

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

**APPLICATION OF MEWBOURNE OIL  
COMPANY TO AMEND ORDER NO. R-21527,  
LEA COUNTY, NEW MEXICO**

**Case No. 21909  
Order No. R-21527**

**APPLICATION OF MEWBOURNE OIL  
COMPANY TO AMEND ORDER NO. R-21528,  
LEA COUNTY, NEW MEXICO**

**Case No. 21910  
Order No. R-21528**

**MEWBOURNE OIL COMPANY'S  
HEARING EXHIBITS**

Exhibit A	Self-Affirmed Statement of Mitch Robb
A-1	Applications & Proposed Notices of Hearing
A-2	Division Order No. R-21527
A-3	Division Order No. R-21528
A-4	Hearing Notice Letter and Return Receipts
A-5	Affidavit of Publication

**STATE OF NEW MEXICO  
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**APPLICATION OF MEWBOURNE OIL  
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**Case No. 21909  
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**APPLICATION OF MEWBOURNE OIL  
COMPANY TO AMEND ORDER NO. R-21528,  
LEA COUNTY, NEW MEXICO**

**Case No. 21910  
Order No. R-21528**

**SELF-AFFIRMED STATEMENT OF  
MITCH ROBB**

1. I am a landman for Mewbourne Oil Company ("Mewbourne"). I am over 18 years of age, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement. I have previously testified before the Division, and my qualifications as an expert in petroleum land matters were accepted.

2. I am familiar with the applications filed by Mewbourne in the above-referenced cases and the land matters involved. Copies of the above-referenced applications and proposed hearing notices are attached as **Exhibit A-1**.

3. With respect to Case No. 21909, the Division issued Order No. R-21527 in Case No. 21390, approving a 323.80-acre, more or less, standard horizontal spacing unit comprised of the N/2N/2 of Sections 3 and 4, Township 18 South, Range 32 East, in Lea County, New Mexico, and designated Mewbourne as the operator of the unit. The Order further pooled the uncommitted interests within the Bone Spring formation (Young Bone Spring North Pool (Code 65350)) underlying the unit and dedicated it to the Eastwatch 4/3 B2DA Fed Com #1H well. A copy of Order No. R-21527 is attached as **Exhibit A-2**.

**MEWBOURNE OIL CO.**

**Case Nos. 21909 & 21910**

**Exhibit A**

4. With respect to Case No. 21910, the Division issued Order No. R-21528 in Case No. 21391, approving a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2N/2 of Sections 3 and 4, Township 18 South, Range 32 East, in Lea County, New Mexico, and designated Mewbourne as the operator of the unit. The Order further pooled the uncommitted interests within the Bone Spring formation (Young Bone Spring North Pool (Code 65350)) underlying the unit and dedicated it to the Eastwatch 4/3 B2EH Fed Com #1H well. A copy of Order No. R-21528 is attached as **Exhibit A-3**.

5. Order Nos. R-21527 and R-21528 (“Orders”) were issued on November 13, 2020.

6. Paragraphs 19 and 20 of the Orders require Mewbourne to commence drilling the wells within one (1) year from the date the Orders were issued unless Mewbourne obtains a time extension from the Division Director for good cause shown.

7. Good cause exists to extend the time for Mewbourne to commence drilling the wells authorized in the Orders. Due to delays associated with federal permitting since the Orders were issued, Mewbourne revised its drilling schedule and intends to commence drilling operations for the proposed wells after the November 13, 2021 deadline.

8. Mewbourne requests that the Division extend the deadline for Mewbourne to commence drilling the wells authorized in the Orders from November 13, 2021 to November 13, 2022.

9. Mewbourne further requests that the other provisions of the Orders remain in force and effect.

10. Mewbourne is in good standing under the statewide rules and regulations.

11. In my opinion, the granting of Mewbourne’s application would best serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

12. Notice of Mewbourne's applications and the Division hearing were provided to all interested parties entitled to notice of these applications at least 20 days prior to the hearing date. The notice letters and associated receipts are attached as **Exhibit A-4**.

13. Notice of Mewbourne's applications and the Division hearing were published more than ten business days prior to the hearing date. The affidavits of publication are attached as **Exhibit A-5**.

14. The attachments to my self-affirmed statement were either prepared by me or under my supervision or were compiled from company business records.

15. I understand this Self-Affirmed Statement will be used as written testimony in these cases. I affirm that my testimony in paragraphs 1 through 14 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 identified next to my signature below.

  
\_\_\_\_\_  
Mitch Robb

05/27/2021  
Date



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

**APPLICATION OF MEWBOURNE OIL  
COMPANY TO AMEND ORDER NO. R-21527,  
LEA COUNTY, NEW MEXICO**

**Case No. 21909  
Order No. R-21527**

**APPLICATION**

Mewbourne Oil Company (“Mewbourne”) (OGRID No. 14744), by and through the undersigned counsel, files this application requesting that the Oil Conservation Division (“Division”) amend Order No. R-21527 to extend the deadline for Mewbourne to commence drilling the authorized well until November 13, 2022. In support of its application, Mewbourne states the following:

1. Division Order No. R-21527 (“Order”), entered on November 13, 2020 in Case No. 21390, approved a 323.80-acre, more or less, standard horizontal spacing unit comprised of the N/2N/2 of Sections 3 and 4, Township 18 South, Range 32 East, in Lea County, New Mexico (“Unit”) and designated Mewbourne as the operator of the Unit. The Order further pooled the uncommitted interests within the Bone Spring formation (Young Bone Spring North Pool (Code 65350)) underlying the Unit and dedicated the Unit to the Eastwatch 4/3 B2DA Fed Com #1H well (“Well”).

2. Paragraphs 19 and 20 of the Order require Mewbourne to commence drilling the well within one (1) year from the date the order was issued unless it obtains a time extension from the Division Director for good cause shown.

3. Due to delays associated with federal permitting since the Order was issued, Mewbourne revised its drilling schedule and intends to commence drilling operations for the Well

**MEWBOURNE OIL CO.**

**Case Nos. 21909 & 21910**

**Exhibit A-1**

after November 13, 2021. Accordingly, good cause exists to extend the deadline for Mewbourne to commence drilling the authorized well until November 13, 2022, which is one year from the deadline contained in the original order.

4. Mewbourne requests that the other provisions of the Order remain in force and effect.

WHEREFORE, Mewbourne requests this application be set for hearing on June 3, 2021, and, after notice and hearing, the Division amend Order No. R-21527 to extend the deadline for Mewbourne to commence drilling the Well until November 13, 2022.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

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*Counsel for Mewbourne Oil Company*

**Application of Mewbourne Oil Company to Amend Order No. R-21527, Lea County, New Mexico.** Applicant seeks an order amending Order No. R-21527, issued on November 13, 2020, to extend the deadline to commence drilling the authorized well until November 13, 2022. Order No. R-21527 approved a 323.80-acre, more or less, standard horizontal spacing unit comprised of the N/2N/2 of Sections 3 and 4, Township 18 South, Range 32 East, in Lea County, New Mexico (“Unit”) and designated Mewbourne as the operator of the Unit. The Order further pooled the uncommitted interests within the Bone Spring formation (Young Bone Spring North Pool (Code 65350)) underlying the Unit, dedicated the Unit to the Eastwatch 4/3 B2DA Fed Com #1H well, and required Mewbourne to commence drilling the well within one year from the date of the order. The well is located approximately 5.5 miles southwest of Maljamar, New Mexico.

