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

**APPLICATION OF MEWBOURNE OIL FOR COMPULSORY POOLING, EDDY AND LEA COUNTIES, NEW MEXICO.**

**Case Nos. 22424**

**NOTICE OF FILING ADDITIONAL EXHIBITS**

Mewbourne Oil Company submits for filing the following:

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

Exhibit 6, the revised pooling checklist.

Exhibit 8, the certified mailing spreadsheet.

Exhibit 9, a revised C-102.

Respectfully submitted,

James Bruce

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

Attorney for Mewbourne Oil Company

Page 2 of 19

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
MRC Spiral Resources, LLC
MRC Explorers Resources, LLC
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Land Department

9590 9402 5019 9063 1642 93

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6830

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
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
(over $500)

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

M 11-1

DEC 2 2021

7021 0350 0001 3337 6908

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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
Chevron USA, Inc
1400 Smith Street
Houston, Texas 77002
Attn: Scott Sabrusula

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

City, State, ZIP+4®

Postmark Here

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 F
$

Sent To
MRC Delaware Resources, LLC
MRC Spiral Resources, LLC
MRC Explorers Resources, LLC
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Land Department

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

City, State, ZIP+4®

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EXHIBIT
4.A
22423+22424

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:

Chevron USA, Inc
1400 Smith Street
Houston, Texas 77002
Attn: Scott Sabrusula

9590 9402 5019 9063 1646 99

2. Article Number

7021 0350 0001 3337 6908

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
12-30-21

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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ 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:

Extex Operating Company
5065 Westheimer, Suite 625
Houston, Texas 77056

9590 9402 5019 9063 1647 36

2. Artic 7021 0350 0001 3337 6946

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X DVS 5639 C19 ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 12/29/21

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

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

Vivian Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

Postmark Here

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

Extex Operating Company
5065 Westheimer, Suite 625
Houston, Texas 77056

Postmark Here

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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:

Vivian Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

9590 9402 6746 1074 2325 45

2. Ar 7021 0350 0001 3337 6953

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Patricia Brunson ☐ Agent ☑ Addressee

B. Received by (Printed Name) PATRICIA BRUNSON

C. Date of Delivery 12/27/21

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

Devon Energy Production Company, LP
333 West Sheridan Avenue
Oklahoma City, Oklahoma

9590 9402 6746 1074 2325 52

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6960

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Sipe ☐ Agent ☐ Addressee

B. Received by (Printed Name) CV CV-19 C. Date of Delivery

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

OKLAHOMA CITY OKLAHOMA 73102 DEC 28 2021 USPS

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) M H-1

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7021 0350 0001 3337 6977

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

Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

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

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7021 0350 0001 3337 6960

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

Devon Energy Production Company, LP
333 West Sheridan Avenue
Oklahoma City, Oklahoma

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2325 69

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6977

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

USPS DOWNTOWN STATION AMARILLO TX 79105-9998 DEC 27 2021

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) M H-1

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- 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:

The Tommye G Ewing Limited Partnership
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2325 76

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6984

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Harris

C. Date of Delivery

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

USPS DOWNTOWN STATION
DEC 27 2021
AMARILLO TX 79105-9998

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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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
$

Sent To
Yates Energy Corporation
PO Box 2323
Roswell, New Mexico 88202

Street and Apt. No., or

City, State, ZIP+4®

Postmark Here

7021 0350 0001 3337 6991

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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
$

Sent To
The Tommye G Ewing Limited Partnership
PO Box 1
Amarillo, Texas 79105

Street and Apt. No., or

City, State, ZIP+4®

Postmark Here

7021 0350 0001 3337 6984

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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:

Yates Energy Corporation
PO Box 2323
Roswell, New Mexico 88202

9590 9402 6746 1074 2325 83

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6991

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 12/28/21

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
☐ 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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- 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:

Valko, LLC
PO Box 1090
Roswell, New Mexico 88202-1090
Attn: Land Department

9590 9402 5019 9063 1643 16

2. Article Number (Transfer from service label) 7021 0350 0001 3337 6854

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D Golusko C. Date of Delivery 10-28-21

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

ROSWELL, NM 88201

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

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7021 0350 0001 3337 6878

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To Patricia Ann Brunson
Street and Apt. No., or PO 4205 Lankford Avenue
City, State, ZIP+4® Springdale, AR 72762

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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 Valko, LLC
Street and Apt. No., or PO PO Box 1090
City, State, ZIP+4® Roswell, New Mexico 88202-1090
Attn: Land Department

