

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

APPLICATION OF MEWBOURNE OIL
FOR COMPULSORY POOLING, EDDY
AND LEA COUNTIES, NEW MEXICO.

Case Nos. 22425

NOTICE OF FILING ADDITIONAL EXHIBITS

Mewbourne Oil Company submits for filing the following:

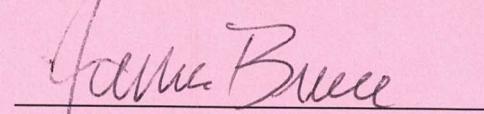
Exhibit 1, which contains the application and proposed notice.

Supplemental Exhibit 4-A, which contains all green cards and returned mail which have been received.

Exhibit 6, the pooling checklist.

Exhibit 7, a supplemental geology affidavit.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043
jamesbruc@aol.com

Attorney for Mewbourne Oil Company

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING, EDDY COUNTY
AND LEA COUNTY, NEW MEXICO.**

Case No. 22425**APPLICATION**

Mewbourne Oil Company applies for an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2SE/4 of Section 11 and the N/2S/2 of Section 12, Township 18 South, Range 31 East, N.M.P.M., Eddy County, New Mexico, and Lot 3, NE/4SW/4, and the N/2SE/4 (the N/2S/2) of Section 7, Township 18 South, Range 32 East, N.M.P.M., Lea County, New Mexico, and in support thereof, states:

1. Applicant is an interest owner in the N/2SE/4 of Section 11, the N/2S/2 of Section 12, and the N/2S/2 of Section 7, and has the right to drill a well thereon.
2. Applicant proposes to drill the Iron Islands 11/7 B2JI Fed. Com. Well No. 1H to a depth sufficient to test the Bone Spring formation, with a first take point in the NW/4SE/4 of Section 11 and a last take point in the NE/4SE/4 of Section 7.
3. Applicant has in good faith sought to obtain the voluntary joinder of all other mineral interest owners in the N/2SE/4 of Section 11, the N/2S/2 of Section 12, and the N/2S/2 of Section 7 for the purposes set forth herein.
4. Although applicant attempted to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the well or to otherwise commit their interests to the well, certain interest owners have failed or refused to join in dedicating their interests. Therefore, applicant seeks an order pooling all uncommitted mineral interest owners in the Bone

EXHIBIT

Spring formation underlying the N/2SE/4 of Section 11, the N/2S/2 of Section 12, and the N/2S/2 of Section 7, pursuant to NMSA 1978 §70-2-17.

5. The pooling of all mineral interest owners in the Bone Spring formation underlying the N/2SE/4 of Section 11, the N/2S/2 of Section 12, and the N/2S/2 of Section 7 will prevent the drilling of unnecessary wells, prevent waste, and protect correlative rights.

WHEREFORE, applicant requests that, after notice and hearing, the Division enter its order:

- A. Pooling all uncommitted mineral interest owners in the Bone Spring formation underlying the N/2SE/4 of Section 11, the N/2S/2 of Section 12, and the N/2S/2 of Section 7;
- B. Designating applicant as operator of the well;
- C. Considering the cost of drilling, completing, and equipping the well, and allocating the cost among the well's working interest owners;
- D. Approving actual operating charges and costs charged for supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedure; and
- E. Setting a 200% charge for the risk involved in drilling, completing, and equipping the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Mewbourne Oil Company

Application of Mewbourne Oil Company for compulsory pooling, Eddy County and Lea County, New Mexico. Mewbourne Oil Company seeks an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2SE/4 of Section 11 and the N/2S/2 of Section 12, Township 18 South, Range 31 East, NMPM (Eddy County), and Lot 3, NE/4SW/4, and the N/2SE/4 (the N/2S/2) of Section 7, Township 18 South, Range 32 East, NMPM (Lea County). The unit will be dedicated to the Iron Islands 11/7 B2JI Fed. Com. Well No. 1H, with a first take point in the NW/4SE/4 of Section 11 and a last take point in the NE/4SE/4 of Section 7. Also to be considered will be the cost of drilling, completing, and equipping 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, completing, and equipping the well. The unit is located approximately 10-1/2 miles southeast of Loco Hills, New Mexico.

