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

APPLICATION OF MEWBOURNE OIL FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.

Case No. 23447

NOTICE OF FILING ADDITIONAL EXHIBITS

Mewbourne Oil Company submits for filing the following:

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

Exhibit 6, the pooling checklist.

Exhibit 7, the certified notice spreadsheet.

Respectfully submitted,

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

Attorney for Mewbourne Oil Company

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:

Strategic Energy Income Fund IV, LP
1521 North Cooper Street, Suite 700
Arlington, Texas 76011

9590 9402 6507 0346 2381 65

2. Article 7021 0950 0002 0374 0954

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nichole Duire C. Date of Delivery 3/28/23

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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500) d Delivery

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

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

Postmark Here

OXY USA WTP LP
5 Greenway Plaza, Suite 110
Houston, Texas 77046

7020 0090 0000 0865 2207

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

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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
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

Strategic Energy Income Fund IV, LP
1521 North Cooper Street, Suite 700
Arlington, Texas 76011

7021 0950 0002 0374 0954

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

EXHIBIT A-4

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:

OXY USA WTP LP
5 Greenway Plaza, Suite 110
Houston, Texas 77046

9590 9402 6746 1074 2152 10

2. Article Number (Transfer from service label) 7020 0090 0000 0865 2207

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3/24/23

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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500) ricted Delivery

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

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:

Tascosa Energy Partners, LLC
901 West Missouri Avenue
Midland, Texas 79701

9590 9402 6836 1074 6493 45

2. Article 7020 0090 0000 0865 1880

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) 901 - Missouri 3/25

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

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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
$

Postmark Here

Sent To

Street and Apt. No., or PO B

City, State, ZIP+4®

Canyon Draw Resources, LLC
3333 Lee Parkway, Suite 750
Dallas, Texas 75219

7020 0090 0000 0865 1897

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

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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
$

Postmark Here

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Tascosa Energy Partners, LLC
901 West Missouri Avenue
Midland, Texas 79701

7020 0090 0000 0865 1880

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:

Canyon Draw Resources, LLC
3333 Lee Parkway, Suite 750
Dallas, Texas 75219

9590 9402 6836 1074 6493 52

2. Article Number (Transfer from service label) 7020 0090 0000 0865 1897

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X PH 1935 ☐ Agent ☐ Addressee

B. Received by (Printed Name) OVIDIO 3-24-23

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

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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:

Jane Ramsland Oil and Gas Partnership
P. O. Box 10505
Midland, Texas 79702

9590 9402 6507 0346 2381 41

2. Article Number (Transfer from service label)

7020 0090 0000 0865 0746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mitzy Matthews ☐ Agent ☐ Addressee

B. Received by (Printed Name) M. Matthews

C. Date of Delivery 3-28-23

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 WX Domestic Return Receipt

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Certified Mail Fee
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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
$

Postmark Here

Sent To Fasken Land & Minerals, Ltd.
6101 Holiday Hill Road
Midland, Texas 79707

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

City, State, ZIP+4®

7021 0950 0002 0374 0916

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

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Certified Mail Fee
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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
$

Postmark Here

Sent To Jane Ramsland Oil and Gas Partnership
P. O. Box 10505
Midland, Texas 79702

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

City, State, ZIP+4®

7020 0090 0000 0865 0746

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

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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:

Fasken Land & Minerals, Ltd.
6101 Holiday Hill Road
Midland, Texas 79707

9590 9402 6746 1074 2152 27

2. Article Number (Transfer from service label)

7021 0950 0002 0374 0916

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kelly Kvarnich ☐ 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
- ☐ 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 WX Domestic Return Receipt

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:

Bahnhof Holdings, LP
P. O. Box 10505
Midland, Texas 79702

9590 9402 6507 0346 2381 34

2. Article Number (Transfer from service label) 7020 0090 0000 0865 0739

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mitz Matthews ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mitz Matthews C. Date of Delivery 3-28-23

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

MAR 28 2023 DOWNTOWN 79701-USPS

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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

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OFFICIAL USE

Certified Mail Fee
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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
$

Postmark Here

Sent To Frank Suttles
PO Box 10725
Midland, TX 79702

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

City, State, ZIP+4®

7021 0950 0002 0374 0961

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

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Certified Mail Fee
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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
$

Postmark Here

Sent To Bahnhof Holdings, LP
P. O. Box 10505
Midland, Texas 79702

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

City, State, ZIP+4®

7020 0090 0000 0865 0739

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:

Frank Suttles
PO Box 10725
Midland, TX 79702

9590 9402 6507 0346 2381 58

2. Article Number (Transfer from service label) 7021 0950 0002 0374 0961

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Rusch ☐ Agent ☐ Addressee

B. Received by (Printed Name) J Rusch C. Date of Delivery 3-29-23

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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

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

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:

Claudia R. Burch
P. O. Box 10505
Midland, Texas 79702

9590 9402 6507 0346 2382 88

2. Article Number (Transfer from service label)
7020 0090 0000 0865 0722

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mitzi Matthews ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mitzi Matthews MAR 28 2023 C. Date of Delivery 3-28-23

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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

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

7020 0090 0000 0865 1873

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Certified Mail Fee
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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
$
Postmark Here

Sent To Elizabeth R. Robinson
Street and Apt. No., or PO P. O. Box 10505
City, State, ZIP+4® Midland, Texas 79702

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

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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
$
Postmark Here

Sent To Claudia R. Burch
Street and Apt. No., or PO Box No. P. O. Box 10505
City, State, ZIP+4® Midland, Texas 79702

