

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

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

**Case No. 23407**

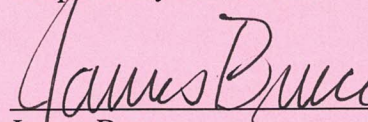
**NOTICE OF FILING ADDITIONAL EXHIBITS**

Mewbourne Oil Company submits for filing the following:

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

Exhibit 6, the pooling checklist.

Respectfully submitted,



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

Attorney for Mewbourne Oil Company



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**OFFICIAL USE**

**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:

WPX Energy Permian, LLC  
333 W. Sheridan Ave.  
Oklahoma City, Oklahoma 73102  
Attn: Land Manager

2. Article Number (Transfer from service label)

9590 9402 6746 1074 2152 96

7020 0090 0000 0865 2276

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

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

3. Service Type

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

Postmark Here

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

MAR Oil & Gas Corporation  
P.O. Box 5155  
Santa Fe, NM 87502

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

See Reverse for Instructions

Domestic Return Receipt

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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:

MAR Oil & Gas Corporation  
P.O. Box 5155  
Santa Fe, NM 87502

2. Article Number (Transfer from service label)

9590 9402 6746 1074 2153 02

7020 0090 0000 0865 2269

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

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

3. Service Type

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

Postmark Here

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

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☐ Adult Signature Required \$  
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Postage \$

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Sent To

WPX Energy Permian, LLC  
333 W. Sheridan Ave.  
Oklahoma City, Oklahoma 73102  
Attn: Land Manager

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

See Reverse for Instructions

Domestic Return Receipt



<b>COMPULSORY POOLING APPLICATION CHECKLIST</b>	
<b>ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS</b>	
<b>Case: 23407</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date: April 20, 2023</b>	
Applicant	Mewbourne Oil Company
Designated Operator & OGRID (affiliation if applicable)	Mewbourne Oil Company/Ogrid No. 14744 (same as applicant)
Applicant's Counsel:	James Bruce, Attorney at Law
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors:	N/A
Well Family	Sunrise Wolfcamp wells
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent:	Wolfcamp formation
Primary Product (Oil or Gas):	Gas
Pooling this vertical extent:	Entire Wolfcamp formation
Pool Name and Pool Code:	Purple Sage; Wolfcamp, Gas (pool Code 98220)
Well Location Setback Rules:	Purple Sage Special Rules, Statewide Rules
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	320 acres
Orientation:	West-East
Description: TRS/County	S/2 §31, Township 22 South, Range 27 East, NMPM, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is approval of non-standard unit requested in this application?</u>	Yes
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	No

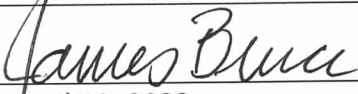
EXHIBIT

6

Applicant's Ownership in Each Tract	Exhibit 2B
<b>Well(s)</b>	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	<p>Sunrise 31 WOLI Fee Well No. 1H  API No. 30-015-Pending  SHL: 2490 FSL &amp; 210 FEL §36-22S-26E  BHL: 1980 FSL &amp; 330 FEL §31  FTP: 1980 FSL &amp; 330 FWL §31  LTP: 1980 FSL &amp; 330 FEL §31</p> <p>Target formation: Wolfcamp; West-East orientation  TVD 8920 feet, MD 13799 feet  Not drilled</p>
Well #2	<p>Sunrise 31 WOMP Fee Well No. 1H  API No. 30-015-Pending  SHL: 2470 FSL &amp; 210 FEL §36-22S-26E  BHL: 660 FSL &amp; 330 FEL §31  FTP: 660 FSL &amp; 330 FWL §31  LTP: 660 FSL &amp; 330 FEL §31</p> <p>Target formation: Wolfcamp; West-East orientation  TVD 8945 feet, MD 13915 feet  Not drilled</p>
Horizontal Well First and Last Take Points	See above
Completion Target (Formation, TVD and MD)	See above
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$8000
Production Supervision/Month \$	\$800
Justification for Supervision Costs	Exhibit 2, page 2 and Exhibit 2C
Requested Risk Charge	200%
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit 1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit 4
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit 5
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit 2B
Tract List (including lease	Exhibit 2B



numbers and owners)	
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit 2B (Working Interest Owners)
Unlocatable Parties to be Pooled	Yes
Ownership Depth Severance (including percentage above & below)	N/A
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit 2C
List of Interest Owners (i.e. Exhibit A of JOA)	Exhibit 2B
Chronology of Contact with Non-Joined Working Interests	
Overhead Rates In Proposal Letter	\$8000/\$800
Cost Estimate to Drill and Complete	Exhibit 2D
Cost Estimate to Equip Well	Exhibit 2D
Cost Estimate for Production Facilities	Exhibit 2D
<b>Geology</b>	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibit 3A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3B
Well Orientation (with rationale)	Exhibits 3 and 3C
Target Formation	Wolfcamp
HSU Cross Section	Exhibit 3B
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
C-102	Exhibit 2A
Tracts	Exhibit 2B
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit 2B
General Location Map (including	Exhibit 2A

basin)	
Well Bore Location Map	Exhibit 2A
Structure Contour Map - Subsea Depth	Exhibit 3A
Cross Section Location Map (including wells)	Exhibit 3A
Cross Section (including Landing Zone)	Exhibit 3B
<b>Additional Information</b>	
Special Provisions/Stipulations	N/A
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name</b> (Attorney or Party Representative):	James Bruce
<b>Signed Name</b> (Attorney or Party Representative):	
<b>Date:</b>	April 19, 2023