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Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
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 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark Here

Postage

Total Postage and Fees \$

Chevron USA, Inc
1400 Smith Street
Houston, Texas 77002
Street and Apt. No., or PC Attn: Scott Sabrinusla
City, State, ZIP+4®

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *REC 2021*

B. Received by (Printed Name) *M 11 - 1*

C. Date of Delivery

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

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

RECEIVED
M 11 - 1
Domestic Return Receipt
(over \$50)

COMPLETE THIS SECTION

A. Signature *M 11 - 1*

B. Received by (Printed Name) *M 11 - 1*

C. Date of Delivery *12-30-21*

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Every Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

RECEIVED
M 11 - 1
Domestic Return Receipt

EXHIBIT

COMPLETE THIS SECTION

A. Signature *REC 2021*

B. Received by (Printed Name) *M 11 - 1*

C. Date of Delivery

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:

MRC Delaware Resources, LLC
MRC Explorers Resources, LLC
One Lincoln Centre, 5400 N. Belt Freeway, Suite 1500
Dallas, Texas 75240
Attn: Land Department

Article Number: *7021 0350 0001 3337 6830*

Barcode

9590 9402 5019 9063 1642 93

PS Form 3811, July 2015 PSN 7530-02-000-9053 *M 11 - 1*

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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 \$

Chevron USA, Inc
1400 Smith Street
Houston, Texas 77002
Street and Apt. No., or PC Attn: Scott Sabrinusla
City, State, ZIP+4®

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *M 11 - 1*

B. Received by (Printed Name) *M 11 - 1*

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
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 Certified Mail Restricted Delivery
 Collect on Delivery
 Every Restricted Delivery
 Insured Mail Restricted Delivery (over \$500)

RECEIVED
M 11 - 1
Domestic Return Receipt

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<input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="text"/>		
Postage \$ <input type="text"/>		
Total Postage and Fees \$ <input type="text"/>		

\$ Sent To Vivian Ann Brunson

4205 Lanford Avenue

Springdale, AR 72762

Street and Apt. No., or F.

City, State, Zip+4®

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

A. Signature	<input type="checkbox"/> Agent
B. Received by (Printed Name)	<input type="checkbox"/> Addressee
C. Date of Delivery	12/29/21
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	<input type="checkbox"/> No
ExteX Operating Company 5065 Westheimer, Suite 625 Houston, Texas 77056	
3. Service Type	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
4. Article Addressed to:	M 11-1 Domestic Return Receipt (over \$500)
5. Article Addressed to:	M 11-1 Domestic Return Receipt (over \$500)

SENDER: COMPLETE THIS SECTION	
A. Signature	
X DVS 5639 C19	
<input type="checkbox"/> Agent	
<input type="checkbox"/> Addressee	
B. Received by (Printed Name)	
C. Date of Delivery	
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ExteX Operating Company 5065 Westheimer, Suite 625 Houston, Texas 77056	
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PS Form 3811, July 2015 PSN 7530-02-000-9053

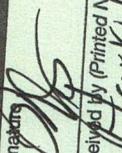
COMPLETE THIS SECTION ON DELIVERY		
A. Signature		
X Vivian Ann Brunson		
<input type="checkbox"/> Agent		
<input type="checkbox"/> Addressee		
B. Received by (Printed Name)		
PATTI CLAYTON ASN		
C. Date of Delivery		
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D. Is delivery address different from item 1? If YES, enter delivery address below:		
Vivian Ann Brunson 4205 Lanford Avenue Springdale, AR 72762		
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Vivian Ann Brunson 4205 Lanford Avenue Springdale, AR 72762		
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SENDER: COMPLETE THIS SECTION		
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B. Received by (Printed Name)		
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C. Date of Delivery		
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Vivian Ann Brunson 4205 Lanford Avenue Springdale, AR 72762		
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M 11-1 Domestic Return Receipt (over \$500)		
5. Article Addressed to:		

