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

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 1

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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Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
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Article Addressed to:

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

9590 9402 5019 9063 1642 93

2. Article Number (Transfer from service label)
7021 0350 0001 3337 6830

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
DEC 27 2021

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
☐ Priority Mail Express®
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☐ Return Receipt for Merchandise
☐ Signature Confirmation™
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☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
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Sent To
Chevron USA, Inc
1400 Smith Street
Houston, Texas 77002
Attn: Scott Sabrusula

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

City, State, ZIP+4®

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7021 0350 0001 3337 6908

EXHIBIT 4-A

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Article Addressed to:

Chevron USA, Inc
1400 Smith Street
Houston, Texas 77002
Attn: Scott Sabrusula

9590 9402 5019 9063 1646 99

7021 0350 0001 3337 6908

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | 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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
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☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
MRC Delaware Resources, LLC
MRC Spiral Resources, LLC
MRC Explorers Resources, LLC
One Lincoln Centre, 5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
Attn: Land Department

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

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1. Article Addressed to:

Extex Operating Company
5065 Westheimer, Suite 625
Houston, Texas 77056

9590 9402 5019 9063 1647 36

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6946

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A. Signature

X DVS 5639 C19 ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 12/29/21

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
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Vivian Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

Street and Apt. No., or P
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7021 0350 0001 3337 6953

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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
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Extex Operating Company
5065 Westheimer, Suite 625
Houston, Texas 77056

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1. Article Addressed to:

Vivian Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

9590 9402 6746 1074 2325 45

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6953

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Patricia Brunson ☐ Agent ☑ Addressee

B. Received by (Printed Name) PATRICIA BRUNSON

C. Date of Delivery 12/27/21

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
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
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1. Article Addressed to:

Devon Energy Production Company, LP
333 West Sheridan Avenue
Oklahoma City, Oklahoma

9590 9402 6746 1074 2325 52

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6960

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A. Signature
X D Sipes ☐ Agent ☐ Addressee

B. Received by (Printed Name) CV CV-19 C. Date of Delivery 12-28-2021

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

OKLAHOMA CITY OKLAHOMA DEC 28 2021 USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
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- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
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- ☐ Adult Signature Required $
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Postage
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Sent To
Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

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Devon Energy Production Company, LP
333 West Sheridan Avenue
Oklahoma City, Oklahoma

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

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1. Article Addressed to:

Charlesworth Enterprises
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2325 69

2. Article Number (Transfer from service label)

7021 0350 0001 3337 6977

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A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Harri C. Date of Delivery

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

USPS DOWNTOWN STATION DEC 27 2021 AMARILLO TX 79105-9998

3. Service Type
- ☐ Adult Signature
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- ☑ Certified Mail®
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1. Article Addressed to:

The Tommye G Ewing Limited Partnership
PO Box 1
Amarillo, Texas 79105

9590 9402 6746 1074 2325 76

2. Article Number (Transfer from service label)
7021 0350 0001 3337 6984

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A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Harris

C. Date of Delivery

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

USPS DOWNTOWN STATION DEC 27 2021 AMARILLO TX 79105-9998

3. Service Type
☐ Adult Signature
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☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
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☐ Registered Mail Restricted Delivery
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☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
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Postage
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Sent To
Yates Energy Corporation
PO Box 2323
Roswell, New Mexico 88202

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

City, State, ZIP+4®

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$

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The Tommye G Ewing Limited Partnership
PO Box 1
Amarillo, Texas 79105

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

City, State, ZIP+4®

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1. Article Addressed to:

Yates Energy Corporation
PO Box 2323
Roswell, New Mexico 88202

9590 9402 6746 1074 2325 83

2. Article Number (Transfer from service label)
7021 0350 0001 3337 6991

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A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 12/28/21

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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
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1. Article Addressed to:

Valko, LLC
PO Box 1090
Roswell, New Mexico 88202-1090
Attn: Land Department

9590 9402 5019 9063 1643 16

2. Article Number: 7021 0350 0001 3337 6854

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) D Goluska C. Date of Delivery 12-28-21

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

ROSWELL, NM DEC 28 2021

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 Restricted Delivery (over $500)
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☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
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Extra Services & Fees (check box, add fee as appropriate)
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☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To Patricia Ann Brunson
Street and Apt. No., or PO 4205 Lankford Avenue
City, State, ZIP+4® Springdale, AR 72762