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

**APPLICATION OF MEWBOURNE OIL  
COMPANY TO AMEND ORDER NO. R-21528,  
LEA COUNTY, NEW MEXICO**

**Case No. 21910  
Order No. R-21528**

**APPLICATION**

Mewbourne Oil Company (“Mewbourne”) (OGRID No. 14744), by and through the undersigned counsel, files this application requesting that the Oil Conservation Division (“Division”) amend Order No. R-21528 to extend the deadline for Mewbourne to commence drilling the authorized well until November 13, 2022. In support of its application, Mewbourne states the following:

1. Division Order No. R-21528 (“Order”), entered on November 13, 2020 in Case No. 21391, approved a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2N/2 of Sections 3 and 4, Township 18 South, Range 32 East, in Lea County, New Mexico (“Unit”) and designated Mewbourne as the operator of the Unit. The Order further pooled the uncommitted interests within the Bone Spring formation (Young Bone Spring North Pool (Code 65350)) underlying the Unit and dedicated the Unit to the Eastwatch 4/3 B2EH Fed Com #1H well (“Well”).

2. Paragraphs 19 and 20 of the Order require Mewbourne to commence drilling the well within one (1) year from the date the order was issued unless it obtains a time extension from the Division Director for good cause shown.

3. Due to delays associated with federal permitting since the Order was issued, Mewbourne revised its drilling schedule and intends to commence drilling operations for the Well

after November 13, 2021. Accordingly, good cause exists to extend the deadline for Mewbourne to commence drilling the authorized well until November 13, 2022, which is one year from the deadline contained in the original order.

4. Mewbourne requests that the other provisions of the Order remain in force and effect.

WHEREFORE, Mewbourne requests this application be set for hearing on June 3, 2021, and, after notice and hearing, the Division amend Order No. R-21528 to extend the deadline for Mewbourne to commence drilling the Well until November 13, 2022.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy  
Michael Rodriguez  
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mrodriguez@hinklelawfirm.com

*Counsel for Mewbourne Oil Company*



**Application of Mewbourne Oil Company to Amend Order No. R-21528, Lea County, New Mexico.** Applicant seeks an order amending Order No. R-21528, issued on November 13, 2020, to extend the deadline to commence drilling the authorized well until November 13, 2022. Order No. R-21528 approved a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2N/2 of Sections 3 and 4, Township 18 South, Range 32 East, in Lea County, New Mexico (“Unit”) and designated Mewbourne as the operator of the Unit. The Order further pooled the uncommitted interests within the Bone Spring formation (Young Bone Spring North Pool (Code 65350)) underlying the Unit, dedicated the Unit to the Eastwatch 4/3 B2EH Fed Com #1H well, and required Mewbourne to commence drilling the well within one year from the date of the order. The well is located approximately 5.5 miles southwest of Maljamar, New Mexico.

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

**IN THE MATTER OF APPLICATION FOR  
COMPULSORY POOLING SUBMITTED BY  
MEWBOURNE OIL COMPANY**

**CASE NO. 21390  
ORDER NO. R-21527**

**ORDER**

The Director of the New Mexico Oil Conservation Division (“OCD”), having heard this matter through a Hearing Examiner on November 3, 2020, and after considering the testimony, evidence, and recommendation of the Hearing Examiner, issues the following Order.

**FINDINGS OF FACT**

1. Mewbourne Oil Company (“Operator”) submitted an application (“Application”) to compulsory pool the uncommitted oil and gas interests within the spacing unit (“Unit”) described in Exhibit A. The Unit is expected to be a standard horizontal spacing unit. 19.15.16.15(B) NMAC. Operator seeks to be designated the operator of the Unit.
2. Operator will dedicate the well(s) described in Exhibit A (“Well(s)”) to the Unit.
3. Operator proposes the supervision and risk charges for the Well(s) described in Exhibit A.
4. Operator identified the owners of uncommitted interests in oil and gas minerals in the Unit and provided evidence that notice was given.
5. The Application was heard by the Hearing Examiner on the date specified above, during which Operator presented evidence through affidavits in support of the Application. No other party presented evidence at the hearing.

**CONCLUSIONS OF LAW**

6. OCD has jurisdiction to issue this Order pursuant to NMSA 1978, Section 70-2-17.
7. Operator is the owner of an oil and gas working interest within the Unit.
8. Operator satisfied the notice requirements for the Application and the hearing as required by 19.15.4.12 NMAC.

**MEWBOURNE OIL CO.**

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Exhibit A-2

9. OCD satisfied the notice requirements for the hearing as required by 19.15.4.9 NMAC.
10. Operator has the right to drill the Well(s) to a common source of supply at the depth(s) and location(s) in the Unit described in Exhibit A.
11. The Unit contains separately owned uncommitted interests in oil and gas minerals.
12. Some of the owners of the uncommitted interests have not agreed to commit their interests to the Unit.
13. The pooling of uncommitted interests in the Unit will prevent waste and protect correlative rights, including the drilling of unnecessary wells.
14. This Order affords to the owner of an uncommitted interest the opportunity to produce his just and equitable share of the oil or gas in the pool.

### **ORDER**

15. The uncommitted interests in the Unit are pooled as set forth in Exhibit A.
16. The Unit shall be dedicated to the Well(s) set forth in Exhibit A.
17. Operator is designated as operator of the Unit and the Well(s).
18. If the location of a well will be unorthodox under the spacing rules in effect at the time of completion, Operator shall obtain the OCD's approval for a non-standard location in accordance with 19.15.16.15(C) NMAC.
19. The Operator shall commence drilling the Well(s) within one year after the date of this Order, and complete each Well no later than one (1) year after the commencement of drilling the Well.
20. This Order shall terminate automatically if Operator fails to comply with Paragraph 19 unless Operator obtains an extension by amending this Order for good cause shown.
21. The infill well requirements in 19.15.13.9 NMAC through 19.15.13.12 NMAC shall be applicable.
22. Operator shall submit each owner of an uncommitted working interest in the pool ("Pooled Working Interest") an itemized schedule of estimated costs to drill, complete, and equip the well ("Estimated Well Costs").
23. No later than thirty (30) days after Operator submits the Estimated Well Costs, the owner of a Pooled Working Interest shall elect whether to pay its share of the Estimated Well Costs or its share of the actual costs to drill, complete and equip the



well (“Actual Well Costs”) out of production from the well. An owner of a Pooled Working Interest who elects to pay its share of the Estimated Well Costs shall render payment to Operator no later than thirty (30) days after the expiration of the election period, and shall be liable for operating costs, but not risk charges, for the well. An owner of a Pooled Working Interest who fails to pay its share of the Estimated Well Costs or who elects to pay its share of the Actual Well Costs out of production from the well shall be considered to be a "Non-Consenting Pooled Working Interest.”

24. No later than one hundred eighty (180) days after Operator submits a Form C-105 for a well, Operator shall submit to each owner of a Pooled Working Interest an itemized schedule of the Actual Well Costs. The Actual Well Costs shall be considered to be the Reasonable Well Costs unless an owner of a Pooled Working Interest files a written objection no later than forty-five (45) days after receipt of the schedule. If an owner of a Pooled Working Interest files a timely written objection, OCD shall determine the Reasonable Well Costs after public notice and hearing.
25. No later than sixty (60) days after the expiration of the period to file a written objection to the Actual Well Costs or OCD’s order determining the Reasonable Well Costs, whichever is later, each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs shall pay to Operator its share of the Reasonable Well Costs that exceed the Estimated Well Costs, or Operator shall pay to each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs its share of the Estimated Well Costs that exceed the Reasonable Well Costs.
26. The reasonable charges for supervision to drill and produce a well (“Supervision Charges”) shall not exceed the rates specified in Exhibit A, provided however that the rates shall be adjusted annually pursuant to the COPAS form entitled “Accounting Procedure-Joint Operations.”
27. No later than within ninety (90) days after Operator submits a Form C-105 for a well, Operator shall submit to each owner of a Pooled Working Interest an itemized schedule of the reasonable charges for operating and maintaining the well ("Operating Charges"), provided however that Operating Charges shall not include the Reasonable Well Costs or Supervision Charges. The Operating Charges shall be considered final unless an owner of a Pooled Working Interest files a written objection no later than forty-five (45) days after receipt of the schedule. If an owner of a Pooled Working Interest files a timely written objection, OCD shall determine the Operating Charges after public notice and hearing.
28. Operator may withhold the following costs and charges from the share of production due to each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs: (a) the proportionate share of the Supervision Charges; and (b) the proportionate share of the Operating Charges.