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<p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (handcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	
<p>Postage</p>	
<p>Total Postage and Fees</p> <p>\$ _____</p>	
<p>Sent To</p> <p>Charlesworth Enterprises PO Box 1 Amarillo, Texas 79105</p>	<p>Street and Apt. No., or PO Box No.</p> <p>City, State, Zip+4®</p>
<p>Postmark Here</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-2000-8007 See Reverse for Instructions</p>	

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</p>  <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>USPS DOWNTOWN WILMINGTON DEPT 27 8666-99105-1000</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery</p> <p>2. Article Addressed to:</p> <p>Charlesworth Enterprises PO Box 1 Amarillo, Texas 79105</p> <p>9590 9402 6746 1074 2325 69</p> <p>7021 0350 0001 3337 6977</p> <p>Barcode</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt M 11-1</p>	

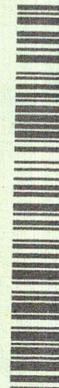
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For delivery information, visit our website at www.usps.com .													
OFFICIAL USE													
<p style="text-align: center;">Certified Mail Fee</p> <table border="1"> <tr> <td colspan="2">\$ Extra Services & Fees (check box, add fee as appropriate)</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> <p style="text-align: center;">Postage _____</p>		\$ 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	\$ _____
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<p style="text-align: right;">Sent To</p> <p style="text-align: right;">Street and Apt. No., or P.O. Box No. _____</p> <p style="text-align: right;">City, State, ZIP+4® _____</p>													
<p style="text-align: right;">Devon Energy Production Company, Inc. 333 West Sheridan Avenue Oklahoma City, Oklahoma</p> <p style="text-align: right;">PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p style="text-align: right;">See Reverse for Instruction</p>													

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<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
A. Signature 		C. Date of Delivery Apr 12	
B. Received by (Printed Name) Tommye G Ewing		D. Is delivery address different from item 1? If YES, enter delivery address below: AMARILLO	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Article Addressed to:  The Tommye G Ewing Limited Partnership PO Box 1 Amarillo, Texas 79105		3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> My Restricted Delivery <input type="checkbox"/> Restricted Delivery	
2. Article Number <i>(Transfer from front)</i> 7021 0350 0001 3337 6984		4. Postage Over \$500	
PS Form 3811, July 2020 PSN 7530-02-000-9053		M 111 Domestic Return Receipt	



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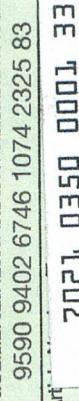
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		RECIPIENT: COMPLETE THIS SECTION	
For delivery information, visit our website at www.usps.com .		COMPLETE THIS SECTION ON DELIVERY	
OFFICIAL USE		A. Signature 	
B. Received by (Printed Name) Yates Energy Corporation		C. Date of Delivery 12/28/21	
		D. Is delivery address different from item 1? If YES, enter delivery address below:	
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1. Article Addressed to:  Yates Energy Corporation PO Box 2323 Roswell, New Mexico 88202		3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> My Restricted Delivery <input type="checkbox"/> Restricted Delivery	
2. Art. No. 7021 0350 0001 3337 6984		4. Postage Over \$500	
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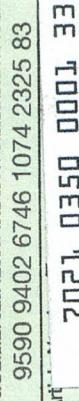
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		RECIPIENT: COMPLETE THIS SECTION	
For delivery information, visit our website at www.usps.com .		COMPLETE THIS SECTION ON DELIVERY	
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		D. Is delivery address different from item 1? If YES, enter delivery address below:	
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PS Form 3811, July 2020 PSN 7530-02-000-9053

