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. 22425

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 7, the certified mailing spreadsheet.

Exhibit 8, 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

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 150(
Dallas, Texas 75240

9590 9402 6746 1074 2326 37

2. 7020 2450 0002 1364 0862

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C19

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

(over $500) Restricted Delivery

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

11 3

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 Frost Bank trustee of the Josephine T. Hudson
Testamentary Trust u/t/a dated July 8, 1994
PO Box 1600
San Antonio, Texas 78296

Street and Apt. No., or P

City, State, ZIP+4®

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

7020 2450 0002 1364 0848

11 3

12.27.21

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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 Fee
$

Postmark Here

Sent To MRC Delaware Resources, LLC
MRC Spiral Resources, LLC
MRC Explorers Resources, LLC
One Lincoln Centre, 5400 LBJ Freeway, Suite 150(
Dallas, Texas 75240

Street and Apt. No., or P

City, State, ZIP+4®

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

7020 2450 0002 1364 0862

11 3

EXHIBIT 4.4.25

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:

Frost Bank trustee of the Josephine T. Hudson
Testamentary Trust u/t/a dated July 8, 1994
PO Box 1600
San Antonio, Texas 78296

9590 9402 6746 1074 2326 51

7020 2450 0002 1364 0848

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Wyh Gonzales

C. Date of Delivery 12.21.21

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

Mail
Mail Restricted Delivery
(over $500)

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11 3

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:

5217

J.R. Norton Co.
5210 E Palo Verde Place
Paradise Valley, Arizona 85252

9590 9402 6746 1074 2326 75

2. Article Number (Transfer from service label)

7020 2450 0002 1364 0824

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X RO ☐ Agent ☐ Addressee

B. Received by (Printed Name) CM9

C. Date of Delivery 12/28

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
- ☐ 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)

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1 1 3

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1 1 3

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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

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

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

7020 2450 0002 1364 0732

U.S. Postal Service™
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1 1 3

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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To
J.R. Norton Co.
5210 E Palo Verde Place
Paradise Valley, Arizona 85252

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

7020 2450 0002 1364 0824

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:

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

9590 9402 6746 1074 2327 67

2. Article Number (Transfer from service label)

7020 2450 0002 1364 0732

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 12/28/2021

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

(over $500)

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1 1 3

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 2327 50

2. Article Number (Transfer from service label)

7020 2450 0002 1364 0749

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

(over $500)

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

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

City, State, ZIP+4®

Postmark Here

7020 2450 0002 1364 0756

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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
Yates Energy Corporation
PO Box 2323
Roswell, New Mexico 88202

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

City, State, ZIP+4®

Postmark Here

7020 2450 0002 1364 0749

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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:

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

9590 9402 6746 1074 2327 43

2. Article Number (Transfer from service label)

7020 2450 0002 1364 0756

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

RECEIVED DEC 29 2021 AMARILLO TX 79105

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)

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

Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2327 36

2. Article Number (Transfer from service label)

7020 2450 0002 1364 0763

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

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

AMARILLO TX 79105 DEC 29 2021 DOWN STATION

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

1 1 3

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U.S. Postal Service™
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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
Mystique Management Corporation
6528 E 101st Street, Suite D1 #425
Tulsa, Oklahoma

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

City, State, ZIP+4®

Postmark Here

7020 2450 0002 1364 0720

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1 1 3

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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
Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

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

City, State, ZIP+4®

Postmark Here

7020 2450 0002 1364 0763

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

1 1 3

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:

Mystique Management Corporation
6528 E 101st Street, Suite D1 #425
Tulsa, Oklahoma

9590 9402 6746 1074 2327 29

2. Article Number (Transfer from service label)

7020 2450 0002 1364 0770

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Edward
☐ 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

1 1 3

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:

Vivian Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

9590 9402 6746 1074 2327 12

2. Article Number (Transfer from service label) 7020 2450 0002 1364 0787

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

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

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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 Vivian Ann Brunson
Street and Apt. No., or PO Box No. 4205 Lankford Avenue
City, State, ZIP+4® Springdale, AR 72762

7020 2450 0002 1364 0787

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

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OFFICIAL USE

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

Postage $
Total Postage and Fees $

Postmark Here

Sent To Bank of America, N.A., Successor trustee
Of the Delmar H Lewis Living Trust
Street and Apt. No., or PO Box No. PO Box 830308
City, State, ZIP+4® Dallas, Texas 75283-0308

7020 2450 0002 1364 0794

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11 3

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:

Bank of America, N.A., Successor trustee
Of the Delmar H Lewis Living Trust
PO Box 830308
Dallas, Texas 75283-0308

9590 9402 6746 1074 2327 05

2. Article Number (Transfer from service label) 7020 2450 0002 1364 0794

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

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

DEC 27 2021

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

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

9590 9402 6746 1074 2326 44

2. 7020 2450 0002 1364 0855

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
- ☐ elivery 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 11 3 Domestic Return Receipt

7020 2450 0002 1364 0855

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11 3

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OFFICIAL USE

Certified Mail Fee
$

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

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To Colkelan Corporation
PO Box 25663
Albuquerque, New Mexico 87125

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

7020 2450 0002 1364 0855

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:

Francis H Hudson, trustee of the
Trustee of Lindy's Living Trust
4200 S. Hulen, Suite 302
Fort Worth, Texas 76109

9590 9402 6746 1074 2326 68

2. Article Number (Transfer from service label)
7020 2450 0002 1364 0831

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

...ricted Delivery

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

113

7020 2450 0002 1364 0831

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113

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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 — Francis H Hudson, trustee of the
Trustee of Lindy's Living Trust
4200 S. Hulen, Suite 302
Fort Worth, Texas 76109

Street and Apt. No., or PO

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:

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

9590 9402 6746 1074 2326 82

2. 7020 2450 0002 1364 0817

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

Restricted Delivery

113

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

7020 2450 0002 1364 0817

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

113

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

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

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:

James H Yates, Inc
PO Box 189
Roswell, New Mexico 88202-0189

9590 9402 6746 1074 2326 99

2. Article Number (Transfer from service label)

7020 2450 0002 1364 0800

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

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)

113

Domestic Return Receipt

7020 2450 0002 1364 0800

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

113

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
James H Yates, Inc
PO Box 189
Roswell, New Mexico 88202-0189

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

COMPULSORY POOLING APPLICATION CHECKLIST	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 22425	**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)	400 acres
Building Blocks:	40 acres
Orientation:	West-East
Description: TRS/County	N/2SE/4 §11 and N/2S/2 §12 18S-31E NMPM (Eddy County), and N/2S/2 §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 REVISED EXHIBIT 6
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes,	No

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 B2JI Federal Com. Well No. 1H API No. 30-015-Pending SHL: 850 FSL & 2550 FEL §11 BHL: 1980 FSL & 100 FEL §7 FTP: 1980 FSL & 2540 FEL §11 LTP: 1980 FSL & 100 FEL §7 Target formation: Second Bone Spring Sand; West-East orientation TVD 8850 feet, MD 21550 feet 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

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	

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

CASE NO. 23425

STATUS OF CERTIFIED NOTICE

INTEREST OWNER	MAILING DATE	RECEIPT DATE	CARD RETURNED
MRC Delaware Resources, LLC MRC Spiral Resources, LLC MRC Explorers Resources, LLC	12/16/21	12/27/21	YES
Colkelan Corporation	"	UNDELIVERED	NO
Frost Bank as Trustee of the Josephine T. Hudson Testamentary Trust	"	12/27/21	YES
Bank of America, N.A. as Trustee of the Delmar H. Lewis Living Trust	"	12/27/21	YES
Vivian Ann Brinson	"	12/27/21	YES
Mystique Management Corporation	"	UNKNOWN	YES
Charlesworth Enterprises	"	12/29/21	YES
The Tommye G. Ewing Limited Partnership	"	UNKNOWN	YES
Yates Energy Corporation	"	12/28/21	YES
Marathon Oil Permian LLC	"	12/28/21	YES
Pear Resources	"	UNKNOWN	NO
Patricia Ann Brunson	"	UNKNOWN	YES
Francis H. Hudson, Trustee Of Lindy's Living Trust	"	UNKNOWN	YES
J.R. Norton Co.	"	12/28/21	YES

EXHIBIT 1

HEYCO Employees Ltd.	"	UNDELIVERED	NO
James H. Yates, Inc.	"	UNDELIVERED	NO

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 B2JI FED COM	1H

7 OGRID No.	8 Operator Name	9 Elevation
14744	MEWBOURNE OIL COMPANY	3734'

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
O	11	18S	31E		850	SOUTH	2550	EAST	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
I	7	18S	32E		1980	SOUTH	100	EAST	LEA

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
400			

No allowable will be assigned to this completion until all interest have been consoli[dated] [or a non-standard unit has been approved by the division.

EXHIBIT 8

16

GEODETIC DATA
NAD 83 GRID – NM EAST
SURFACE LOCATION
N: 639535.5 – E: 693028.7
LAT: 32.7571472° N
LONG: 103.8398927° W

GEODETIC DATA
NAD 83 GRID – NM EAST
BOTTOM HOLE
N: 640743.8 – E: 706063.0
LAT: 32.7602943° N
LONG: 103.7974747° 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

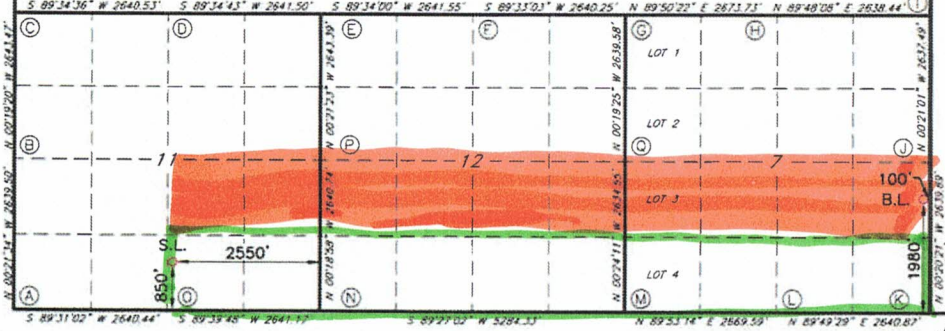
M: FOUND BRASS CAP "1913"
N: 638751.3 – E: 700865.5

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.: LS20120780