherstone Development Corporation
PO Box 429
Roswell, New Mexico 88202

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

City, State, ZIP+4® _____

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Jared M Forish 5/29/2024

C. Date of Delivery

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

2455

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)

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

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.

Red River Energy Partners, LLC
P.O. Box 2455
Midland, Texas 79702

9590 9402 8420 3156 1721 06

2. A. 9589 0710 5270 0497 0419 34

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 Red River Energy Partners, LLC
P.O. Box 2455
Midland, Texas 79702

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

City, State, ZIP+4® _____

PS Form 3800, January 2023 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.

Featherstone Development Corporation
PO Box 429
Roswell, New Mexico 88202

9590 9402 8420 3156 1720 83

2. Article Number/Transaction ID

9589 0710 5270 0497 0419 34

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Jannerk Sunday

C. Date of Delivery 6/6/2024

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 Restricted Delivery

Delivery Restricted Delivery (over \$500)

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:

David Sorenson
 P.O. Box 1453
 Roswell, New Mexico 88202

9590 9402 8420 3156 1721 20

2. Article Number *(Transfer from)* 7020 0090 0000 0864 7357

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *David Sorenson* Agent Addressee

B. Received by (Printed Name) *SOHNELL, NM 88202* C. Date of Delivery *MAY 29 2024*

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

3. Service Type *USPS*

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

Insured Mail Restricted Delivery (over \$500)

522 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 David Sorenson
 P.O. Box 1453
 Street and Apt. No., or PO Roswell, New Mexico 88202
 City, State, Zip+4®

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

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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 _____

Joan S. Beren, SSP, deceased
573 N. Armour St.
Wichita, Kansas 67206

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

0052 4980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

Jay R. Nunnally
3553 Green Meadows Dr.
Glen Rose, Texas 76043

Agent
 Addressee

A. Signature Jay Nunnally

B. Received by (Printed Name) Jay Nunnally

C. Date of Delivery 5-29-24

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™

Signature Confirmation™ Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Registered Mail Restricted Delivery

9590 9402 8411 3156 6442 09

7020 0090 0000 0864 5414

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

Released by Imaging: 6/6/2024 4:36:42 PM

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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 _____

Joan S. Beren, SSP, deceased
573 N. Armour St.
Wichita, Kansas 67206

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

4745 4980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

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

Jay R. Nunnally
3553 Green Meadows Dr.
Glen Rose, Texas 76043

Agent
 Addressee

A. Signature _____

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation™ Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

9590 9402 8411 3156 6441 93

7020 0090 0000 0864 7500

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

SL2

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Pozo Rico Partners, LTD
PO Box 2258
Street and Apt. No., or Cleburne, Texas 76033
City, State, Zip+4® _____

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

7020 0090 0000 0864 7371

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:

Sheldon K. Beren, deceased
1635 Temnyson St
Denver, Colorado 80204

9590 9402 8411 3156 6441 24

2. Article Addressed to:

7020 0090 0000 0864 7432

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **RIMMON** C. Date of Delivery **5/28**

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
 Collect on Delivery Restricted Delivery

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:

Pozo Rico Partners, LTD
PO Box 2258
Cleburne, Texas 76033

9590 9402 8420 3156 1721 44

2. Article Number (from item 1) (over \$500)

7020 0090 0000 0864 7371

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

7020 0090 0000 0864 7371

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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 _____

Sheldon K. Beren, deceased
1635 Temnyson St
Denver, Colorado 80204
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:

Pozo Rico Partners, LTD
PO Box 2258
Cleburne, Texas 76033

9590 9402 8420 3156 1721 44

2. Article Number (from item 1) (over \$500)

7020 0090 0000 0864 7371

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **Barney** 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®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

Domestic Return Receipt **SL2**

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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 Cody Energy, Inc.
P.O. Box 3010
Street and Apt. No., or PO Cody, Wyoming 82414
City, State, ZIP+4® _____

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

1042 4980 0000 0600 0202

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 5/28/24

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

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

Domestic Return Receipt

562

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.

9590 9402 8420 3156 1720 76

9589 0710 5270 0497 0419 27

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 5/30/24

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

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

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.