Postmark Here

7021 0350 0001 3337 6878

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Extra Services & Fees (check box, add fee as appropriate)
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☐ 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 Valko, LLC PO Box 1090 Roswell, New Mexico 88202-1090 Attn: Land Department
City, State, ZIP+4®

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7021 0350 0001 3337 6854

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

1. Article Addressed to:

Patricia Ann Brunson
4205 Lankford Avenue
Springdale, AR 72762

9590 9402 6746 1074 2344 02

2. Article Number: 7021 0350 0001 3337 6878

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Brunson ☐ Agent ☐ Addressee

B. Received by (Printed Name) PATRICIA BRUNSON C. Date of Delivery 12/27/21

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
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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:

Marathon Oil Permian, LLC
990 Town and Country Blvd.
Houston, Texas 77024

9590 9402 6746 1074 2325 90

2. Article Number (Transfer from service label) 7021 0350 0001 3337 7004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 12/30/2021

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
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

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☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
$

Sent To
Occidental Permian, LP
5 Greenway Plaza, Suite 110
Houston, Texas 77046

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

City, State, ZIP+4®

Postmark Here

7021 0350 0001 3337 7011

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

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Postage
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Total Postage and Fees
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Sent To
Marathon Oil Permian, LLC
990 Town and Country Blvd.
Houston, Texas 77024

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

City, State, ZIP+4®

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7021 0350 0001 3337 7004

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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:

Occidental Permian, LP
5 Greenway Plaza, Suite 110
Houston, Texas 77046

9590 9402 6746 1074 2326 06

2. Article Number (Transfer from service label) 7021 0350 0001 3337 7011

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 12/24/21

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
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total Postage and Fees
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Postmark Here

Sent To
Christopher R Fletcher
Street and Apt. No., or PO 2511 Westbrook Drive
Fort Wayne, Indiana 46805
City, State, ZIP+4®

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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:

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

9590 9402 5019 9063 1643 09

2. Artic 7021 0350 0001 3337 6847

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ 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 Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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Extra Services & Fees *(check box, add fee as appropriate)*
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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
$

Sent To

Street and Apt. No., or PO B

City, State, ZIP+4®

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

Postmark Here

7021 0350 0001 3337 6847

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1. Article Addressed to:

Amanda L Fletcher-Furbee
443 McAdoo Avenue
Greensboro, North Carolina 27406

9590 9402 6746 1074 2343 96

2. Arti 7021 0350 0001 3337 6861

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ 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
- ☐ Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 M 11-1 Domestic Return Receipt

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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 Fee
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Sent To Amanda L Fletcher-Furbee
443 McAdoo Avenue
Greensboro, North Carolina 27406

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

City, State, ZIP+4®

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Page 14 of 20

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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:

James H Yates, Inc
PO Box 189
Roswell, New Mexico 88202-0189
Attn: Land Department

9590 9402 6505 0346 1777 25

2. Article Number *(Transfer from service label)*

7021 0350 0001 3337 6892

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ 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
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- ☐ Registered Mail™
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PS Form 3811, July 2020 PSN 7530-02-000-9053 — Domestic Return Receipt

M 11-1

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- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Postage and Fees
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Postmark Here

Sent To

James H Yates, Inc
PO Box 189
Roswell, New Mexico 88202-0189
Attn: Land Department

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

City, State, ZIP+4®

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1. Article Addressed to:

HEYCO Employees Ltd
PO Box 1933
Roswell, New Mexico 88202-1933

9590 9402 5019 9063 1638 07

2. A... 7021 0350 0001 3337 6885

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ 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
- ☐ ...stricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 M 11-1 Domestic Return Receipt

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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
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Postmark Here

Sent To HEYCO Employees Ltd
PO Box 1933
Roswell, New Mexico 88202-1933

Street and Apt. No., ...

City, State, ZIP+4®

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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 and is approval of non-standard unit requested in this application?	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes,	No

EXHIBIT 6

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)	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 Target formation: Second Bone Spring Sand; West-East orientation TVD 8850 feet, MD 21550 feet Not drilled
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):	James Bruce
Date:	April 19, 2023