29. Operator may withhold the following costs and charges from the share of production due to each owner of a Non-Consenting Pooled Working Interest: (a) the proportionate share of the Reasonable Well Costs; (b) the proportionate share of the Supervision and Operating Charges; and (c) the percentage of the Reasonable Well Costs specified as the charge for risk described in Exhibit A.
30. Operator shall distribute a proportionate share of the costs and charges withheld pursuant to paragraph 29 to each Pooled Working Interest that paid its share of the Estimated Well Costs.
31. Each year on the anniversary of this Order, and no later than ninety (90) days after each payout, Operator shall provide to each owner of a Non-Consenting Pooled Working Interest a schedule of the revenue attributable to a well and the Supervision and Operating Costs charged against that revenue.
32. Any cost or charge that is paid out of production shall be withheld only from the share due to an owner of a Pooled Working Interest. No cost or charge shall be withheld from the share due to an owner of a royalty interests. For the purpose of this Order, an unleased mineral interest shall consist of a seven-eighths (7/8) working interest and a one-eighth (1/8) royalty interest.
33. Except as provided above, Operator shall hold the revenue attributable to a well that is not disbursed for any reason for the account of the person(s) entitled to the revenue as provided in the Oil and Gas Proceeds Payment Act, NMSA 1978, Sections 70-10-1 *et seq.*, and relinquish such revenue as provided in the Uniform Unclaimed Property Act, NMSA 1978, Sections 7-8A-1 *et seq.*
34. The Unit shall terminate if (a) the owners of all Pooled Working Interests reach a voluntary agreement; or (b) the well(s) drilled on the Unit are plugged and abandoned in accordance with the applicable rules. Operator shall inform OCD no later than thirty (30) days after such occurrence.
35. OCD retains jurisdiction of this matter for the entry of such orders as may be deemed necessary.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION



ADRIENNE SANDOVAL  
DIRECTOR  
AES/jag

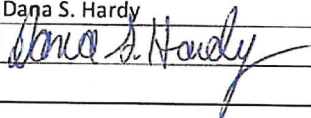
Date: 11/13/2020



**Exhibit A**

<b>COMPULSORY POOLING APPLICATION CHECKLIST (pdf)</b>	
<b>ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS</b>	
<b>Case: #21390</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date: November 3, 2020</b>	
<b>Applicant</b>	<b>Mewbourne Oil Company</b>
<b>Designated Operator &amp; OGRID (affiliation if applicable)</b>	<b>Mewbourne Oil Company, 14744</b>
<b>Applicant's Counsel:</b>	<b>Hinkle Shanor LLP, Dana S. Hardy</b>
<b>Case Title:</b>	<b>APPLICATION OF MEWBOURNE OIL COMPANY FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO</b>
<b>Entries of Appearance/Intervenors:</b>	<b>MRC Permian, LLC</b>
<b>Well Family</b>	<b>Eastwatch</b>
<b>Formation/Pool</b>	
<b>Formation Name(s) or Vertical Extent:</b>	<b>Bone Spring Formation</b>
<b>Primary Product (Oil or Gas):</b>	<b>Oil</b>
<b>Pooling this vertical extent:</b>	<b>Bone Spring Formation</b>
<b>Pool Name and Pool Code:</b>	<b>Young Bone Spring North Pool, Code 65350</b>
<b>Well Location Setback Rules:</b>	<b>Standard Oil, 100' setback</b>
<b>Spacing Unit Size:</b>	<b>40 acres</b>
<b>Spacing Unit</b>	
<b>Type (Horizontal/Vertical)</b>	<b>Horizontal</b>
<b>Size (Acres)</b>	<b>323.8 acres</b>
<b>Building Blocks:</b>	<b>40 acres</b>
<b>Orientation:</b>	<b>West to East</b>
<b>Description: TRS/County</b>	<b>N/2 N/2 Sections 3 and 4, Township 18 South, Range 32 East, Lea County</b>
<b>Standard Horizontal Well Spacing Unit (Y/N), if No, describe</b>	<b>Yes</b>
<b>Other Situations</b>	
<b>Depth Severance: Y/N. If yes, description</b>	<b>No</b>
<b>Proximity Tracts: If yes, description</b>	<b>No</b>
<b>Proximity Defining Well: if yes, description</b>	<b>No</b>
<b>Applicant's Ownership in Each Tract</b>	<b>Exhibit A-5</b>
<b>Well(s)</b>	
<b>Name &amp; API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)</b>	

Well #1	Eastwatch 4/3 B2DA Fed Com #1H (API # unassigned); SHL: 2140' FNL & 300' FWL (Sec. 4); BHL: 660' FNL & 100' FEL (Sec. 3); laydown; standard
Well #2	
Horizontal Well First and Last Take Points	FTP: 660' FNL and 100' FWL (Sec. 4); LTP: 660' FNL & 100' FEL (Sec. 3)
Completion Target (Formation, TVD and MD)	Bone Spring Formation; TVD: 8,350'; MD: 17,330'
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$8,000, Exhibit A
Production Supervision/Month \$	\$800, Exhibit A
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%, Exhibit A
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit A-8
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-9
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-10
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-5
Pooled Parties (including ownership type)	Exhibit A-5
Unlocatable Parties to be Pooled	Exhibit A-5
Ownership Depth Severance (including percentage above & below)	N/A
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit A-6
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-5
Chronology of Contact with Non-Joined Working Interests	Exhibit A-7
Overhead Rates In Proposal Letter	Exhibits A, A-6

Cost Estimate to Drill and Complete	Exhibit A-11
Cost Estimate to Equip Well	Exhibit A-11
Cost Estimate for Production Facilities	Exhibit A-11
<b>Geology</b>	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibits B-1, B-2
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-6
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-4
Depth Severance Discussion	Exhibit B
<b>Forms, Figures and Tables</b>	
C-102	Pending
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibits A-3, A-4, A-5
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibits B-1, B-2
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-4
<b>Additional Information</b>	No special provision/stipulations
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name (Attorney or Party Representative):</b>	Dana S. Hardy
<b>Signed Name (Attorney or Party Representative):</b>	
<b>Date:</b>	3-Nov-20

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

**IN THE MATTER OF APPLICATION FOR  
COMPULSORY POOLING SUBMITTED BY  
MEWBOURNE OIL COMPANY**

**CASE NO. 21391  
ORDER NO. R-21528**

**ORDER**

The Director of the New Mexico Oil Conservation Division (“OCD”), having heard this matter through a Hearing Examiner on November 3, 2020, and after considering the testimony, evidence, and recommendation of the Hearing Examiner, issues the following Order.

**FINDINGS OF FACT**

1. Mewbourne Oil Company (“Operator”) submitted an application (“Application”) to compulsory pool the uncommitted oil and gas interests within the spacing unit (“Unit”) described in Exhibit A. The Unit is expected to be a standard horizontal spacing unit. 19.15.16.15(B) NMAC. Operator seeks to be designated the operator of the Unit.
2. Operator will dedicate the well(s) described in Exhibit A (“Well(s)”) to the Unit.
3. Operator proposes the supervision and risk charges for the Well(s) described in Exhibit A.
4. Operator identified the owners of uncommitted interests in oil and gas minerals in the Unit and provided evidence that notice was given.
5. The Application was heard by the Hearing Examiner on the date specified above, during which Operator presented evidence through affidavits in support of the Application. No other party presented evidence at the hearing.

**CONCLUSIONS OF LAW**

6. OCD has jurisdiction to issue this Order pursuant to NMSA 1978, Section 70-2-17.
7. Operator is the owner of an oil and gas working interest within the Unit.
8. Operator satisfied the notice requirements for the Application and the hearing as required by 19.15.4.12 NMAC.