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:

Patricia Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

9590 9402 6746 1074 2344 02

2. Article Number (Transfer from service label) 7021 0350 0001 3337 6878

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X Patricia Brunson ☐ Agent ☐ Addressee

B. Received by (Printed Name) PATRICIA BRUNSON C. Date of Delivery 12/27/21

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

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

9590 9402 6746 1074 2325 90

2. Article Number (Transfer from service label) 7021 0350 0001 3337 7004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12/30/2021

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

M 11-1

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7021 0350 0001 3337 7011

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

Occidental Permian, LP
5 Greenway Plaza, Suite 110
Houston, Texas 77046

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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
$

Postmark Here

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

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

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

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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:

Occidental Permian, LP
5 Greenway Plaza, Suite 110
Houston, Texas 77046

9590 9402 6746 1074 2326 06

2. Article Number (Transfer from service label) 7021 0350 0001 3337 7011

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 12/24/21

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
☐ 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**
$

Postmark Here

*Sent To*

*Street and Apt. No., or PO*

*City, State, ZIP+4®*

Christopher R Fletcher
2511 Westbrook Drive
Fort Wayne, Indiana 46805

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:

Colkelan Corporation
PO Box 25663
Albuquerque, New Mexico 87125
Attn: Land Department

9590 9402 5019 9063 1643 09

2. Artic 7021 0350 0001 3337 6847

**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
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 M 11-1 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 Fees
$
Sent To
Street and Apt. No., or PO B
City, State, ZIP+4®

Postmark Here

Colkelan Corporation
PO Box 25663
Albuquerque, New Mexico 87125
Attn: Land Department

7021 0350 0001 3337 6847

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

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- 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:

Amanda L Fletcher-Furbee
443 McAdoo Avenue
Greensboro, North Carolina 27406

9590 9402 6746 1074 2343 96

2. Arti 7021 0350 0001 3337 6861

**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
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
- ☐ 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 M 11-1 Domestic Return Receipt

7021 0350 0001 3337 6861

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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 Fee
$

Sent To
Amanda L Fletcher-Furbee
443 McAdoo Avenue
Greensboro, North Carolina 27406

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

City, State, ZIP+4®

Postmark Here

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

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

1. Article Addressed to:

James H Yates, Inc
PO Box 189
Roswell, New Mexico 88202-0189
Attn: Land Department

9590 9402 6505 0346 1777 25

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6892

**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
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

stricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 M 11-1 Domestic Return Receipt

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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

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

City, State, ZIP+4®

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James H Yates, Inc
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Roswell, New Mexico 88202-0189
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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:

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

9590 9402 5019 9063 1638 07

2. A

7021 0350 0001 3337 6885

**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
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
stricted 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

M 11-1

**U.S. Postal Service™**
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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*

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

*Street and Apt. No.,*

*City, State, ZIP+4®*

7021 0350 0001 3337 6885

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| COMPULSORY POOLING APPLICATION CHECKLIST | |
|---|---|
| ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS | |
| **Case: 22424** | **APPLICANT'S RESPONSE** |
| **Date: April 20, 2023** | |
| 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 and Lea Counties, New Mexico |
| Entries of Appearance/Intervenors: | N/A |
| Well Family | Iron Island Bone Spring wells |
| **Formation/Pool** | |
| Formation Name(s) or Vertical Extent: | Bone Spring formation |
| Primary Product (Oil or Gas): | Oil |
| Pooling this vertical extent: | Entire Bone Spring formation |
| Pool Name and Pool Code: | Tamano; Bone Spring (Pool Code 58040) |
| Well Location Setback Rules: | Statewide Rules |
| **Spacing Unit** | |
| Type (Horizontal/Vertical) | Horizontal |
| Size (Acres) | 320 acres |
| Building Blocks: | 40 acres |
| Orientation: | West-East |
| Description: TRS/County | S/2NE/4 §11 and S/2N/2 §12 18S-31E NMPM (Eddy County), and S/2NW/4 §7 18S-32E NMPM (Lea County) |
| Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application? | Yes |
| **Other Situations** | |
| Depth Severance: Y/N. If yes, description | No |
| Proximity Tracts: If yes, description | No |
| Proximity Defining Well: if yes, | No |

