



7  
**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](mailto:jamesbruc@aol.com)

February 9 2017

CERTIFIED MAIL RETURN RECEIPT REQUESTED

To Persons on Exhibit A

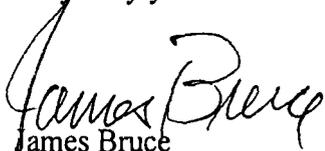
Ladies and gentlemen

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company regarding a Bone Spring well in the W $\frac{1}{2}$ E $\frac{1}{2}$  of Section 2 and the W $\frac{1}{2}$ E $\frac{1}{2}$  of Section 11 Township 25 South Range 28 East NMPM Eddy County New Mexico

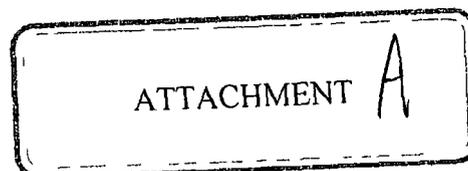
This matter is scheduled for hearing at 8 15 a m on Thursday March 2 2017, in Porter Hall at the Division's offices at 1220 South St Francis Drive, Santa Fe, New Mexico 87505 You are not required to attend this hearing, but as an owner of an interest who may be affected by the application you may appear and present testimony Failure to appear at that time and become a party of record will preclude you from contesting this 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 February 23 2017 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 his or her 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

Very truly yours

  
James Bruce

Attorney for Mewbourne Oil Company



EXHIBIT

A

EOG Resources Inc  
5509 Champions Drive  
Midland Texas 79706

Panhandle Royalty Company  
Suite 300  
Grande Central Building  
Oklahoma City Oklahoma 73112

**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

Pharmaceutical Corp  
 Suit 300  
 Grand Central Building  
 Oklahoma City Oklahoma 73102

9590 9402 1676 6053 6632 25

2 Article Number (Transfer from service label)  
 7014 0510 0000 9539 7188 Delivery

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Janna Puelker*  Agent  Addressee

B. Received by (Printed Name)  
*Janna Puelker* C. Date of Delivery  
*2-16-17*

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

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

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

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

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

Set To  
 Street Apt No  
 or PO Box No  
 City State ZIP 4

FOG Resources Inc  
 5509 Champion Drive  
 Midvale UT 84046

PS Form 3811 August 2009 See Reverse for Instructions

7014 0510 0000 9539 7171  
 7014 0510 0000 0150 4701

M-H-8200

Domestic Return Receipt

PS Form 3811 July 2015 PSN 7530 02 000 9053

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

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

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

Set To  
 Street Apt No  
 or PO Box No  
 City State ZIP 4

Pharmaceutical Corp  
 Suit 300  
 Grand Central Building  
 Oklahoma City Oklahoma 73102

PS Form 3811 August 2009 See Reverse for Instructions

7014 0510 0000 9539 7188

**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

Pharmaceutical Corp  
 5509 Champion Drive  
 Midvale Utah 84046

9590 9402 1676 6053 6632 18

2 Article  
 7014 0510 0000 9539 7171 Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053 (over \$500)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *J. Berry*  Agent  Addressee

B. Received by (Printed Name)  
*J. Berry* C. Date of Delivery  
*2-17-17*

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

3 Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation on Restricted Delivery  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

M-H-8200

Domestic Return Receipt