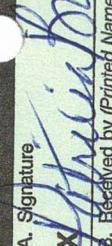
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only		RECIPIENT: COMPLETE THIS SECTION	
For delivery information, visit our website at www.usps.com .		COMPLETE THIS SECTION ON DELIVERY	
OFFICIAL USE		A. Signature 	
B. Received by (Printed Name) Yates Energy Corporation		C. Date of Delivery 12/28/21	
		D. Is delivery address different from item 1? If YES, enter delivery address below:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Article Addressed to:  Yates Energy Corporation PO Box 2323 Roswell, New Mexico 88202		3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> My Restricted Delivery <input type="checkbox"/> Restricted Delivery	
2. Art. No. 7021 0350 0001 3337 6984		4. Postage Over \$500	
PS Form 3811, July 2020 PSN 7530-02-000-9053		See Reverse for Instructions	



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PS Form 3811, July 2020 PSN 7530-02-000-9053

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<p><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 \$ _____</p>		<p>Postmark Here</p>	
<p>Total Postage and Fees \$</p>		<p>Sent To <i>Street and Apt. No., o</i> <i>City, State, Zip+4®</i></p>	
		<p>Patricia Ann Brunson 4205 Lankford Avenue Springdale, AR 72762</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card.</p> <p>■ Attach this card.</p>		<p>A. Signature </p> <p>B. Received by (Printed Name) X <u>Patricia Ann Russell</u></p> <p>C. Date of Delivery <u>12/27/21</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><i>Patricia Ann Russell 4205 Lankford Avenue Springdale, AR 72762</i></p>	
<p>1. Article Addressed to:</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail@ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number 7021 0350 0001 3337 6878</p>		<p>4. Delivery Options <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>M 11-1 Domestic Return Receipt (Open 2000)</p>			

<p>U.S. Postal Service™</p> <p>CERTIFIED MAIL® RECEIPT</p> <p>Domestic Mail Only</p>		<p>For delivery information, visit our website at www.usps.com®</p>																									
<h1 style="text-align: center;">OFFICIAL USE</h1>																											
<p>Certified Mail Fee</p>																											
<table border="1"> <tr> <td style="width: 15%;">Extra Services & Fees (check box, add fee as appropriate)</td> <td style="width: 15%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (handcopy)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2">Postage</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Postage and Fees</td> </tr> <tr> <td style="width: 15%; text-align: right;">\$</td> <td style="width: 15%; text-align: right;">\$</td> </tr> <tr> <td>Sent To</td> <td></td> </tr> <tr> <td colspan="2"> Valko, LLC PO Box 1090 Roswell, New Mexico 88202-1090 Attn: Land Department </td> </tr> <tr> <td colspan="2"> Street and Apt. No., or P.O. Box City, State, ZIP+4® </td> </tr> </table>				Extra Services & Fees (check box, add fee as appropriate)	\$ _____	<input type="checkbox"/> Return Receipt (handcopy)	\$ _____	<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	\$ _____	Postage		Total Postage and Fees		\$	\$	Sent To		Valko, LLC PO Box 1090 Roswell, New Mexico 88202-1090 Attn: Land Department		Street and Apt. No., or P.O. Box City, State, ZIP+4®	
Extra Services & Fees (check box, add fee as appropriate)	\$ _____																										
<input type="checkbox"/> Return Receipt (handcopy)	\$ _____																										
<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	\$ _____																										
Postage																											
Total Postage and Fees																											
\$	\$																										
Sent To																											
Valko, LLC PO Box 1090 Roswell, New Mexico 88202-1090 Attn: Land Department																											
Street and Apt. No., or P.O. Box City, State, ZIP+4®																											
<p style="text-align: right;">See Reverse for Instructions</p>																											

