

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

December 20, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

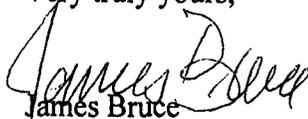
Ladies and gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Bone Spring well in the E/2W/2 of Section 1 and the E/2W/2 of Section 12, 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, January 10, 2019, 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, January 3, 2019. 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

ATTACHMENT *A*

Belen Hernandez
1905 Howard Road
Carlsbad, NM 88220

Estate of Irene Ruiz
8253 Avenue 304
Visalia, CA 93277

RKI Exploration & Production, LLC
3500 Williams Center, MD 35
Tulsa, OK 74172

Chi Energy, Inc.
P.O. Box 1799
Midland, TX 79702

~~Roadrunner Oil & Gas, LLC
P.O. Box 101415
Fort Worth, TX 76185~~

Raul Arturo Gamboa & Valerie Lara
6011 Ruiz Road
Carlsbad, NM 88220

New Mexico Department of Transportation
P.O. Box 1149
Santa Fe, NM 87504

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:

Raul Arturo Gamboa & Valerie Lara
6011 Ruiz Road
Carlsbad, NM 88220

9590 9402 3866 8060 2386 13

2. Article Number: 7018 1130 0001 5003 9528

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Michael Bonafino* C. Date of Delivery: *12/20/15*

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

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™

Signature Confirmation Restricted Delivery

(over \$500) Delivery Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

9590 9402 3866 8060 2386 13

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 \$

Postmark Here

Postage \$

Total Postage and Fees \$

Sent To: RKI Exploration & Production, LLC
3500 Williams Center, MD 35

Street and Apt. No., or 1 Tulsa, OK 74172

City, State, ZIP+4®

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

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9590 9402 3866 8060 2386 13

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 \$

Postmark Here

Postage \$

Total Postage and Fees \$

Sent To: Raul Arturo Gamboa & Valerie Lara
6011 Ruiz Road
Carlsbad, NM 88220

Street and Apt. No., or 1 Carlsbad, NM 88220

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:

RKI Exploration & Production, LLC
3500 Williams Center, MD 35
Tulsa, OK 74172

2. Article Number: 7018 1130 0001 5003 9498

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Name]* Date of Delivery: *DEC 27 2015*

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

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™

Signature Confirmation Restricted Delivery

(over \$500) Delivery Domestic Return Receipt

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

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:

Chi Energy, Inc.
P.O. Box 1799
Midland, TX 79702

9590 9402 3866 8060 2386 06

2. Article Number (Transfer from address label)

7018 1130 0001 5003 9481

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *12-26-18*

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

Restricted Delivery (over \$500)

Mark 122

Domestic Return 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 \$

Sent To *Belen Hernandez*
1905 Howard Road
Carlsbad, NM 88220

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

7018 1130 0001 5003 9481

7018 1130 0001 5003 9481

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 \$

Sent To *Chi Energy, Inc.*
P.O. Box 1799
Midland, TX 79702

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

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:

Belen Hernandez
1905 Howard Road
Carlsbad, NM 88220

9590 9402 3866 8060 2385 76

2. Article Number

7018 1130 0001 5003 9511

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] 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
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Delivery

Mark 122

Domestic Return Receipt

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p>New Mexico Department of Transportation P.O. Box 1149 Santa Fe, NM 87504</p> <p>9590 9402 3866 8060 2000 0</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<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"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<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"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<p>2. Article Identification Number</p> <p>7018 1130 0001 5003 9092</p>	<p>(over 5000) cted Delivery</p>												

PS Form 3811, July 2015 PSN 7530-02-000-9053 *Met 122* Domestic Return Receipt

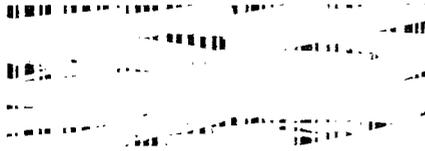
7018 1130 0001 5003 9092

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>															
For delivery information, visit our website at www.usps.com ®															
OFFICIAL USE															
<table border="0"> <tr> <td>Certified Mail Fee</td> <td>\$ _____</td> </tr> <tr> <td>Extra Services & Fees (check box, add fee as appropriate)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table>	Certified Mail Fee	\$ _____	Extra Services & Fees (check box, add fee as appropriate)		<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	<input type="checkbox"/> Return Receipt (electronic)	\$ _____	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	<input type="checkbox"/> Adult Signature Required	\$ _____	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	Postmark Here
Certified Mail Fee	\$ _____														
Extra Services & Fees (check box, add fee as appropriate)															
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<table border="0"> <tr> <td>Sent To</td> <td>New Mexico Department of Transportation</td> </tr> <tr> <td>Street and Apt. #</td> <td>P.O. Box 1149</td> </tr> <tr> <td>City, State, ZIP+4®</td> <td>Santa Fe, NM 87504</td> </tr> </table>		Sent To	New Mexico Department of Transportation	Street and Apt. #	P.O. Box 1149	City, State, ZIP+4®	Santa Fe, NM 87504								
Sent To	New Mexico Department of Transportation														
Street and Apt. #	P.O. Box 1149														
City, State, ZIP+4®	Santa Fe, NM 87504														
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions															

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



7018 1130 0001 5003 9504

NAME _____
1st Notice _____
2nd Notice _____
Return _____

1/5

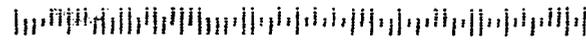
\$6.70⁰
US POSTAGE
FIRST-CLASS

071V00607931
87601
000111564



Estate of Irene Ruiz
8253 Avenue 304
Visalia, CA 93277

00201 87601 1/5



7018 1130 0001 5003 9504

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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

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

Estate of Irene Ruiz
8253 Avenue 304
Visalia, CA 93277

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

CARLSBAD CURRENT ARGUS

AFFIDAVIT OF PUBLICATION

NOTICE

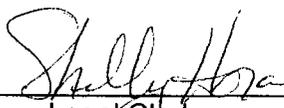
Ad No.
0001272434

JAMES BRUCE ATTORNEY AT LAW
PO BOX 1056

SANTA FE NM 87504

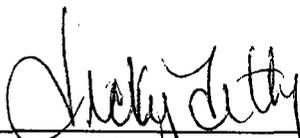
I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

12/25/18



Legal Clerk

Subscribed and sworn before me this
26th of December 2018.



State of WI, County of Brown
NOTARY PUBLIC

9/9/21

My Commission Expires

To: Belen Hernandez, Raul Arturo Gamboa, Valerie Lara, New Mexico Department of Transportation, and Irene Ruiz, or your heirs, devisees, successors, or assigns: Matador Production Company has filed an application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests in the Bone Spring formation underlying the E/2W/2 of Section 1 and the E/2W/2 of Section 12, Township 23 South, Range 27 East, NMPM. The unit will be dedicated to the Larry Wolfish 1&12-23S-27E RB Well No. 122H, a horizontal well with a surface location in the SE/4SW/4 of Section 36, Township 22 South, Range 27 East, N.M.P.M., a first take point in the NE/4NW/4 of Section 1, and a last take point in the SE/4SW/4 of Section 12. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision; designation of applicant as operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The application is scheduled to be heard at 8:15 a.m. on Thursday, January 10, 2019 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date. The attorney for applicant is James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504. The unit is located approximately 6 miles south-southwest of Carlsbad, New Mexico.

December 25, 2018

EXHIBIT 13