9590 9402 8411 3156 6440 94

7020 0090 0000 0864 7401

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 OXY USA WTP LP
5 Greenway Plaza, Suite 110
Street and Apt. No., or PO Houston, Texas 77046
City, State, ZIP+4® _____

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

22 6140 2640 0200 0120 6896

3

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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 Robert M. Beren, SSP, deceased
2020 North Bramblewood
Street and Apt. No., or P.O. Box
Wichita, Kansas 67206

City, State, ZIP+4® _____

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

6672 4990 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

Text-OK Energy, Limited Partnership
P.O. Box 3010
Cody, Wyoming 82414

9590 9402 8411 3156 6441 00

Article Number (Transfer from service label)

7020 0090 0000 0864 7418

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Robert M. Beren Agent Addressee

B. Received by (Printed Name) Robert M. Beren C. Date of Delivery 5/30/24

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Robert M. Beren, SSP, deceased
2020 North Bramblewood
Street and Apt. No., or P.O. Box
Wichita, Kansas 67206

City, State, ZIP+4® _____

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

6672 4990 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:

Robert M. Beren, SSP, deceased
2020 North Bramblewood
Wichita, Kansas 67206

9590 9402 8411 3156 6441 86

Article Number (Transfer from service label)

7020 0090 0000 0864 7494

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Robert M. Beren Agent Addressee

B. Received by (Printed Name) Robert M. Beren C. Date of Delivery 5/30/24

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

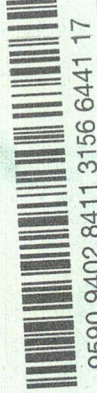
14

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:

Lanita C. Williamson Family Living Trust
Mary Carol Green, Trustee
5910 N. Central Expressway, Suite 1662
Dallas, Texas 75206



9590 9402 8411 3156 6441 17

2. A 7020 0090 0000 0864 7425

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee *AMCUGR BHTS*

B. Received by (Printed Name) *5-29-24*

C. Date of Delivery Yes No

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

3. Service Type

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

Domestic Return Receipt *522*

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 Lanita C. Williamson Family Living Trust
Mary Carol Green, Trustee
5910 N. Central Expressway, Suite 1662
Street and Apt. No. Dallas, Texas 75206

City, State, ZIP+4®

PS Form 3800, April 2016 PSN 7530-02-000-9047 See Reverse for Instructions

9252 4990 0000 0600 0202

5

9589 0710 5270 0497 0419 65

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

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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 \$	Postmark Here
Total Postage and Fees \$	
Sent To T.J. & Mary Sivley Trust Bank of America, N.A., Trustee P.O. Box 840738 Dallas, Texas 75284-0783	
Street and Apt. No., or P.O. Box City, State, ZIP+4®	

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

7020 0090 0000 0864 7364

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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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 \$	Postmark Here
Total Postage and Fees \$	
Sent To Red Bird Ventures, Inc. 15814 Champion Forest Drive, PMB 250 Spring, Texas 77379	
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

7020 0090 0000 0864 7388

U.S. Postal Service™
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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 \$	Postmark Here
Total Postage and Fees \$	
Sent To Williamson Enterprises P.O. Box 32570 Santa Fe, New Mexico 87504	
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

7020 0090 0000 0864 7395

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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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 \$	Postmark Here
Total Postage and Fees \$	
Sent To Osprey Oil & Gas IV, LLC 707 N. Carrizo St. Midland, Texas 79701	
Street and Apt. No., or PO Box City, State, ZIP+4®	

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

7020 0090 0000 0864 7449

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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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 \$	Postmark Here
Total Postage and Fees \$	
Sent To Ruth D. Roberts, deceased P.O. Box 6368 Austin, Texas 75701	
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

7020 0090 0000 0864 7456

U.S. Postal Service™
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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 \$	Postmark Here
Total Postage and Fees \$	
Sent To Tumbler Operating Partners, LLC 1150 N. Kimball Avenue, Suite 100 Southlake, Texas 76092	
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

7020 0090 0000 0864 7463

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

Postage	\$
Total Postage and Fees	\$

Sent To	Wesley Keith Roberts
Street and Apt. No., or P.O. Box	418 Forest Hills Drive
	League City, Texas 77573-5760
City, State, ZIP+4®	