REVISED
EXHIBIT 6

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| | |
|---|---|
| description | |
| Applicant's Ownership in Each Tract | Exhibit 2B |
| **Well(s)** | |
| Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard) | Iron Islands 11/7 B2GF Federal Com. Well No. 1H<br>API No. 30-015-Pending<br>SHL: 1080 FNL & 2010 FWL §11<br>BHL: 1980 FNL & 2527 FWL §7<br>FTP: 1980 FNL & 2540 FEL §11<br>LTP: 1980 FNL & 2574 FWL §7<br><br>Target formation: Second Bone Spring Sand; West-East orientation<br>TVD 8800 feet, MD 19631 feet<br>Not drilled |
| Well #2 | |
| | |
| Horizontal Well First and Last Take Points | See above |
| Completion Target (Formation, TVD and MD) | See above |
| **AFE Capex and Operating Costs** | |
| Drilling Supervision/Month $ | $8000 |
| Production Supervision/Month $ | $800 |
| Justification for Supervision Costs | Exhibit 2 |
| Requested Risk Charge | 200% |
| **Notice of Hearing** | |
| 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 |
| **Ownership Determination** | |
| Land Ownership Schematic of the Spacing Unit | Exhibit 2B |
| Tract List (including lease numbers and owners) | Exhibit 2B |
| If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements. | N/A |
| Pooled Parties (including ownership type) | Exhibit 2B (Working Interest Owners) |
| Unlocatable Parties to be Pooled | Yes |

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| | |
|---|---|
| Ownership Depth Severance (including percentage above & below) | N/A |
| **Joinder** | |
| 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 |
| **Geology** | |
| Summary (including special considerations) | Exhibit 3 |
| Spacing Unit Schematic | Exhibit 3A |
| Gunbarrel/Lateral Trajectory Schematic | Exhibit 3B |
| Well Orientation (with rationale) | Exhibits 3 and 3C |
| Target Formation | Bone Spring |
| HSU Cross Section | Exhibit 3B |
| Depth Severance Discussion | N/A |
| **Forms, Figures and Tables** | |
| C-102 | Exhibit 2A |
| Tracts | Exhibit 2B |
| Summary of Interests, Unit Recapitulation (Tracts) | Exhibit 2B |
| General Location Map (including basin) | Exhibit 2A |
| Well Bore Location Map | Exhibit 2A |
| Structure Contour Map - Subsea Depth | Exhibit 3A |
| Cross Section Location Map (including wells) | Exhibit 3A |
| Cross Section (including Landing Zone) | Exhibit 3B |
| **Additional Information** | |

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| | |
|---|---|
| Special Provisions/Stipulations | N/A |
| **CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.** | |
| **Printed Name** (Attorney or Party Representative): | James Bruce |
| **Signed Name** (Attorney or Party Representative): | James Bruce |
| **Date:** | April 19, 2023 |

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**CASE NO. 23423 & 23424**

**STATUS OF CERTIFIED NOTICE**

| INTEREST OWNER | MAILING DATE | RECEIPT DATE | CARD RETURNED |
|---|---|---|---|
| MRC Delaware Resources, LLC<br>MRC Spiral Resources, LLC<br>MRC Explorers Resources, LLC | 12/16/21 | 12/27/21 | YES |
| Colkelan Corporation | " | UNDELIVERED | NO |
| Valko, LLC | " | 12/29/21 | YES |
| Amanda L Fletcher-Furbee | " | UNDELIVERED | NO |
| Laurelind Corporation | " | UNDELIVERED | NO |
| Extex Operating Company | " | 12/29/21 | YES |
| Vivian Ann Brunson | " | 12/27/21 | YES |
| Devon Energy Production Company, L.P. | " | 12/28/21 | YES |
| Charlesworth Enterprises | " | 12/27/21 | YES |
| The Tommye G. Ewing Limited Partnership | " | 12/27/21 | YES |
| Yates Energy Corporation | " | 12/28/21 | YES |
| Marathon Oil Permian LLC | " | 12/30/21 | YES |
| Occidental Permian, LP | " | 12/24/21 | YES |
| Patricia Ann Brunson | " | 12/27/21 | YES |
| HEYCO Employees Ltd. | " | UNDELIVERED | NO |
| James H. Yates, Inc. | " | UNDELIVERED | NO |
| Chevron U.S.A., Inc. | " | 12/30/21 | YES |

8

EXHIBIT

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| | | | |
|---|---|---|---|
| Patti Jeanine Fletcher Letcher | " | UNDELIVERED | NO |
| Christopher R. Fletcher | " | UNDELIVERED | NO |

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District I
1625 N French Dr, Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S First St, Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S St Francis Dr, Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

