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

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

Case Nos. 22638 and 22639

NOTICE OF FILING ADDITIONAL EXHIBITS

Mewbourne Oil Company hereby submits for filing the following:

Revised Exhibit 4, the notice affidavit, which contains all received green cards and three unclaimed, returned letters.

Exhibit 7, which contains parts of Exhibit 2-B in each case. They show in red lettering the parties being pooled. Several of the parties notified of the hearing (OXY Y-1 Company, Randy Lee Cone, and EOG Resources, Inc.) voluntarily committed their interests to the wells.

Exhibit 8, the certified notice spreadsheet.

Respectfully submitted,

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

Attorney for Mewbourne Oil Company

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

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

Case Nos. 22638 & 22639

SELF-AFFIRMED STATEMENT OF NOTICE

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

James Bruce deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Mewbourne Oil Company.

3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the applications filed herein.

4. Notice of the applications was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.

5. Applicant has complied with the notice provisions of Division Rules.

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

Date: 6/29/22

James Bruce

James Bruce

Revised

EXHIBIT 4

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

jamesbruc@aol.com

June 16, 2022

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling (Case No. 22638), filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, seeking to pool all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2S/2 of Section 22, Township 18 South, Range 29 East, NMPM. The unit will be dedicated to the Puma Blanca 22 B2IL Fed. Com. Well No. 1H.

Also enclosed is a copy of an application for compulsory pooling (Case No. 22639), filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, seeking to pool all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2S/2 of Section 22 and the N/2S/2 of Section 21, Township 18 South, Range 29 East, NMPM. The unit will be dedicated to the Puma Blanca 22/21 B2PM Fed. Com. Well No. 1H.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, July 7, 2022. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to *emnrd.state.nm.us/OCD/hearings* or see the instructions posted on the Division's website, *http://emnrd.state.nm.us/OCD/announcements.html*. You are not required to attend this hearing, but as an owner of an interest who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date. A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than five business days before the hearing date. This statement may be filed online with the Division at *ocd.hearings@state.nm.us*, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

ATTACHMENT A

Very truly yours,

James Bruce

James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Case 22638:

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, Texas 77046
Attn: NM Permian Land Manager

Randy Lee Cone
P.O. Box 231034
Anchorage, Alaska 99523

Clifford Cone
P.O. Box 1629
Lovington, NM 88260-1629

Karen Cone
39246 S. 631 Rd.
Jay, Oklahoma 74346-4616

Karen Cone
217 Cherokee Street
Lowell, Arkansas 72745

Kayla Cone
460 Captain Stockton Street
Prairie Grove, Arkansas 72753

Kenneth Cone
P.O. Box 507
Dripping Springs, Texas 78620

Kenneth Cone
P.O. Box 658
Dripping Springs, Texas 78620

Kenneth G. Cone, Trustee of the Trusts
created under the will and condicil of
Kathleen Cone, Deceased, for the
Benefit of the Children of Kenneth G. Cone
P.O. Box 658
Dripping Springs, Texas 78620

EOG Resources, Inc.
5509 Champions Drive
Midland, Texas 79706
Attn: Brian Pond

MRC Delaware Resources, LLC
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: David Johns

Kenneth G. Cone, Trustee of the Trusts
created under the will and condicil of
Kathleen Cone, Deceased, for the
Benefit of the Children of Kenneth G. Cone
P.O. Box 507
Dripping Springs, Texas 78620

Clifford Cone, Trustee of the Trusts
created under the will and condicil of
Kathleen Cone, Deceased, for the
Benefit of the Children of Clifford Cone
P.O. Box 1629
Lovington, NM 88260-1629

Cathie Cone McCowan
P.O. Box 658
Dripping Springs, TX 78620

Cathie Cone McCowan, Trustee of the
Trusts created under the will and condicil
Of Kathleen Cone, Deceased, for the benefit
Of the children of Cathie Cone McCowan Auvenshine
P.O. Box 658
Dripping Springs, TX 78620

BOKF, NA
16767 N. Perimeter Drive, Ste. 200
Scottsdale, AZ 85260
Attn: Casey Coffey

BOKF, NA
1600 Broadway
Denver, CO 80202
Attn: Ron Keever

BOKF, NA
1600 Broadway
Denver, CO 80202
Attn: Kara Sekavec

BOKF, NA
2405 Grand Blvd., Suite 840
Kansas City, MO 64108
Attn: Jeff Akright

Finley Production Co., LP
P.O. Box 2200
Fort Worth, Texas 76113

Case 22639.