**MEWBOURNE OIL CO.**

Case Nos. 21909 & 21910

Exhibit A-3



9. OCD satisfied the notice requirements for the hearing as required by 19.15.4.9 NMAC.
10. Operator has the right to drill the Well(s) to a common source of supply at the depth(s) and location(s) in the Unit described in Exhibit A.
11. The Unit contains separately owned uncommitted interests in oil and gas minerals.
12. Some of the owners of the uncommitted interests have not agreed to commit their interests to the Unit.
13. The pooling of uncommitted interests in the Unit will prevent waste and protect correlative rights, including the drilling of unnecessary wells.
14. This Order affords to the owner of an uncommitted interest the opportunity to produce his just and equitable share of the oil or gas in the pool.

### ORDER

15. The uncommitted interests in the Unit are pooled as set forth in Exhibit A.
16. The Unit shall be dedicated to the Well(s) set forth in Exhibit A.
17. Operator is designated as operator of the Unit and the Well(s).
18. If the location of a well will be unorthodox under the spacing rules in effect at the time of completion, Operator shall obtain the OCD's approval for a non-standard location in accordance with 19.15.16.15(C) NMAC.
19. The Operator shall commence drilling the Well(s) within one year after the date of this Order, and complete each Well no later than one (1) year after the commencement of drilling the Well.
20. This Order shall terminate automatically if Operator fails to comply with Paragraph 19 unless Operator obtains an extension by amending this Order for good cause shown.
21. The infill well requirements in 19.15.13.9 NMAC through 19.15.13.12 NMAC shall be applicable.
22. Operator shall submit each owner of an uncommitted working interest in the pool ("Pooled Working Interest") an itemized schedule of estimated costs to drill, complete, and equip the well ("Estimated Well Costs").
23. No later than thirty (30) days after Operator submits the Estimated Well Costs, the owner of a Pooled Working Interest shall elect whether to pay its share of the Estimated Well Costs or its share of the actual costs to drill, complete and equip the



well (“Actual Well Costs”) out of production from the well. An owner of a Pooled Working Interest who elects to pay its share of the Estimated Well Costs shall render payment to Operator no later than thirty (30) days after the expiration of the election period, and shall be liable for operating costs, but not risk charges, for the well. An owner of a Pooled Working Interest who fails to pay its share of the Estimated Well Costs or who elects to pay its share of the Actual Well Costs out of production from the well shall be considered to be a "Non-Consenting Pooled Working Interest.”

24. No later than one hundred eighty (180) days after Operator submits a Form C-105 for a well, Operator shall submit to each owner of a Pooled Working Interest an itemized schedule of the Actual Well Costs. The Actual Well Costs shall be considered to be the Reasonable Well Costs unless an owner of a Pooled Working Interest files a written objection no later than forty-five (45) days after receipt of the schedule. If an owner of a Pooled Working Interest files a timely written objection, OCD shall determine the Reasonable Well Costs after public notice and hearing.
25. No later than sixty (60) days after the expiration of the period to file a written objection to the Actual Well Costs or OCD’s order determining the Reasonable Well Costs, whichever is later, each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs shall pay to Operator its share of the Reasonable Well Costs that exceed the Estimated Well Costs, or Operator shall pay to each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs its share of the Estimated Well Costs that exceed the Reasonable Well Costs.
26. The reasonable charges for supervision to drill and produce a well (“Supervision Charges”) shall not exceed the rates specified in Exhibit A, provided however that the rates shall be adjusted annually pursuant to the COPAS form entitled “Accounting Procedure-Joint Operations.”
27. No later than within ninety (90) days after Operator submits a Form C-105 for a well, Operator shall submit to each owner of a Pooled Working Interest an itemized schedule of the reasonable charges for operating and maintaining the well ("Operating Charges"), provided however that Operating Charges shall not include the Reasonable Well Costs or Supervision Charges. The Operating Charges shall be considered final unless an owner of a Pooled Working Interest files a written objection no later than forty-five (45) days after receipt of the schedule. If an owner of a Pooled Working Interest files a timely written objection, OCD shall determine the Operating Charges after public notice and hearing.
28. Operator may withhold the following costs and charges from the share of production due to each owner of a Pooled Working Interest who paid its share of the Estimated Well Costs: (a) the proportionate share of the Supervision Charges; and (b) the proportionate share of the Operating Charges.

29. Operator may withhold the following costs and charges from the share of production due to each owner of a Non-Consenting Pooled Working Interest: (a) the proportionate share of the Reasonable Well Costs; (b) the proportionate share of the Supervision and Operating Charges; and (c) the percentage of the Reasonable Well Costs specified as the charge for risk described in Exhibit A.
30. Operator shall distribute a proportionate share of the costs and charges withheld pursuant to paragraph 29 to each Pooled Working Interest that paid its share of the Estimated Well Costs.
31. Each year on the anniversary of this Order, and no later than ninety (90) days after each payout, Operator shall provide to each owner of a Non-Consenting Pooled Working Interest a schedule of the revenue attributable to a well and the Supervision and Operating Costs charged against that revenue.
32. Any cost or charge that is paid out of production shall be withheld only from the share due to an owner of a Pooled Working Interest. No cost or charge shall be withheld from the share due to an owner of a royalty interests. For the purpose of this Order, an unleased mineral interest shall consist of a seven-eighths (7/8) working interest and a one-eighth (1/8) royalty interest.
33. Except as provided above, Operator shall hold the revenue attributable to a well that is not disbursed for any reason for the account of the person(s) entitled to the revenue as provided in the Oil and Gas Proceeds Payment Act, NMSA 1978, Sections 70-10-1 *et seq.*, and relinquish such revenue as provided in the Uniform Unclaimed Property Act, NMSA 1978, Sections 7-8A-1 *et seq.*
34. The Unit shall terminate if (a) the owners of all Pooled Working Interests reach a voluntary agreement; or (b) the well(s) drilled on the Unit are plugged and abandoned in accordance with the applicable rules. Operator shall inform OCD no later than thirty (30) days after such occurrence.
35. OCD retains jurisdiction of this matter for the entry of such orders as may be deemed necessary.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION



ADRIENNE SANDOVAL  
DIRECTOR  
AES/jag

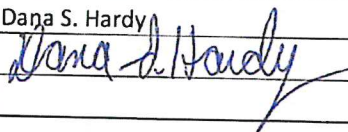
Date: 11/13/2020

**Exhibit A**

<b>COMPULSORY POOLING APPLICATION CHECKLIST (pdf)</b>	
<b>ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS</b>	
<b>Case: #21391</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date: November 3, 2020</b>	
<b>Applicant</b>	Mewbourne Oil Company
<b>Designated Operator &amp; OGRID (affiliation if applicable)</b>	Mewbourne Oil Company, 14744
<b>Applicant's Counsel:</b>	Hinkle Shanor LLP, Dana S. Hardy
<b>Case Title:</b>	APPLICATION OF MEWBOURNE OIL COMPANY FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO
<b>Entries of Appearance/Intervenors:</b>	MRC Permian, LLC
<b>Well Family</b>	Eastwatch
<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>	Bone Spring Formation
<b>Pool Name and Pool Code:</b>	Young Bone Spring North Pool, Code 65350
<b>Well Location Setback Rules:</b>	Standard Oil, 100' setback
<b>Spacing Unit Size:</b>	40 acres
<b>Spacing Unit</b>	
<b>Type (Horizontal/Vertical)</b>	Horizontal
<b>Size (Acres)</b>	320 acres
<b>Building Blocks:</b>	40 acres
<b>Orientation:</b>	West to East
<b>Description: TRS/County</b>	5/2 N/2 Sections 3 and 4, Township 18 South, Range 32 East, Lea County
<b>Standard Horizontal Well Spacing Unit (Y/N), If No, describe</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, description</b>	No
<b>Applicant's Ownership in Each Tract</b>	Exhibit A-5
<b>Well(s)</b>	
<b>Name &amp; API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)</b>	



