

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

APPLICATION OF MRC PERMIAN COMPANY
FOR COMPULSORY POOLING
LEA COUNTY, NEW MEXICO

CASE NO. 25409

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

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

Santa Fe, NM 87505

Certified Mail Fee \$4.85

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

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$2.04

Total Postage and Fees \$10.99

Sent To NM Oil Conservation

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

1220 S. St. Francis Drive

City, State, ZIP+4® Santa Fe, NM 87505

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

OBJECTION,
OF APPEARANCE and
HEARING STATEMENT

ident/Manager of Toles-Com-Ltd, LLC, and hereby
s-Com-Ltd, LLC who was a recipient of the above
mail and respectfully enters this pre-hearing statement
ATION.

pany ("MRC"), through its attorneys, have made an
Division ("OCD") for an order pooling all uncommitted
horizontal spacing unit underlying the W/2 of Sections 26
East, and Lots 3-6 and 11-14 (NW/4 equivalent) of
7 East, NMPM, Lea County, New Mexico.

at numbered paragraph #4 Applicant states that MRC
a voluntary agreement from all interest owners
of the wells or to otherwise

offers from applicant with
tically a lease of our
minerals for a ¼ Royalty as
ent) of

be considered by the OCD.

this 26th day of May 2025,

Manager

Section 26
ent) of

Roswell, NM 88202
(575) 622-5863
toles@roswell.net

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:
NM Oil Conservation Division
1220 S. St. Francis Drive
Santa Fe, NM 87505



9590 9402 6031 0069 5460 44

Transfer from service label

9589 0710 5270 3025 7307 13

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Matthew Lovato*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Matthew Lovato

C. Date of Delivery

5/30/25

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

☐ Restricted Delivery

☐ 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