<p>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</p> <p>Domestic Mail Only</p>		<p>For delivery information, visit our website at www.usps.com.</p>	
<h1 style="text-align: center;">OFFICIAL USE</h1>			
<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>SENDER: COMPLETE THIS SECTION</p> <p><i>[Signature]</i></p> <p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? _____ If YES, enter delivery address below: <i>[Delivery Address]</i></p> <p>1. Article Addressed to:</p> <p>2. Article Number</p> <p>3. Service Type</p> <p>4. Postmark</p> <p>5. Total Postage and Fees</p> <p>6. Sent To</p> <p>7. Domestic Return Receipt</p>		<p>Postmark Here</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Agent \$ _____</p> <p><input type="checkbox"/> Addressee \$ _____</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage</p> <p>Total Postage and Fees</p> <p>\$</p> <p>Sent To</p> <p>Street and Apt. No., or City, State, Zip/4®</p> <p>Occidental Petroleum, LP</p> <p>5 Greenway Plaza, Suite 110</p> <p>Houston, Texas 77046</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p>See Reverse for Instructions</p>	
<p>RECEIVER: COMPLETE THIS SECTION</p> <p>1. Article Received from:</p> <p>2. Article Number</p> <p>3. Service Type</p> <p>4. Postmark</p> <p>5. Total Postage and Fees</p> <p>6. Sent To</p> <p>7. Domestic Return Receipt</p>			
<p>RECEIVER: COMPLETE THIS SECTION</p> <p>1. Article Received from:</p> <p>2. Article Number</p> <p>3. Service Type</p> <p>4. Postmark</p> <p>5. Total Postage and Fees</p> <p>6. Sent To</p> <p>7. Domestic Return Receipt</p>			

<p>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT</p> <p><i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at www.usps.com®.</p> <p>OFFICIAL USE</p> <p>Certified Mail Fee \$ 0.00</p> <p>Postmark Here</p>		<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <i>John</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> <input checked="" type="checkbox"/> Addressee <input type="checkbox"/></p> <p>B. Received by (Printed Name) <i>John</i> C. Date of Delivery <i>1/21/2024</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>1. Article Addressed to:</p> <p>Occidental Petroleum, LP 5 Greenway Plaza, Suite 110 Houston, Texas 77046</p> <p>2. Article Number from service label <i>7021 0350 0001 3337 7011</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p>See Reverse for Instructions</p>	
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6922
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7210

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
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 \$ _____	
Postage \$	
Total Postage and Fees \$	
Sent To Christopher R Fletcher Street and Apt. No., or PO 2511 Westbrook Drive Fort Wayne, Indiana 46805	
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

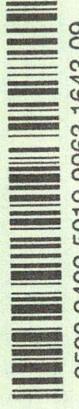
COMPLETE THIS SECTION

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:

Colclan Corporation
PO Box 25663
Albuquerque, New Mexico 87125
Attn: Land Department



9590 9402 5019 9063 1643 09

2. Article **7021 0350 0001 3337 6847**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
X	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input type="checkbox"/> Priority Mail Express®
	<input type="checkbox"/> Registered Mail™
	<input type="checkbox"/> Registered Mail Restricted Delivery
	<input type="checkbox"/> Adult Signature Restricted Delivery
	<input checked="" type="checkbox"/> Certified Mail®
	<input type="checkbox"/> Certified Mail Restricted Delivery
	<input type="checkbox"/> Adult Signature Restricted Delivery
	<input type="checkbox"/> Merchandise
	<input type="checkbox"/> Signature Confirmation™
	<input type="checkbox"/> Signature Confirmation Restricted Delivery
	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

3. Service Type	<input type="checkbox"/> Priority Mail Express®
	<input type="checkbox"/> Registered Mail™
	<input type="checkbox"/> Registered Mail Restricted Delivery
	<input type="checkbox"/> Adult Signature Restricted Delivery
	<input checked="" type="checkbox"/> Certified Mail®
	<input type="checkbox"/> Certified Mail Restricted Delivery
	<input type="checkbox"/> Adult Signature Restricted Delivery
	<input type="checkbox"/> Merchandise
	<input type="checkbox"/> Signature Confirmation™
	<input type="checkbox"/> Signature Confirmation Restricted Delivery
	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