Well #1	Eastwatch 4/3 B2EH Fed Com #1H (API # unassigned); SHL: 2170' FNL & 300' FWL (Sec. 4); BHL: 1980' FNL & 100' FEL (Sec. 3); laydown; standard
Well #2	
Horizontal Well First and Last Take Points	FTP: 1980' FNL and 100' FWL (Sec. 4); LTP: 1980' FNL & 100' FEL (Sec. 3)
Completion Target (Formation, TVD and MD)	Bone Spring Formation; TVD: 8,530'; MD: 17,480'
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$8,000, Exhibit A
Production Supervision/Month \$	\$800, Exhibit A
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%, Exhibit A
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit A-8
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-9
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-10
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-5
Pooled Parties (including ownership type)	Exhibit A-5
Unlocatable Parties to be Pooled	Exhibit A-5
Ownership Depth Severance (including percentage above & below)	N/A
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit A-6
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-5
Chronology of Contact with Non-Joined Working Interests	Exhibit A-7
Overhead Rates In Proposal Letter	Exhibits A, A-6

Cost Estimate to Drill and Complete	Exhibit A-11
Cost Estimate to Equip Well	Exhibit A-11
Cost Estimate for Production Facilities	Exhibit A-11
<b>Geology</b>	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibits B-1, B-2
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-6
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-4
Depth Severance Discussion	Exhibit B
<b>Forms, Figures and Tables</b>	
C-102	Pending
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibits A-3, A-4, A-5
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibits B-1, B-2
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-4
<b>Additional Information</b>	No special provision/stipulations
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name (Attorney or Party Representative):</b>	Dana S. Hardy
<b>Signed Name (Attorney or Party Representative):</b>	
<b>Date:</b>	3-Nov-20





**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
PO BOX 2068  
SANTA FE, NEW MEXICO 87504  
505-982-4554 (FAX) 505-982-8623

WRITER:  
Dana S. Hardy, Partner  
dhardy@hinklelawfirm.com

May 6, 2021

VIA CERTIFIED MAIL

TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Mewbourne Oil Company/New Mexico Oil Conservation Division Application,  
NMOCD Case No. 21909

To whom it may concern:

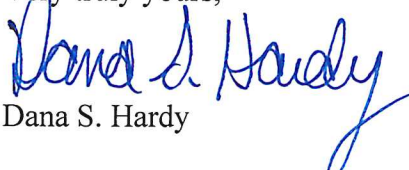
This letter is to advise you that Mewbourne Oil Company filed the enclosed application with the New Mexico Oil Conservation Division ("the Division"). The hearing will be conducted on **June 3, 2021** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. You are not required to attend the hearing, but as an owner of an interest that may be affected by this application, you may appear at the hearing and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

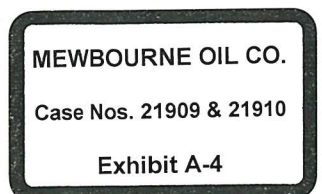
Pursuant to Division Rule 19.135.4.13.B, a party who intends to present evidence at the hearing shall file a Pre-Hearing Statement, and serve copies on other parties or, for parties that are represented, their attorneys at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. Mountain Time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or electronically submitted to [ocd.hearings@state.nm.us](mailto:ocd.hearings@state.nm.us) and should include: the names of the parties and their attorneys; a concise statement of the case; the name(s) of all witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing.

Thank you for your attention to this matter.

Very truly yours,

  
Dana S. Hardy

Enclosure



PO BOX 10  
ROSWELL, NEW MEXICO 88202  
575-622-6510  
(FAX) 575-623-9332

PO BOX 2068  
SANTA FE, NEW MEXICO 87504  
505-982-4554  
(FAX) 505-982-8623

7601 JEFFERSON ST NE • SUITE 180  
ALBUQUERQUE, NEW MEXICO 87109  
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(FAX) 505-858-8321

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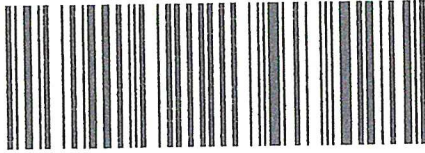
Rosemary T. Avery  
2305 Palomar Drive  
Roswell, NMN 88201

City, St

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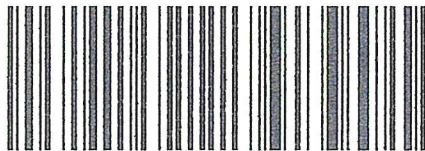
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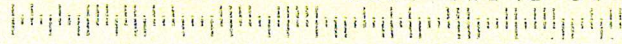
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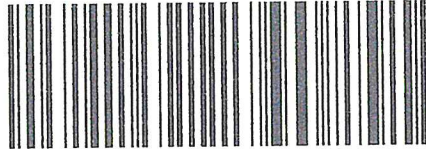
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Montague, TX 7

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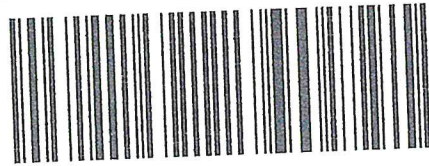
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Street and 4405 Douglas McArthur, Apt. C  
City, State Albuquerque, NM 87110

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4405 Douglas McArthur, Apt. C  
Albuquerque, NM 87110



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 Addressee

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Street P.O. Box 1767

City, State Artesia, NM 88211

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1. Article Addressed to:

Diakan Minerals LLC  
P.O. Box 1767  
Artesia, NM 88211



2. Article Number (Transfer from service label)

7019 2970 0000 7643 0009

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Kathy Beauregard  Agent  Addressee

B. Received by (Printed Name) Kathy Beauregard C. Date of Delivery

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

If YES, enter delivery address below:  No

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

**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**

7019 2970 0000 7595 6234

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

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here



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

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

Sent To Federal Abstract Company  
 P.O. Box 2288  
 Street Santa Fe, NM 87504  
 City, Sta \_\_\_\_\_

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:

Federal Abstract Company  
 P.O. Box 2288  
 Santa Fe, NM 87504



2. Article Number (Transfer from service label)

7019 2970 0000 7595 6234

**COMPLETE THIS SECTION ON DELIVERY**

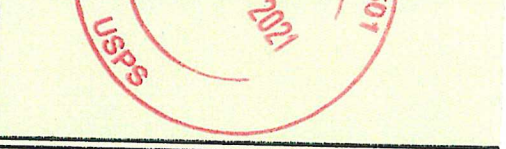
A. Signature

X *RPM*  Agent  Addressee

B. Received by (Printed Name) *Reston Mikes*

C. Date of Delivery *5-4-21*

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



3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

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

Domestic Return Receipt



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**OFFICIAL USE**

7019 2970 0000 7595 6241

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here



Sent To Evelyn B. Harris  
 Street and 11206 Northgate Circle  
 Dallas, TX 75230  
 City, State

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Evelyn B. Harris                  11206 Northgate Circle                  Dallas, TX 75230</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> <li><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</li> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input checked="" type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5751 0003 3910 82</p> <p>119 2970 0000 7595 6241</p>	

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

Domestic Return Receipt

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**OFFICIAL USE**

7019 2970 0000 7595 6128

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

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark Here

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

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

Sent Nadel and Gussman Capitan, LLC  
15 East 5<sup>th</sup> Street, Suite 3300  
Tulsa, OK 74103-4340

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:

Nadel and Gussman Capitan, LLC  
15 East 5<sup>th</sup> Street, Suite 3300  
Tulsa, OK 74103-4340



2. Article Number (Transfer from service label)  
7019 2970 0000 7595 6128

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*Skidmore*

B. Received by (Printed Name) *Skidmore C-M*

C. Date of Delivery *5-10-2021*

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

Insured Mail

Insured Mail 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



7019 2970 0000 7595 6173

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

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

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

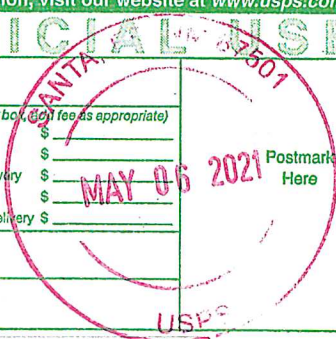
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

