

JAMES BRUCE
ATTORNEY AT LAW

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jamesbruc@aol.com

November 10, 2016

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 Wolfcamp well in the N $\frac{1}{2}$ of Section 14, Township 23 South, Range 27 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 1, 2016, in Porter-Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, 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, November 23, 2016. 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 Matador Production Company



EXHIBIT A

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

Mulberry Partners II, LP
P.O. Box 1290
Artesia, New Mexico 88211

Abo Petroleum Corporation
P.O. Box 900
Artesia, New Mexico 88211

OXY Y-1 Company
Suite 110
5 Greenway Plaza
Houston, Texas 77046

EOG Y Resources Inc.
104 South 4th Street
Artesia, New Mexico 88210

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:

EOG Y Resources Inc.
104 South 4th Street
Artesia, New Mexico 88210

9590 9402 2354 6225 8699 65

2. Article Number (Transfer from service label)

7012 3050 0000 6866 9423

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

Mat KC 206

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) *BM*

C. Date of Delivery *11/2/16*

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Adult Signature
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Return Receipt for Merchandise
- Collect on Delivery
- Signature Confirmation™
- Collect on Delivery Restricted Delivery
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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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: *Mulberry Partners II, LP*
P.O. Box 1290
Artesia, New Mexico 88211

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

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0000 6866 9423

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: *EOG Y Resources Inc.*
104 South 4th Street
Artesia, New Mexico 88210

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

PS Form 3800, August 2006 See Reverse for Instructions

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1. Article Addressed to:

Mulberry Partners II, LP
P.O. Box 1290
Artesia, New Mexico 88211

9590 9402 2354 6225 8695 69

2. Article Number (Transfer from service label)

7012 3050 0000 6866 9454

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

Mat KC 206

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) *Vicki V...*

C. Date of Delivery

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Adult Signature
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Return Receipt for Merchandise
- Collect on Delivery
- Signature Confirmation™
- Collect on Delivery Restricted Delivery
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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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:

Abo Petroleum Corporation
P.O. Box 900
Artesia, New Mexico 88211

9590 9402 2354 6225 8699 89

2. Article Number (Transfer from service label)

7012 3050 0000 6866 9447

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

- Agent
- Addressee

B. Received by (Printed Name)

SW

C. Date of Delivery

11-21-10

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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

ed Delivery

Domestic Return Receipt

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

Abo Petroleum Corporation
P.O. Box 900
Artesia, New Mexico 88211

Street, Apt. No. or PO Box No.

City, State, ZIP+4

PS Form 3800 August 2006

See Reverse for Instructions

7012 3050 0000 6866 9447

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>OXY Y-1 Company Suite 110 5 Greenway Plaza Houston, Texas 77046</p>		<p>B. Received by (Printed Name) <i>Suarez</i> C. Date of Delivery <i>11-26-16</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 2354 6225 8699 72</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>		<p>7012 3050 0000 6866 9430</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Yates Industries, LLC EOG Resources, Inc. EOG Resources LLC P.O. Box 2267 Midland, Texas 79702
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006	
See Reverse for Instructions	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	OXY Y-1 Company Suite 110 5 Greenway Plaza Houston, Texas 77046
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 THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Yates Industries, LLC EOG Resources, Inc. EOG Resources LLC P.O. Box 2267 Midland, Texas 79702</p>		<p>B. Received by (Printed Name) <i>J Perry</i> C. Date of Delivery <i>11-22-16</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 2354 6225 8700 08</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>		<p>7012 3050 0000 6866 9467</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	