M 11-1 Domestic Return Receipt

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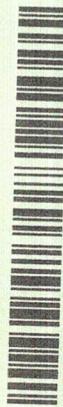
OFFICIAL USE

Certified Mail Fee	\$ Extra Services & Fees (check box and fee as appropriate)
	<input type="checkbox"/> Postmark Here
	<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 \$
Postage	\$ Total Postage and Fees

Total Postage and Fees	\$ Colclan Corporation PO Box 25663 Albuquerque, New Mexico 87125
Street and Apt. No., or P.O. Box	\$ Sent To Attn: Land Department
City, State, Zip+4	\$ See Reverse for Instructions

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

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</p> <p>X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</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>Amanda L Fletcher-Furbee 443 McAdoo Avenue Greensboro, North Carolina 27406</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Restricted Delivery (over \$500)</p>	
<p>1. Article Addressed to:</p> <p>1. Article Addressed to: Amanda L Fletcher-Furbee 443 McAdoo Avenue Greensboro, North Carolina 27406</p>		<p>2. Article Number</p> <p>2. Article Number 7021 0350 0001 3337 6861</p>	
		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	



9590 9402 6746 1074 2343 96

2. Art

7021 0350 0001 3337 6861

(over \$500)

/ Restricted Delivery

/ Restricted Delivery (over \$500)

/ Restricted Delivery

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

See Reaverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
<p>M 11-1 Domestic Return Receipt</p> <p>OFFICIAL USE</p> <p>Certified Mail Fee</p> <p>\$ 1989 7EEE0 T000 05E0 T202</p>	
<p>Extra Services & Fees (check box add fee as appropriate)</p> <p><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 \$ _____ <p>Postmark Here</p> <p>Street and Apt. No., or P.O. Box No. City, State, Zip+4®</p> </p>	
<p>Total Postage and Fee</p> <p>\$ 1989 7EEE0 T000 05E0 T202</p> <p>Amanda L Fletcher-Furbee 443 McAdoo Avenue Greensboro, North Carolina 27406</p>	

SENDER: COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>1. Article Addressed to:</p> <p>X</p> <p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: James H Yates, Inc PO Box 189 Roswell, New Mexico 88202-0189 Attn: Land Department</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery Restricted Delivery</p> <p>7021 0350 0001 3337 6892</p>	
<p>2. Article Number / Transfer from service label</p> <p>PS Form 3811, July 2020 PSN 7530-02-00-9053</p> <p>11-1</p> <p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		OFFICIAL USE
For delivery information, visit our website at www.usps.com .		
Postmark Here		
Certified Mail Fee		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (handcopy)	\$ _____	
<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	\$ _____	
Postage		
Total Postage and Fees		
James H. Yates, Inc PO Box 189 Roswell, New Mexico 88202-0189 <i>Attn: Land Department</i>		
Street and Apt. No., or F.O.B.		
City, State, Zip+4		

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p>HEYCO Employees Ltd PO Box 1933 Roswell, New Mexico 88202-1933</p>		<p>2. A 7021 0350 0001 3337 6885 (over 3000) PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	
 <p>9590 9402 5019 9063 1638 07</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Strictly Confidential <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

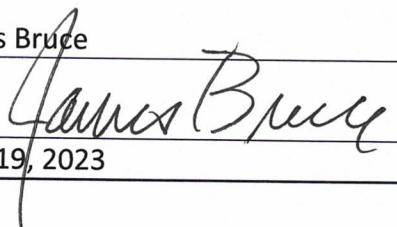
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
<p>For delivery information, visit our website at www.usps.com.</p> <p>OFFICIAL USE</p> <p>5889 7EEE T000 0560 T202</p>	
<p>Certified Mail Fee</p> <p>\$ 0.00</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (FACSIMILE) \$ 0.00 <input type="checkbox"/> Return Receipt (electronic) \$ 0.00 <input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00 <input type="checkbox"/> Adult Signature Required \$ 0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00 <input type="checkbox"/> Postage \$ 0.00</p> <p>Total Postage and Fees</p> <p>\$ 0.00</p>	
<p>Sent To</p> <p>HEYCO Employees Ltd PO Box 1933 Roswell, New Mexico 88202-1933 Street and Apt. No. _____ City, State, ZIP+4 _____</p>	