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

7020 0090 0000 0865 0722

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:

Elizabeth R. Robinson
P. O. Box 10505
Midland, Texas 79702

9590 9402 6836 1074 6493 38

2. Article Number (Transfer from service label)
7020 0090 0000 0865 1873

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mitzi Matthews ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mitzi Matthews MAR 28 2023 C. Date of Delivery 3-28-23

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
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)

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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
Claudia Rascoe Pickens
2276 Savannah River Street
Henderson, Nevada 89044
Street and Apt. No., or PO Box No.
City, State, ZIP+4®
Postmark Here
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instruction
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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
$
Sent To
Barbara O. Matson
309 Clemaave
Saint Marys WV 26170
Street and Apt. N
City, State, ZIP+4®
Postmark Here
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7021 0950 0002 0374 0930


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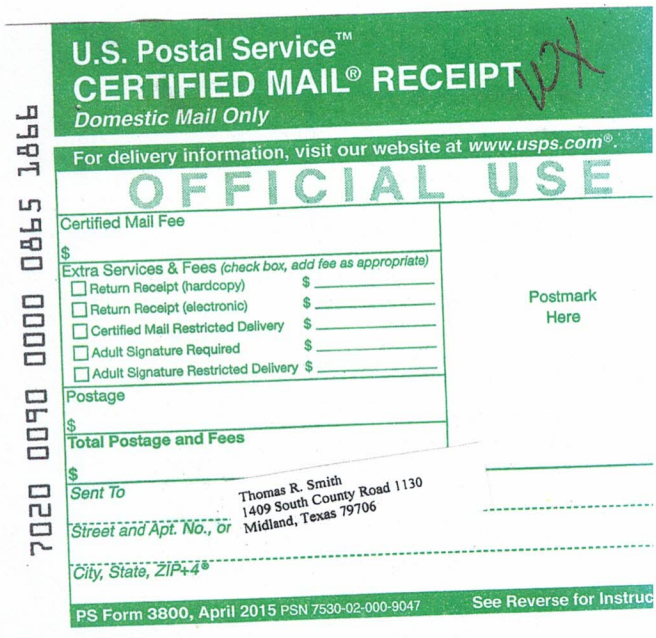
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To
Kathleen O. Crabb
395 Cliff Dr Apt 104
Pasadena, California 91107
Street and Apt. No., or PO Box No.
City, State, ZIP+4®
Postmark Here
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7021 0950 0002 0374 0947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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
Thomas R. Smith
1409 South County Road 1130
Midland, Texas 79706
Street and Apt. No., or
City, State, ZIP+4®
Postmark Here
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instruc
7020 0090 0000 0865 1866

COMPULSORY POOLING APPLICATION CHECKLIST	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 23447	**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 County, New Mexico
Entries of Appearance/Intervenors:	
Well Family	Wine Mixer Bone Spring wells
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring formation
Primary Product (Oil or Gas):	Gas
Pooling this vertical extent:	Entire Bone Spring formation
Pool Name and Pool Code:	Avalon; Bone Spring (Pool Code 96381)
Well Location Setback Rules:	Statewide Rules
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	640 acres
Building Blocks:	40 acres
Orientation:	East-West
Description: TRS/County	S/2 §21 and S/2 §20, Township 20 South, Range 27 East, NMPM, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application?	No Non-Standard Unit granted by Administrative Order NSP-2136
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)	Wine Mixer 21/20 B3IL Fed. Com. Well No. 1H API No. 30-015-Pending SHL: 1100 FSL & 205 FEL §21 BHL: 1980 FSL & 100 FWL §20 FTP: 1980 FSL & 100 FEL §21 LTP: 1980 FSL & 100 FWL §20 Target formation: Third Bone Spring Sand; East-West orientation TVD 8230 feet, MD 18325 feet Not drilled
Well #2	Wine Mixer 21/20 B3PM Fed. Com. Well No. 1H API No. 30-015-Pending SHL: 1080 FSL & 205 FEL §21 BHL: 660 FSL & 100 FWL §20 FTP: 660 FSL & 100 FEL §21 LTP: 660 FSL & 100 FWL §20 Target formation: Third Bone Spring Sand; West-East orientation TVD 8249 feet, MD 18274 feet Not drilled
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, page 2 and Exhibit 2C
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	Exhibit 2B

numbers and owners)	
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	Exhibit 2A

basin)	
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

CASE NO. 23447
STATUS OF CERTIFIED NOTICE

INTEREST OWNER	MAILING DATE	RECEIPT DATE	CARD RETURNED
OXY USA WTP LP	March 16, 2023	March 24, 2023	Yes
Fasken Land & Minerals, Ltd.	"	Unknown	Yes
Claudia Rascoe Pickens	"	Not returned	No
Barbara O. Mason	"	"	No
Kathleen O. Crabb	"	"	No
Strategic Energy Income Fund IV, LP	"	March 28, 2023	Yes
Frank Suttles	"	March 28, 2023	Yes
Jane Ramsland Oil and Gas Partnership	"	March 28, 2023	Yes
Bahnhof Holdings, LP	"	Mracg 28, 2023	Yes
Claudia R. Burch	"	Marcg 28, 2023	Yes
Thomas R. Smith	"	Not returned	No
Elizabeth R. Robinson	"	March 28, 2023	Yes
Tascosa Energy Partners, LLC	"	March 25, 2023	Yes
Canyon Draw Resources, LLC	"	March 24, 2023	Yes

EXHIBIT 1