All the parties listed on page 1, plus:

Devon Energy Production Company, L.P.

333 West Sheridan Avenue

Oklahoma City, Oklahoma 73102

Magnum Hunter Production, inc.

Suite 600

600 North Marienfeld Street

Midland, Texas 79701

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.

OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, Texas 77046
Attn: NM Permian Land Manager

9590 9402 6746 1074 4010 71

7021 0350 0001 3337 6236

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
6/28/2022

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

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

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

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To
Randy Lee Cone
P.O. Box 231034
Anchorage, Alaska 99523

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

City, State, ZIP+4®

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

7021 0350 0001 3337 6229

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

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To
OXY Y-1 Company
5 Greenway Plaza, Suite 110
Houston, Texas 77046
Attn: NM Permian Land Manager

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

City, State, ZIP+4®

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7021 0350 0001 3337 6236

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:

Randy Lee Cone
P.O. Box 231034
Anchorage, Alaska 99523

9590 9402 6746 1074 4010 88

2. 7021 0350 0001 3337 6229

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Randy Lee Cone
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Randy Lee Cone

C. Date of Delivery
6/27/22

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

RECEIVED
JUN 27 2022
ANCHORAGE AK USPS 99507-9998

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

Restricted Delivery

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- 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
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: David Johns

9590 9402 6746 1074 4009 82

2. Article Number: 7021 0350 0001 3336 8330

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X — ☐ 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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)

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

Postage
$

Total Postage and Fees
$

Postmark Here

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

BOKF, NA
1600 Broadway
Denver, CO 80202
Attn: Ron Keever

7021 0350 0001 3336 8279

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

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

Postage
$

Total Postage and Fees
$

Postmark Here

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

MRC Delaware Resources, LLC
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: David Johns

7021 0350 0001 3336 8330

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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:

BOKF, NA
1600 Broadway
Denver, CO 80202
Attn: Ron Keever

9590 9402 6746 1074 4009 20

2. Article Number: 7021 0350 0001 3336 8279

COMPLETE THIS SECTION ON DELIVERY

A. Signature — X — ☑ 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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)

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- 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:

BOKF, NA
1600 Broadway
Denver, CO 80202
Attn: Kara Sekavec

9590 9402 6746 1074 4009 13

2. Article Number: 7021 0350 0001 3336 8262

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) T. MACIAS C. Date of Delivery 6/27/2022

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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Postage
$

Total Postage and Fees
$

Sent To
BOKF, NA
16767 N. Perimeter Drive, Ste. 200
Scottsdale, AZ 85260
Attn: Casey Coffey

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

City, State, ZIP+4®

Postmark Here

7021 0350 0001 3336 8286

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

Postage
$

Total Postage and Fe
$

Sent To
BOKF, NA
1600 Broadway
Denver, CO 80202
Attn: Kara Sekavec

Street and Apt. No., or

City, State, ZIP+4®

Postmark Here

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- 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:

BOKF, NA
16767 N. Perimeter Drive, Ste. 200
Scottsdale, AZ 85260
Attn: Casey Coffey

9590 9402 6746 1074 4009 37

2. Article Number: 7021 0350 0001 3336 8286

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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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:

Cathie Cone McCowan
P.O. Box 658
Dripping Springs, TX 78620

9590 9402 6746 1074 4009 51

2. Article Number (Transfer from service label) 7021 0350 0001 3336 8309

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Teresa Quick ☒ Agent ☐ Addressee

B. Received by (Printed Name) Teresa Quick
C. Date of Delivery 7/1/22

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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To Cathie Cone McCowan
Street and Apt. No., or P.O. Box 658
City, State, ZIP+4® Dripping Springs, TX 78620

Postmark Here

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

7021 0350 0001 3336 8309

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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To Kenneth G. Cone, Trustee of the Trusts created under the will and condicil of Kathleen Cone, Deceased, for the Benefit of the Children of Kenneth G. Cone
Street and Apt. No., or P.O. Box 658
City, State, ZIP+4® Dripping Springs, Texas 78620

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

7021 0350 0001 3336 8354

PBI

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:

Kenneth G. Cone, Trustee of the Trusts created under the will and condicil of Kathleen Cone, Deceased, for the Benefit of the Children of Kenneth G. Cone
P.O. Box 658
Dripping Springs, Texas 78620

9590 9402 6746 1074 4010 02

2. Article Number (Transfer from service label) 7021 0350 0001 3336 8354

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Teresa Quick ☒ Agent ☐ Addressee

B. Received by (Printed Name) Teresa Quick
C. Date of Delivery 7/1/22

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

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

M PBI

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:

Kenneth G. Cone, Trustee of the Trusts created under the will and condicil of Kathleen Cone, Deceased, for the Benefit of the Children of Kenneth G. Cone
P.O. Box 507
Dripping Springs, Texas 78620

9590 9402 6746 1074 4009 75

2. Article Number (Transfer from service label)

7021 0350 0001 3336 8323

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Teresa Quick ☒ Agent ☐ Addressee

B. Received by (Printed Name) Teresa Quick
C. Date of Delivery 7/1/22

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

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

(over $500)

Domestic Return Receipt

M PBJ

✓

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

Postage
$

Total Postage
$

Sent To
Street and Apt.
City, State, ZIP+4®

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Cathie Cone McCowan, Trustee of the Trusts created under the will and condicil Of Kathleen Cone, Deceased, for the benefit Of the children of Cathie Cone McCowan Auvenshine
P.O. Box 658
Dripping Springs, TX 78620

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

✓

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

Postage
$

Total Postage and
$

Sent To
Street and Apt. N
City, State, ZIP+4®

Postmark Here

Kenneth G. Cone, Trustee of the Trusts created under the will and condicil of Kathleen Cone, Deceased, for the Benefit of the Children of Kenneth G. Cone
P.O. Box 507
Dripping Springs, Texas 78620

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:

Cathie Cone McCowan, Trustee of the Trusts created under the will and condicil Of Kathleen Cone, Deceased, for the benefit Of the children of Cathie Cone McCowan Auvenshine
P.O. Box 658
Dripping Springs, TX 78620

9590 9402 6746 1074 4009 44

2. Article Number (Transfer from service label)

7021 0350 0001 3336 8293

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Teresa Quick ☒ Agent ☐ Addressee

B. Received by (Printed Name) Teresa Quick
C. Date of Delivery 7/1/22

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

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

Domestic Return Receipt

M PBJ

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:

EOG Resources, Inc.
5509 Champions Drive
Midland, Texas 79706
Attn: Brian Pond

9590 9402 6746 1074 4009 99

2. Article Number: 7021 0350 0001 3336 8347

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name): Gan Berry
C. Date of Delivery: 6/28

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
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

M PBT

✓

7021 0350 0001 3336 8378

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

M PBT

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Kenneth Cone
Street and Apt. No.: P.O. Box 507
City, State, ZIP+4®: Dripping Springs, Texas 78620

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

✓

7021 0350 0001 3336 8347

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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M PBT

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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
$

Postmark Here

Sent To
Street and Apt. No.:
City, State, ZIP+4®:

EOG Resources, Inc.
5509 Champions Drive
Midland, Texas 79706
Attn: Brian Pond

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:

Kenneth Cone
P.O. Box 507
Dripping Springs, Texas 78620

9590 9402 6746 1074 4010 26

2. Article Number: 7021 0350 0001 3336 8378

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name): Teresa Quick
C. Date of Delivery: 7/1/22

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
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

M PBT

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Karen Cone
39246 S. 631 Rd.
Jay, Oklahoma 74346-4616

9590 9402 6746 1074 4010 57

2. A... (Transfer from service label) 7021 0350 0001 3336 8408

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Karen Cone

C. Date of Delivery 6/30/2022

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
39246 S 631 Rd
Jay, OK 74346

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

M P B1

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

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Finley Production Co., LP
P.O. Box 2200
Fort Worth, Texas 76113

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

Postmark Here

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

7021 0350 0001 3336 8248

M P B1

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Sent To
Karen Cone
39246 S. 631 Rd.
Jay, Oklahoma 74346-4616

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

Postmark Here

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

7021 0350 0001 3336 8408

M P B1

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:

Finley Production Co., LP
P.O. Box 2200
Fort Worth, Texas 76113

9590 9402 6746 1074 4008 90

2. Article Number (Transfer from service label) 7021 0350 0001 3336 8248

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature]

C. Date of Delivery 6-29

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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

M P B1

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:

Kenneth Cone
P.O. Box 658
Dripping Springs, Texas 78620

9590 9402 6746 1074 4010 19

2. 7021 0350 0001 3336 8361

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Teresa Quick ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* Teresa Quick
C. Date of Delivery 7/1/22

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

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

estricted Delivery
(over $500)

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

MPBI

✓

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

MPBI

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

7021 0350 0001 3336 8361

Sent To Kenneth Cone
Street and Apt. No., or P.O. Box 658
City, State, ZIP+4® Dripping Springs, Texas 78620

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:

Devon Energy Production Company, L.P.
333 W. Sheridan Ave.
Oklahoma City, Oklahoma 73102
Attn: Aaron Young

9590 9402 6746 1074 4012 17

2. Article Number (Transfer from service label)

7021 0350 0001 3336 8224

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUN 30 2022

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

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

(over $500)

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fee
$

Postmark Here

Sent To
BOKF, NA
2405 Grand Blvd., Suite 840
Kansas City, MO 64108
Attn: Jeff Akright

Street and Apt. No., or i

City, State, ZIP+4®

7021 0350 0001 3336 8255

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To
Devon Energy Production Company, L.P.
333 W. Sheridan Ave.
Oklahoma City, Oklahoma 73102
Attn: Aaron Young

Street and Apt. No.,

City, State, ZIP+4®

7021 0350 0001 3336 8224

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:

BOKF, NA
2405 Grand Blvd., Suite 840
Kansas City, MO 64108
Attn: Jeff Akright

9590 9402 6746 1074 4009 06

2. Article Number (Transfer from service label)

7021 0350 0001 3336 8255

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C-19

☐ Agent
☐ Addressee

B. Received by (Printed Name)
C-19

C. Date of Delivery
7-8-22

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

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

Domestic Return Receipt

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:

Magnum Hunter Production, Inc.
600 N. Marienfeld St., Suite 600
Midland, Texas 79701
Attn: John Coffman

9590 9402 6746 1074 4010 95

2. Article Numbe 7021 0350 0001 3336 8231 ry

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X L Walde ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pamela L Waldo

C. Date of Delivery 6-27-2022

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

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

(over $500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 M PUBL 55 Domestic Return Receipt

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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M PUBL 55

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

7021 0350 0001 3336 8231

Sent To Magnum Hunter Production, Inc.
Street and Apt. No., or 600 N. Marienfeld St., Suite 600
City, State, ZIP+4® Midland, Texas 79701
Attn: John Coffman

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

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®

7021 0350 0001 3336 8385

stamps

$7.53
US POSTAGE
FIRST-CLASS
062S13292292
87501
000133467

S8646.050

RETURNED TO SENDER

UNCLAIMED

UNC
87504>1056

Kayla Cone
460 Captain Stockton Street
Prairie Grove, Arkansas 72753

NIXIE 722 DE 1 0007/15/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *1255-04125-15-44

7021 0350 0001 3336 8385

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Kayla Cone
Street and Apt. N 460 Captain Stockton Street
City, State, ZIP+4® Prairie Grove, Arkansas 72753

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

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

CERTIFIED MAIL®

7021 0350 0001 3336 8316

$7.53
US POSTAGE
FIRST-CLASS
062S13292292
87501
000133474

S86646.043

4/27

712
712

Clifford Cone, Trustee of the Trusts
created under the will and condicil of
Kathleen Cone, Deceased, for the
Benefit of the Children of Clifford Cone
P.O. Box 1629

NIXIE 750 DE 1 0007/14/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *1882-02166-14-15

UNC
87504>1056

U.S. Postal Service™
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MPB1

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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
$
Sent To
Street and Apt.
City, State, ZIP+4®

Postmark Here

Clifford Cone, Trustee of the Trusts
created under the will and condicil of
Kathleen Cone, Deceased, for the
Benefit of the Children of Clifford Cone
P.O. Box 1629
Lovington, NM 88260-1629

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

7021 0350 0001 3336 8316

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®

7021 0350 0001 3337 6212

stamps

$7.53
US POSTAGE
FIRST-CLASS
062S13292292
87501
000133464

S86646.053

stamps

6/27

712

Clifford Cone
P.O. Box 1629

NIXIE 750 DE 1 0007/14/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105656 *1882-02167-14-15