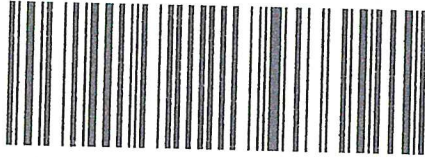
Sent To David B. Percy  
Street and, 601 Moore  
City, State, Roswell, NM 88201

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



**CERTIFIED MAIL®**

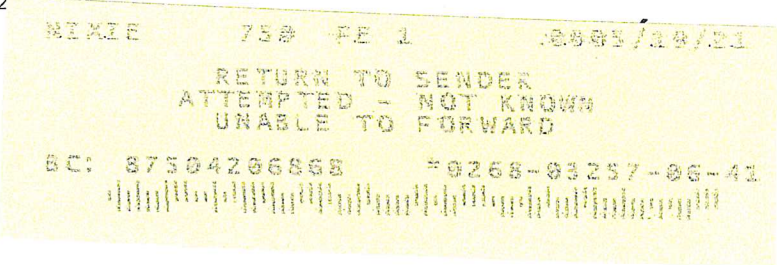
LE SHANOR LLP  
TORNEYS AT LAW  
OFFICE BOX 2068  
E. NEW MEXICO 87504



7019 2970 0000 7595 6173



David B. Percy  
601 Moore  
Roswell, NM 88201



ANK  
87504-2068  
8820181033 0024

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

**OFFICIAL USE**

7019 2970 0000 7643 2546

Certified Mail Fee	\$	
Extra Services & Fees (Check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Ventana Minerals LLC	
Street	P.O. Box 1767	
City, State	Artesia, NM 88211	



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:

Ventana Minerals LLC  
P.O. Box 1767  
Artesia, NM 88211



9590 9402 5751 0003 4213 52

2. Article Number (Transfer from service label)

119 2970 0000 7643 2546

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Kathy Beauregard*  Agent  
 Addressee

B. Received by / Picked up by: *Kathy Beauregard* 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 checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

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

Domestic Return Receipt

7019 2970 0000 7642 9980

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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	\$
Postage	\$
Total Postage and Fees	\$

Postmark  
Here



Sent To	XTO Holdings LLC
Street	Attn: Brett Woody 810 Houston Street
City, St	Ft. Worth, TX 76102

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:

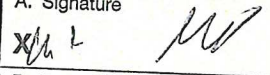
XTO Holdings LLC  
Attn: Brett Woody  
810 Houston Street  
Ft. Worth, TX 76102

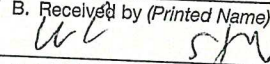


9590 9402 5941 0062 9952 53

2. Article Number (Transfer from service label)  
019 2970 0000 7642 9980

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  

 Agent  
 Addressee

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

<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 checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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

Domestic Return Receipt



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

**OFFICIAL USE**

7019 2970 0000 7595 6111

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Yates Energy Corporation	
Street and	P.O. Box 2323	
City, State	Roswell, NM 88202	

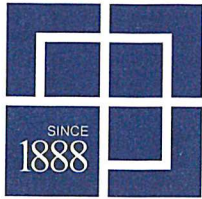
Postmark Here

MAY 06 2021

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Yates Energy Corporation P.O. Box 2323 Roswell, NM 88202</p>	<p>MAY 11 2021</p>
<p>2. Article Number (Transfer from service label)</p> <p>19 2970 0000 7595 6111</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>





**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
PO BOX 2068  
SANTA FE, NEW MEXICO 87504  
505-982-4554 (FAX) 505-982-8623

WRITER:  
Dana S. Hardy, Partner  
dhardy@hinklelawfirm.com

May 6, 2021

VIA CERTIFIED MAIL

TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Mewbourne Oil Company/New Mexico Oil Conservation Division Application,  
NMOCD Case No. 21910

To whom it may concern:

This letter is to advise you that Mewbourne Oil Company filed the enclosed application with the New Mexico Oil Conservation Division (“the Division”). The hearing will be conducted on **June 3, 2021** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. You are not required to attend the hearing, but as an owner of an interest that may be affected by this application, you may appear at the hearing and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.135.4.13.B, a party who intends to present evidence at the hearing shall file a Pre-Hearing Statement, and serve copies on other parties or, for parties that are represented, their attorneys at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. Mountain Time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division’s Santa Fe office or electronically submitted to [ocd.hearings@state.nm.us](mailto:ocd.hearings@state.nm.us) and should include: the names of the parties and their attorneys; a concise statement of the case; the name(s) of all witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing.

Thank you for your attention to this matter.

Very truly yours,

  
Dana S. Hardy

Enclosure

**CERTIFIED MAIL® RECEIPT**

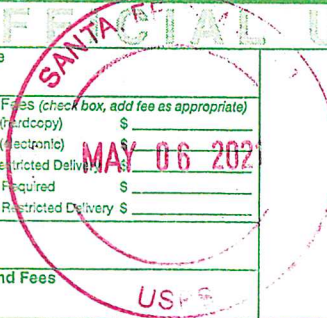
Domestic Mail Only

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**OFFICIAL USE**

7019 2970 0000 7595 6296

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

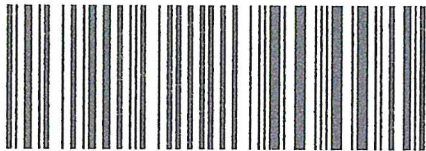
Postage	\$
Total Postage and Fees	\$

Sent To	Rosemary T. Avery
Street or P.O. Box	2305 Palomar Drive
City, State, and ZIP+4®	Roswell, NMN 88201

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

**CERTIFIED MAIL®**

LE SHANOR LLP  
ATTORNEYS AT LAW  
OFFICE BOX 2068  
ROSWELL, NEW MEXICO 87504

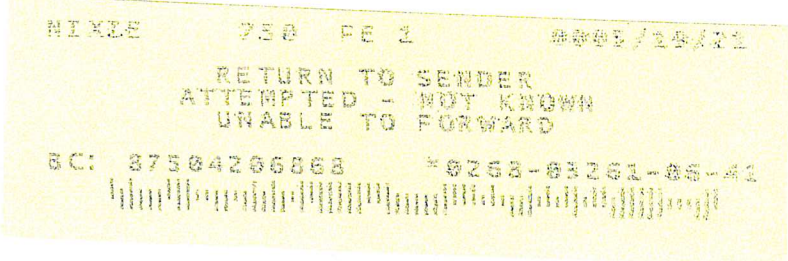


7019 2970 0000 7595 6296



ANK

Rosemary T. Avery  
2305 Palomar Drive  
Roswell, NMN 88201



ANK  
87504 > 23058  
88201 88201

7019 2970 0000 7595 6302

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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 \$

MAY 06 2019

Postmark Here

Postage

\$

Total Postage and Fees

\$

Sent To

Arnold Frank Brock  
2011 Le Avenue  
Albuquerque, NM 87105

Street and

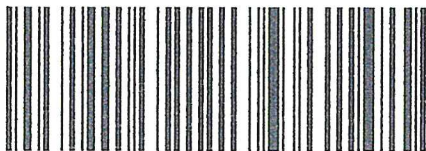
City, State

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

See Reverse for Instructions

## CERTIFIED MAIL®

INKLE SHANOR LLP  
ATTORNEYS AT LAW  
POST OFFICE BOX 2068  
NTA FE, NEW MEXICO 87504



7019 2970 0000 7595 6302



5/13

Arnold Frank Brock  
2011 Le Avenue  
Albuquerque, NM 87105

NIXIE 871 FB 1 0005/12/1

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

ANK  
87504-2068  
8710536604 R01

BC: 87504206868 \*0268-05263-05-



7019 2970 0000 7595 6319

**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 Restricted Delivery \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

