

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

APPLICATION OF MATADOR PRODUCTION
COMPANY FOR A NON-STANDARD OIL SPACING
AND PRORATION UNIT AND COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.

Case No. 15,362

AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, 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 Matador Production Company.
3. Matador Production Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct 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 NMAC 19.15.4.9 and 19.15.4.12.C.



James Bruce

SUBSCRIBED AND SWORN TO before me this 14th day of August, 2015 by
James Bruce.



Notary Public

My Commission Expires: 2/15/16

Oil Conservation Division
Case No. 1
Exhibit No. 1



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

July 30, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

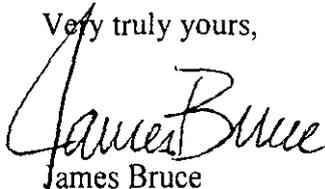
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a well in the N½N½ of Section 25, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 20, 2015, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the well unit.** You are not required to attend this hearing, but you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter 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 Thursday, August 13, 2015. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its 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.

Very truly yours,


James Bruce

Attorney for MRC Permian Company

Attachment A

EXHIBIT A

Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Robert H. Forest Oil Co.
609 Elora
Carlsbad, New Mexico 88220

Chesapeake Exploration LLC
P.O. Box 18496
Oklahoma City, Oklahoma 73154

The Allar Company
P.O. Box 1210
Graham, Texas 76450

Jerry Pulley
359 FM 969
Bastrop, Texas 78602

Murchison Oil & Gas, Inc.
Legacy Tower One
Suite 1400
7250 Dallas Parkway
Plano, Texas 75024

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

A. Signature
X J Pulley Agent Addressee

B. Received by (Printed Name) *Elizabeth Pulley* C. Date of Delivery *Aug 14 2015*

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

1. Article Addressed to:

Jerry Pulley
 359 FM 969
 Bastrop, Texas 78602

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7013 3020 0000 4605 0524**

PS Form 3811, July 2013 Domestic Return Receipt *Mat - E*

U.S. Postal Service CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Postmark Here

Sent To The Allar Company
 P.O. Box 1210
 Graham, Texas 76450

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4605 0524

U.S. Postal Service CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Postmark Here

Sent To Jerry Pulley
 359 FM 969
 Bastrop, Texas 78602

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

PS Form 3800, August 2006 See Reverse for Instructions

4250 5074 0000 020E ETD1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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 Allar Company
 P.O. Box 1210
 Graham, Texas 76450

2. Article Number (Transfer from service label) **7013 3020 0000 4605 0531**

PS Form 3811, July 2013 Domestic Return Receipt *Mat - E*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melanie Barrett Agent Addressee

B. Received by (Printed Name) *Melanie Barrett* C. Date of Delivery *8-12-15*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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 Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

2. Article Number: 7013 3020 0000 4605 0562
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt *Mat - e*

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 8-3-15

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
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Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

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

Murchison Oil & Gas, Inc.
Legacy Tower One
Suite 1400
7250 Dallas Parkway
Plano, Texas 75024

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4605 0517

MAINY, SANTA JUL 30 2015

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Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Sent To Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

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

PS Form 3800, August 2006 See Reverse for Instructions

2950 5094 0000 0206

MAINY, SANTA JUL 30 2015

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Murchison Oil & Gas, Inc.
Legacy Tower One
Suite 1400
7250 Dallas Parkway
Plano, Texas 75024

2. Article Number: 7013 3020 0000 4605 0517
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt *Mat - e*

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Elaine Peveto C. Date of Delivery 8-3-15

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

2. Article Number (Transfer from service label) 7013 3020 0000 4605 0500

PS Form 3811, July 2013 Domestic Return Receipt *Mat-E*

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

X B. Received by (Printed Name) C. Date of Delivery 8-7

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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6250 5094 0000 0202 ETD

Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$

Position MAY 30 2015 Postmark Here

Sent To EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

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

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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OFFICIAL USE

0500 5094 0000 0202 ETD

Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$

Position JUL 30 2015 Postmark Here

Sent To Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.
P.O. Box 2267
Midland, Texas 79702

2. Article Number (Transfer from service label) 7013 3020 0000 4605 0579

PS Form 3811, July 2013 Domestic Return Receipt *Mat-E*

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

X B. Received by (Printed Name) C. Date of Delivery 8-4-15

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 3020 0000 4604 9733

Postal Service™
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To
Robert H. Forest Oil Co.
609 Elora
Carlsbad, New Mexico 88220

Street, Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

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

Article Addressed to:
Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

2. Article Number
(Transfer from service label)
7013 3020 0000 4604 9733

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name)
C. Date of Delivery
8/13/15

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 Restricted Delivery? (Extra Fee) Yes No

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

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

1. Article Addressed to:
Robert H. Forest Oil Co.
609 Elora
Carlsbad, New Mexico 88220

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 No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

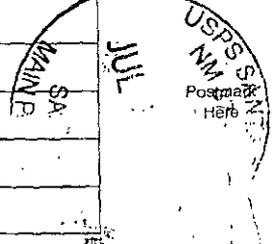
2. Article Number
(Transfer from service label)
7013 3020 0000 4605 0555

PS Form 3811, July 2013 Domestic Return Receipt

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CERTIFIED MAIL RECEIPT
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Chevron U.S.A. Inc.
15 Smith Road
Midland, Texas 79705

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chesapeake Exploration LLC
P.O. Box 18496
Oklahoma City, Oklahoma 73154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RECEIVED Agent Addressee

B. Received by (Printed Name) **MAHROUB** C. Date of Delivery **AUG 06 2015**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7013 3020 0000 4605 0548

PS Form 3811, July 2013

Domestic Return Receipt

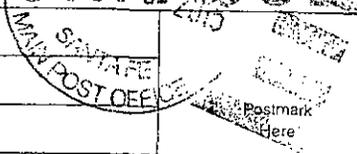
Rec'd - E

7 0000 4605 0548

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(Domestic Mail Only. No Insurance or Damage Protection)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Chesapeake Exploration LLC
P.O. Box 18496
Oklahoma City, Oklahoma 73154