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

COMPULSORY POOLING APPLICATION CHECKLIST	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 22425	APPLICANT'S RESPONSE
Date: April 20, 2023	
Applicant	Mewbourne Oil Company
Designated Operator & OGRID (affiliation if applicable)	Mewbourne Oil Company/Ogrid No. 14744 (same as applicant)
Applicant's Counsel:	James Bruce, Attorney at Law
Case Title:	Application of Mewbourne Oil Company for Compulsory Pooling, Eddy and Lea Counties, New Mexico
Entries of Appearance/Intervenors:	N/A
Well Family	Iron Island Bone Spring wells
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring formation
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Entire Bone Spring formation
Pool Name and Pool Code:	Tamano; Bone Spring (Pool Code 58040)
Well Location Setback Rules:	Statewide Rules
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	400 acres
Building Blocks:	40 acres
Orientation:	West-East
Description: TRS/County	N/2SE/4 §11 and N/2S/2 §12 18S-31E NMPM (Eddy County), and N/2S/2 §7 18S-32E NMPM (Lea County)
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is approval of non-standard unit requested in this application?</u>	Yes
Other Situations	EXHIBIT 6
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes,	No

description	
Applicant's Ownership in Each Tract	Exhibit 2B
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	<p>Iron Islands 11/7 B2JI Federal Com. Well No. 1H API No. 30-015-Pending SHL: 850 FSL & 2550 FEL §11 BHL: 1980 FSL & 100 FEL §7 FTP: 1980 FSL & 2540 FEL §11 LTP: 1980 FSL & 100 FEL §7</p> <p>Target formation: Second Bone Spring Sand; West-East orientation TVD 8850 feet, MD 21550 feet Not drilled</p>
Well #2	
Horizontal Well First and Last Take Points	See above
Completion Target (Formation, TVD and MD)	See above
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$8000
Production Supervision/Month \$	\$800
Justification for Supervision Costs	Exhibit 2
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit 1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit 4
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit 5
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit 2B
Tract List (including lease numbers and owners)	Exhibit 2B
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit 2B (Working Interest Owners)
Unlocatable Parties to be Pooled	Yes

Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit 2C
List of Interest Owners (i.e. Exhibit A of JOA)	Exhibit 2B
Chronology of Contact with Non-Joined Working Interests	
Overhead Rates In Proposal Letter	\$8000/\$800
Cost Estimate to Drill and Complete	Exhibit 2D
Cost Estimate to Equip Well	Exhibit 2D
Cost Estimate for Production Facilities	Exhibit 2D
Geology	
Summary (including special considerations)	Exhibit 3
Spacing Unit Schematic	Exhibit 3A
Gunbarrel/Lateral Trajectory Schematic	Exhibit 3B
Well Orientation (with rationale)	Exhibits 3 and 3C
Target Formation	Wolfcamp
HSU Cross Section	Exhibit 3B
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit 2A
Tracts	Exhibit 2B
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit 2B
General Location Map (including basin)	Exhibit 2A
Well Bore Location Map	Exhibit 2A
Structure Contour Map - Subsea Depth	Exhibit 3A
Cross Section Location Map (including wells)	Exhibit 3A
Cross Section (including Landing Zone)	Exhibit 3B
Additional Information	

Special Provisions/Stipulations	N/A
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	James Bruce
Signed Name (Attorney or Party Representative):	
Date:	April 19, 2023