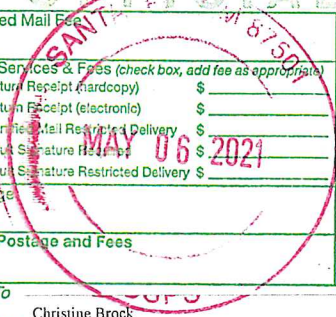
Total Postage and Fees \$ \_\_\_\_\_

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

Street and \_\_\_\_\_  
Montague, TX 76251

City, State \_\_\_\_\_

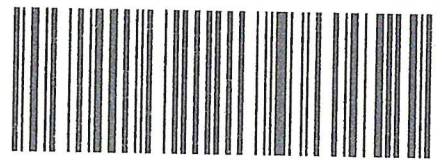
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Postmark Here

**CERTIFIED MAIL®**

LE SHANOR LLP  
TORNEYS AT LAW  
701 OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504



7019 2970 0000 7595 6319



**RECEIVED**  
MAY 26 2021

ANK  
Christine Brock  
P.O. Box 51  
Montague, TX 76251

JB  
FIRST NOTICE  
5-10-21  
SECOND NOTICE

Hinkle Shanor LLP  
Santa Fe NM 87504

ANK  
87504-2068  
76251-0051 5001

MIKIE 750 FE 1 0001/22/21

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

BC: 87504206868 \*0268-03204-06-42

7019 2970 0000 7595 6326

**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 \$ \_\_\_\_\_

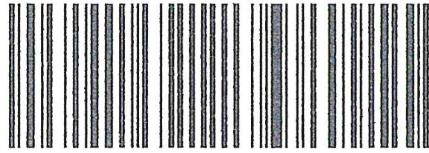
Total Postage and Fees \$ \_\_\_\_\_

Sent To Irene G. Brock  
Street an 1149 East Liveoak  
City, Stat Altus, OK 73521

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



**INKLE SHANOR LLP**  
ATTORNEYS AT LAW  
POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504



7019 2970 0000 7595 6326



**RECEIVED**

MAY 18 2021

Hinkle Shanor LLP  
Santa Fe NM 87504

Irene G. Brock  
1149 East Liveoak  
Altus, OK 73521

NIXIE 731 DE 1 0000/12/

RETURN TO SENDER  
NO SUCH NUMBER  
UNABLE TO FORWARD

NSN BC: 87504206868 \*0268-03265-06

7019 2970 0000 7595 6326

7019 2970 0000 7595 6258

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

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

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

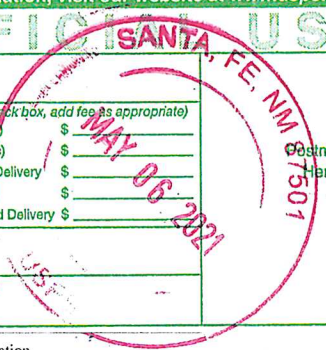
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To Chase Oil Corporation  
Street: P.O. Box 1767  
City, St: Artesia, NM 88211

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:

Chase Oil Corporation  
P.O. Box 1767  
Artesia, NM 88211



2. Article Number (Transfer from service label)

7019 2970 0000 7595 6258

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Kathy Beauregard*  Agent  Addressee

B. Redelivery  Limited Card  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
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery



7019 2970 0000 7595 6272

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

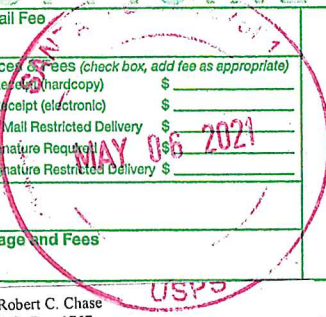
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To Robert C. Chase  
Street ar. P.O. Box 1767  
City, State Artesia, NM 88211

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



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:

Robert C. Chase  
P.O. Box 1767  
Artesia, NM 88211

2. Article Number (Transfer from service label)

7019 2970 0000 7595 6272

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Kathy Beauregard*  Agent  
X  Addressee  
B. Received by (Printed Name) Kathy Beauregard 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  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

7019 2970 0000 7595 6357

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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	\$	
<b>Total Postage and Fees</b>	\$	
<b>Sent To</b>		
Street a	Marjorie Nell Clark 4405 Douglas McArthur, Apt. C Albuquerque, NM 87110	
City, St		

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:

Marjorie Nell Clark  
4405 Douglas McArthur, Apt. C  
Albuquerque, NM 87110




9590 9402 5941 0062 9953 76

### 2. Article Number (Transfer from service label)

7019 2970 0000 7595 6357

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

  Agent  
 Addressee

B. Received by (Printed Name) *At 20 C/S*

C. Date of Delivery *5/7/21*

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

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

Domestic Return Receipt

7019 2970 0000 7595 6340

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

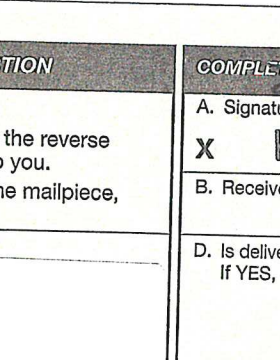
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To Diakan Minerals LLC  
Street and A P.O. Box 1767  
Artesia, NM 88211  
City, State, & Zip \_\_\_\_\_

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



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:  
Diakan Minerals LLC  
P.O. Box 1767  
Artesia, NM 88211

2. Article Number (Transfer from service label)  
7019 2970 0000 7595 6340

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 checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Kathy Beauregard 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



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**OFFICIAL USE**

7019 2970 0000 7595 6364

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$

Postmark  
Here

Sent To: Evelyn B. Harris  
 Street and: 11206 Northgate Circle  
 City, State: Dallas, TX 75230

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Evelyn B. Harris                  11206 Northgate Circle                  Dallas, TX 75230</p>	<p>3. Service Type</p> <p><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 checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 6364</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2280 0001 9628 5866

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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 MRC Delaware Resources LLC  
 Attn: Nick Weeks  
 One Lincoln Center  
 5400 LBJ Freeway, Suite 1500  
 Dallas, TX 75240

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



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:

MRC Delaware Resources LLC  
 Attn: Nick Weeks  
 One Lincoln Center  
 5400 LBJ Freeway, Suite 1500  
 Dallas, TX 75240



9590 9402 5941 0062 9954 37

2. Article Number (Transfer from service label)

7019 2280 0001 9628 5866

**COMPLETE THIS SECTION ON DELIVERY**

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



7019 2280 0001 9628 5873

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**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hard copy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To MRC Explorers Resources LLC  
 Attn: Nick Weeks  
 One Lincoln Center  
 5400 LBJ Freeway, Suite 1500  
 Dallas, TX 75240

Street and \_\_\_\_\_

City, State \_\_\_\_\_

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

*Handwritten: MAY 06 2012*

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:

MRC Explorers Resources LLC  
 Attn: Nick Weeks  
 One Lincoln Center  
 5400 LBJ Freeway, Suite 1500  
 Dallas, TX 75240



9590 9402 5941 0062 9954 13

2. Article Number (Transfer from service label)  
 7019 2280 0001 9628 5873

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jussi B...*  Agent  Addressee

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

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

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



7019 2280 0001 9628 5880

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

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To MRC Spiral Resources LLC  
Attn: Nick Weeks  
One Lincoln Center  
5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

Street and \_\_\_\_\_

City, State, \_\_\_\_\_

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

*Postmark Here*  
MAY 06 2021

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Susan</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>MRC Spiral Resources LLC Attn: Nick Weeks One Lincoln Center 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9954 20</p> <p>7019 2280 0001 9628 5880</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

Domestic Return Receipt

# CERTIFIED MAIL® RECEIPT

Domestic Mail Only

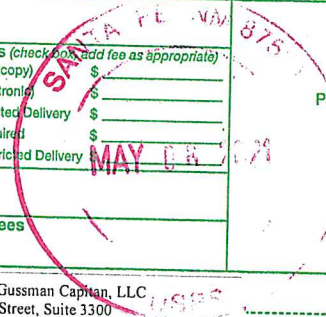
For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

## OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check one, 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	
Nadel and Gussman Capitan, LLC	
Street and	15 East 5th Street, Suite 3300
City, State	Tulsa, OK 74103-4340

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

7019 2970 0000 7595 6289



Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <i>X Skidmore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Skidmore</i> <input type="checkbox"/> Agent <i>CV-19</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5-10-2021</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:  Nadel and Gussman Capitan, LLC 15 East 5th Street, Suite 3300 Tulsa, OK 74103-4340	
2. Article Number (Transfer from service label) 9590 9402 5941 0062 9954 44  7019 2970 0000 7595 6289	
	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 checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7019 2970 0000 7595 6371

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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 B. Percy  
601 Moore  
Roswell, NM 88201

Street and \_\_\_\_\_

City, State, \_\_\_\_\_

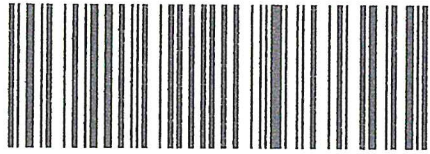
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Postmark Here

**CERTIFIED MAIL®**

SHANOR LLP  
EYS AT LAW  
ICE BOX 2068  
EW MEXICO 87504



7019 2970 0000 7595 6371



David B. Percy  
601 Moore  
Roswell, NM 88201

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

ANK

87504-2068

000181033 002

BC: 87504266868 \*0268-03989-05-41



7020 0640 0000 0303 0603

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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  
Ventana Minerals LLC  
Street and A P.O. Box 1767  
Artesia, NM 88211  
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:

Ventana Minerals LLC  
P.O. Box 1767  
Artesia, NM 88211



2. Article Number (Transfer from service label)

7020 0640 0000 0303 0603

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x *Kathy Beauregard*  Agent  Addressee

B. Received by (Printed Name)  
**Kathy Beauregard**

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

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7019 2280 0001 9628 5811

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)	\$	
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	XTO Holdings LLC	
Street or	Attn: Brett Woody	
City, State	810 Houston Street	
	Ft. Worth, TX 76102	

Postmark Here

**SANTA, FE, NM 87507**  
**MAY 06 2021**  
**USPS**

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p>X <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>XTO Holdings LLC                  Attn: Brett Woody                  810 Houston Street                  Ft. Worth, TX 76102</p>	<p>3. Service Type</p> <p><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 checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 5811</p>	



7019 2280 0001 9628 5828

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

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

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Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To Yates Energy Corporation  
 Street and Apt P.O. Box 2323  
 Roswell, NM 88202  
 City, State, Zip \_\_\_\_\_

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>WISH Keldridge</u> C. Date of Delivery <u>MAY 11 2021</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/></p>
<p>1. Article Addressed to:</p> <p>Yates Energy Corporation          P.O. Box 2323          Roswell, NM 88202</p>	<p>3. Service Type <u>3201</u></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 9628 5828</p>	



# Affidavit of Publication

STATE OF NEW MEXICO  
COUNTY OF LEA

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

Beginning with the issue dated  
May 18, 2021  
and ending with the issue dated  
May 18, 2021.

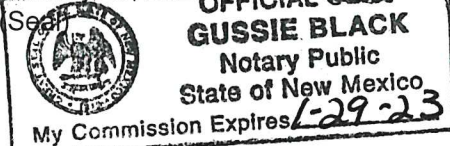
  
\_\_\_\_\_  
Publisher

Sworn and subscribed to before me this  
18th day of May 2021.

  
\_\_\_\_\_  
Business Manager

My commission expires

January 20, 2023



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

**LEGAL NOTICE**  
May 18, 2021

This is to notify all interested parties, including Rosemary T. Avery, Rebecca Jane Kelly Babbit, Arnold Frank Brock, Christine Brock, Irene G. Brock, Chase Oil Corporation, Robert C. Chase, Marjorie Nell Clark, Colkelan Corporation, Diakan Minerals LLC, Federal Abstract Company, Evelyn B. Harris, MRC Delaware Resources, LLC, MRC Explorers Resources LLC, MRC Spiral Resources LLC, Nadel and Gussman Capitan, LLC, David B. Pearcy, Delbert Ray Utter, Ventana Minerals LLC, XTO Holdings LLC, Yates Energy Corporation, and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Mewbourne Oil Company (Case No. 21909). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on June 3, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant seeks an order amending Order No. R-21527, issued on November 13, 2020, to extend the deadline to commence drilling the authorized well until November 13, 2022. Order No. R-21527 approved a 323.80-acre, more or less, standard horizontal spacing unit comprised of the N/2N/2 of Sections 3 and 4, Township 18 South, Range 32 East, in Lea County, New Mexico ("Unit") and designated Mewbourne as the operator of the Unit. The Order further pooled the uncommitted interests within the Bone Spring formation (Young Bone Spring North Pool (Code 65350)) underlying the Unit, dedicated the Unit to the Eastwatch 4/3 B2DA Fed Com #1H well, and required Mewbourne to commence drilling the well within one year from the date of the order. The well is located approximately 5.5 miles southwest of Maljamar, New Mexico.  
#36490

02107475

00254210

GILBERT  
HINKLE, SHANOR LLP  
PO BOX 2068  
SANTA FE, NM 87504

MEWBOURNE OIL CO.

Case Nos. 21909 & 21910

Exhibit A-5

# Affidavit of Publication

STATE OF NEW MEXICO  
COUNTY OF LEA

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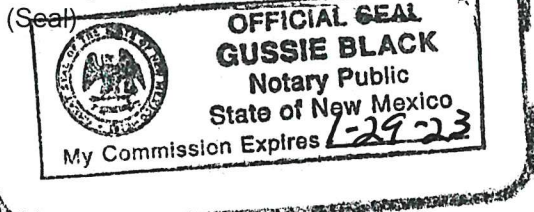
Beginning with the issue dated  
May 18, 2021  
and ending with the issue dated  
May 18, 2021.

  
\_\_\_\_\_  
Publisher

Sworn and subscribed to before me this  
18th day of May 2021.

  
\_\_\_\_\_  
Business Manager

My commission expires  
January 29, 2023



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

## LEGAL NOTICE May 18, 2021

This is to notify all interested parties, including Rosemary T. Avery, Rebecca Jane Kelly Babbit, Arnold Frank Brock, Christine Brock, Irene G. Brock, Chase Oil Corporation, Robert C. Chase, Marjorie Nell Clark, Colkelan Corporation, Diakan Minerals LLC, Evelyn B. Harris, MRC Delaware Resources LLC, MRC Explorers Resources LLC, MRC Spiral Resources LLC, Nadel and Gussman Capitan, LLC, David B. Percy, Delbert Ray Utter, Ventana Minerals LLC, XTO Holdings LLC, Yates Energy Corporation, and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Mewbourne Oil Company (Case No. 21910). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on June 3, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCDC/hearings.html>. Applicant seeks an order amending Order No. R-21528, issued on November 13, 2020, to extend the deadline to commence drilling the authorized well until November 13, 2022. Order No. R-21528 approved a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2N/2 of Sections 3 and 4, Township 18 South, Range 32 East, in Lea County, New Mexico ("Unit") and designated Mewbourne as the operator of the Unit. The Order further pooled the uncommitted interests within the Bone Spring formation (Young Bone Spring North Pool (Code 65350)) underlying the Unit, dedicated the Unit to the Eastwatch 4/3 B2EH Fed Com #1H well, and required Mewbourne to commence drilling the well within one year from the date of the order. The well is located approximately 5.5 miles southwest of Maljamar, New Mexico.  
#36491

02107475

00254211

GILBERT  
HINKLE, SHANOR LLP  
PO BOX 2068  
SANTA FE, NM 87504