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

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

☐ AMENDED REPORT

# WELL LOCATION AND ACREAGE DEDICATION PLAT

| 1 API Number | 2 Pool Code | 3 Pool Name |
|---|---|---|
| | 58040 | Tamano; Bone Spring |

| 4 Property Code | 5 Property Name | 6 Well Number |
|---|---|---|
| | IRON ISLANDS 11/7 B2GF FED COM | 1H |

| 7 OGRID No. | 8 Operator Name | 9 Elevation |
|---|---|---|
| 14744 | MEWBOURNE OIL COMPANY | 3754' |

## 10 Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet From the | East/West line | County |
|---|---|---|---|---|---|---|---|---|---|
| C | 11 | 18S | 31E | | 1080 | NORTH | 2010 | WEST | EDDY |

## 11 Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---|---|---|---|---|---|---|---|---|---|
| F | 7 | 18S | 32E | | 1980 | NORTH | 2574 | WEST | LEA |

| 12 Dedicated Acres | 13 Joint or Infill | 14 Consolidation Code | 15 Order No. |
|---|---|---|---|
| 320 | | | |

EXHIBIT 9

No allowable will be assigned to this completion until all interest have been consoli[illegible]sion.

16

GEODETIC DATA
NAD 83 GRID – NM EAST
SURFACE LOCATION
N: 642879.6 – E: 692286.6
LAT: 32.7663483° N
LONG: 103.8422560° W

GEODETIC DATA
NAD 83 GRID – NM EAST
BOTTOM HOLE
N: 642051.8 – E: 703416.2
LAT: 32.7639258° N
LONG: 103.8060634° W

CORNER DATA
NAD 83 GRID – NM EAST

A: CALCULATED CORNER
N: 638662.9 – E: 690302.5

B: FOUND BRASS CAP "1916"
N: 641301.7 – E: 690286.0

C: FOUND BRASS CAP "1916"
N: 643944.5 – E: 690271.1

D: FOUND BRASS CAP "1916"
N: 643964.0 – E: 692910.9

E: FOUND BRASS CAP "1916"
N: 643983.4 – E: 695551.7

F: FOUND BRASS CAP "1916"
N: 644003.4 – E: 698192.6

G: FOUND BRASS CAP "1913"
N: 644024.0 – E: 700832.1

H: FOUND BRASS CAP "1913"
N: 644031.5 – E: 703505.2

I: FOUND BRASS CAP "1913"
N: 644040.6 – E: 706142.9

J: FOUND BRASS CAP "1913"
N: 641403.8 – E: 706159.1

K: FOUND BRASS CAP "1913"
N: 638764.6 – E: 706174.7

L: FOUND BRASS CAP " 1913"
N: 638756.6 – E: 703534.5

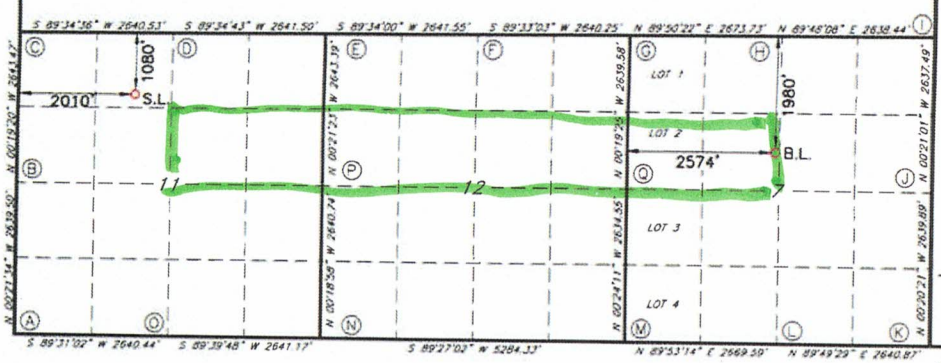
M: FOUND BRASS CAP "1913"
N: 638751.3 – E: 700865.5

N: FOUND BRASS CAP "1916"
N: 638700.6 – E: 695582.7

O: FOUND BRASS CAP "1916"
N: 638685.1 – E: 692942.2

P: FOUND BRASS CAP"1916"
N: 641340.7 – E: 695568.1

Q: FOUND BRASS CAP "1913"
N: 641385.1 – E: 700847.0




I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division

Signature Date

Printed Name

E-mail Address

## 18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

12-09-2020
Date of Survey

Signature and Seal of Professional Surveyor

ROBERT M. HOWETT
NEW MEXICO
19680
PROFESSIONAL SURVEYOR

19680
Certificate Number

Job No.: LS20120779

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