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

7020 0090 0000 0864 7470

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)	
<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

Postage	\$
Total Postage and Fees	\$

Sent To	David S. Gottesman, deceased
Street and Apt. No., or P.O. Box	18 Indian Rock Rd.
	Nashua, NH 03063
City, State, ZIP+4®	

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

7020 0090 0000 0864 7487

U.S. Postal Service™
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Domestic Mail Only

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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

Postage	\$
Total Postage and Fees	\$

Sent To	Frits Markus, deceased
Street and Apt. No., or P.O. Box	437 Madison Ave. APT 30
	New York, New York 10022
City, State, ZIP+4®	

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

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CASE NOS. 24189 & 24190

STATUS OF CERTIFIED NOTICE

<u>INTEREST OWNER</u>	<u>MAILING DATE</u>	<u>RECEIPT DATE</u>	<u>CARD RETURNED</u>
David J. Sorenson	May 22, 2024	May 29, 2024	Yes
Featherstone Development Corporation	May 22, 2024	May 28, 2024	Yes.
Red River Energy Partners, David J. Sorenson LLC	May 22, 2024 May 22, 2024	May 29, 2024	Yes
Mary Carol Green, Trustee of the Lanita C. Williamson Family Living Trust	May 22, 2024	May 29, 2024	Yes
OXY USA WTP LP	May 22, 2024	May 28, 2024	Yes
Pozo Rico Partners, Ltd.	May 22, 2024	Unknown	Yes
Red Bird Ventures, Inc.	May 22, 2024		
Ruth D. Roberts	May 22, 2024		
Bank of America, N.A., Trustee of the T.J. and Mary Sivley Trust	May 22, 2024		
Wesley Keith Roberts	May 22, 2024		
Williamson Enterprises	May 22, 2024		
Osprey Oil & Gas IV LLC	May 22, 2024		
Cody Energy, Inc.	May 22, 2024	May 30, 2024	Yes
Tex-Ok Energy Limited Partnership	May 22, 2024	May 30, 2024	Yes
Ella G. Loving	May 22, 2024		
Sheldon K. Beren	May 22, 2024	May 28, 2024	Yes

EXHIBIT

4-B

Tumbler Operating Partners, May 22, 2024
LLC

David S. Gottesman May 22, 2024

Frits Markus May 22, 2024

Robert M. Beren May 22, 2024 Unknown Yes

Joan S. Beren May 22, 2024 May 28, 2024 Yes

Jay R. Nunnally May 22, 2024 May 29, 2024 Yes



PO Box 631667 Cincinnati, OH 45263-1667

AFFIDAVIT OF PUBLICATION

Mr James Bruce
James Bruce Attorney At Law
Pobox 1056
Santa Fe NM 87504

STATE OF WISCONSIN, COUNTY OF BROWN

The Carlsbad Current Argus, a newspaper published in the city of Carlsbad, Eddy County, State of New Mexico, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

05/29/2024

and that the fees charged are legal.
Sworn to and subscribed before on 05/29/2024

NOTICE

To: David J. Sorenson, Featherstone Development Corporation, Red River Energy Partners, LLC, Mary Carol Green as Trustee of the Lanita C. Williamson Family Living Trust, OXY USA WTP LP, Pozo Rico Partners, Ltd., Red Bird Ventures, Inc., Ruth D. Roberts, Bank of America, N.A. as Trustee of the T.J. and Mary Sivley Trust, Wesley Keith Roberts, Williamson Enterprises, Osprey Oil & Gas IV, LLC, Cody Energy, Inc., Tex-Ok Energy Limited Partnership, Ella G. Loving, Sheldon K. Beren, Tumbler Operating Partners, LLC, David S. Gottesman, Frits Markus, Robert M. Beren, Joan S. Beren, and Jay R. Nunnally, or your heirs, devisees, successors, or assigns: Mewbourne Oil Company has filed two applications with the New Mexico Oil Conservation Division requesting the following relief:

Case No. 24189: 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/2N/2 of Section 9 and the S/2N/2 Section 8, Township 22 South, Range 27 East, NMPM. Applicant proposes to drill the Sandlot 9/8 Fee Well No. 554H, with a first take point in the SE/4NE/4 of Section 9 and a last take point in the SW/4NW/4 of Section 8; and

Case No. 24190: Mewbourne Oil Company seeks an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2S/2 of Section 9 and the N/2S/2 Section 8, Township 22 South, Range 27 East, NMPM. Applicant proposes to drill the Sandlot 9/8 Fee Well No. 525H, with a first take point in the NE/4SE/4 of Section 9 and a last take point in the NW/4SW/4 of Section 8.

Also to be considered will be the cost of drilling, completing, testing, 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, testing, and equipping the well.

These matters are scheduled for hearing at 8:30 a.m. on Thursday, June 13, 2024. The hearing may be attended (a) in person in Pecos Hall of the Wendell Chino Building, 1st Floor, 1220 South St. Francis Drive, Santa Fe New Mexico 87505, or (b) via the WebEx virtual meeting platform. To view the hearing docket and to determine how to participate in an electronic hearing, go to <https://www.emprd.nm.gov/ocd/hearing-info/> or contact Freya Tschantz at Freya.Tschantz@emprd.nm.gov. You are not required to attend this hearing, but as an owner of an interest who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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@emprd.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. The units are located approximately 4 miles northwest of Otis, New Mexico. #10216585;; Current Argus; May 29, 2024

D. Roberts
Legal Clerk

Kathleen Allen
Notary, State of WI, County of Brown

1-735

My commission expires

Publication Cost: \$205.80
Order No: 10216585 # of Copies: 1
Customer No: 1360617
PO #: 24189 & 24190

THIS IS NOT AN INVOICE!

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KATHLEEN ALLEN
Notary Public
State of Wisconsin

EXHIBIT 5



BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

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

Case No. 24189

APPLICATION

Mewbourne Oil Company applies for an order pooling all mineral interests in the Bone Spring formation in a horizontal spacing unit comprised of the S/2N/2 of Section 9 and the S/2N/2 Section 8, Township 22 South, Range 27 East, N.M.P.M., Eddy County, New Mexico, and in support thereof, states:

1. Applicant is an interest owner in the S/2N/2 of Section 9 and the S/2N/2 Section 8 (containing 320 acres), and has the right to drill a well thereon.
2. Applicant proposes to drill the Sandlot 9/8 Fee Well No. 554H, with a first take point in the SE/4NE/4 of Section 9 and a last take point in the SW/4NW/4 of Section 8, and dedicate the S/2N/2 of Section 9 and the S/2N/2 Section 8 to the well to form a 320 acre oil spacing and proration unit in the Bone Spring formation.
3. Applicant has in good faith sought to obtain the voluntary joinder of all other mineral interest owners in the S/2N/2 of Section 9 and the S/2N/2 Section 8 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 wells or to otherwise commit their interests to the wells, 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 6

Spring formation underlying the S/2N/2 of Section 9 and the S/2N/2 Section 8, pursuant to NMSA 1978 §70-2-17.

5. The pooling of all uncommitted mineral interest owners in the Bone Spring formation underlying the S/2N/2 of Section 9 and the S/2N/2 Section 8 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 (Cass Draw; Bone Spring/Pool Code 10380) underlying the S/2N/2 of Section 9 and the S/2N/2 Section 8;
- B. Designating applicant as operator of the well;
- C. Considering the cost of drilling, completing, testing, 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, testing, and equipping the well in the event a working interest owner elects not to participate in the wells.

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, 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/2N/2 of Section 9 and the S/2N/2 Section 8, Township 22 South, Range 27 East, NMPM. Applicant proposes to drill the Sandlot 9/8 Fee Well No. 554H, with a first take point in the SE/4NE/4 of Section 9 and a last take point in the SW/4NW/4 of Section 8, and dedicate the S/2N/2 of Section 9 and the S/2N/2 Section 8 to the well. Also to be considered will be the cost of drilling, completing, testing, 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, testing, and equipping the well. The unit is located approximately 4 miles northwest of Otis, New Mexico.