4N 7/19

UNC
87504>1056

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

M P BC

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

OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Clifford Cone
Street and Apt. No., or PO Box No.: P.O. Box 1629
City, State, ZIP+4®: Lovington, NM 88260-1629

7021 0350 0001 3337 6212

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

7021 0350 0001 3336 8392

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Karen Cone
Street and Apt. No. 217 Cherokee Street
City, State, ZIP+4® Lowell, Arkansas 72745

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

Spacing Unit Ownership

Puma Blanca 22 B2IL Fed Com #1H	Interest
Mewbourne Oil Company, et al.	77.62042900%
Kenneth G. Cone, Trustee of the Trusts created under eth Will and Codicil of Kathleen Cone, deceased, for the benefit of the children of Kenneth G. Cone	3.75000000%
Clifford Cone, Trustee of the Trusts created under the Will and Codicil of Kathleen Cone, deceased, for himself and for the benefit of the children of Clifford Cone	3.75000000%
Cathie Cone McCowan, Trustee of the Trusts created under the Will and Codicil of Kathleen Cone, deceased, for the benefit of the children of Cathie Cone McCowan Auvenshine	3.75000000%
Kenneth G. Cone	2.50000000%
Clifford Cone	2.50000000%
Cathie Cone McCowan	2.50000000%
BOKF, NA (formerly Bank of Oklahoma, N.A.), Trustee, Kayla Cone, Karen Cone, Finley Production Co., LP	2.50000000%
MRC Delaware Resources, LLC	1.12957100%
Total	**100.00000000%**

Parties in Red are being pooled - 22.379571%

From Exhibit 2-B in Case 22638

EXHIBIT 7

Spacing Unit Ownership

Puma Blanca 22/21 B2PM Fed Com #1H	Interest
Mewbourne Oil Company, et al.	64.48771450%
Devon Energy Production Company, L.P.	20.15625000%
Magnum Hunter Production, Inc.	4.16625000%
Kenneth G. Cone, Trustee of the Trusts created under eth Will and Codicil of Kathleen Cone, deceased, for the benefit of the children of Kenneth G. Cone	1.87500000%
Clifford Cone, Trustee of the Trusts created under the Will and Codicil of Kathleen Cone, deceased, for himself and for the benefit of the children of Clifford Cone	1.87500000%
Cathie Cone McCowan, Trustee of the Trusts created under the Will and Codicil of Kathleen Cone, deceased, for the benefit of the children of Cathie Cone McCowan Auvenshine	1.87500000%
Kenneth G. Cone	1.25000000%
Clifford Cone	1.25000000%
Cathie Cone McCowan	1.25000000%
BOKF, NA (formerly Bank of Oklahoma, N.A.), Trustee, Kayla Cone, Karen Cone, Finley Production Co., LP	1.25000000%
MRC Delaware Resources, LLC	0.56478550%
Total	**100.00000000%**

Parties in Red are being pooled - 35.5122855%

From Exhibit 2-B in Case 22639

CASE NOS. 22638 & 22639

STATUS OF CERTIFIED NOTICE

INTEREST OWNER	MAILING DATE	RECEIPT DATE	CARD RETURNED
Case No. 22638;			
Kenneth G. Cone, Trustee of Trusts U/W/O Kathleen Cone F/B/O children of Kenneth G. Cone	June 16, 2022	July 1, 2022	Yes
Clifford Cone, Trustee of Trusts U/W/O Kathleen Cone for himself and F/B/O children of Clifford Cone	"	Unclaimed	No
Cathie Cone McCowan, Trustee of Trusts U/W/O Kathleen Cone F/B/O children Of Cathie Cone McCowan Auvenshine	"	July 1, 2022	Yes
Kenneth G. Cone	"	"	"
Clifford Cone	"	Unclaimed	No
Cathie Cone McCowan	"	July 1, 2022	Yes
BOKF, Trustee	"	June 27, 2022	"
Kayla Cone	"	Unclaimed	No
Karen Cone	"	June 29, 2022	Yes
Finley Production Company	"	"	"
MRC Delaware Resources, LLC	"	June 27, 2022	"

EXHIBIT 8

Case No. 22639;

The parties listed above, plus:

Devon Energy Production Company, L.P.	June 16, 2022	June 30, 2022	Yes
Magnum Hunter Production, Inc.	"	June 24, 2022	"

Note: The three persons who did not claim their certified mail were notified by publication. See Exhibit 5.