

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION  
- Engineering Bureau -  
1220 South St. Francis Drive, Santa Fe, NM 87505



*Approved by  
M. Brown*

**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Application Acronyms:**

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]  
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]  
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]  
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]  
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]  
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication  
 NSL  NSP  SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement  
 DHC  CTB  PLC  PC  OLS  OLM
- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
 WFX  PMX  SWD  IPI  EOR  PPR

[D] Other: Specify \_\_\_\_\_

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply

- [A]  Working, Royalty or Overriding Royalty Interest Owners
- [B]  Offset Operators, Leaseholders or Surface Owner
- [C]  Application is One Which Requires Published Legal Notice
- [D]  Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E]  For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F]  Waivers are Attached

*- SWD 1591  
 - Melbourne Oil Company  
 14744  
 well  
 - Forty Niner Ridge  
 SWD #1  
 30-015-pending*

*SWD 1591 P 3:13*

*Pool  
 - SWD DEVONIAN*

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] CERTIFICATION: I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

*James Bruce*  
 Print or Type Name

*James Bruce*  
 Signature

*Director Applicant*  
 Title

*James Bruce*  
 Date

*jamesbruce@nmdc.com*  
 e-mail Address

**APPLICATION FOR AUTHORIZATION TO INJECT**

I. PURPOSE: \_\_\_\_\_ Secondary Recovery \_\_\_\_\_ Pressure Maintenance \_\_\_\_\_ X \_\_\_\_\_ Disposal \_\_\_\_\_ Storage  
Application qualifies for administrative approval? \_\_\_\_\_ X \_\_\_\_\_ Yes \_\_\_\_\_ No

II. OPERATOR: **Mewbourne Oil Company**

ADDRESS: **500 W. Texas Suite 1020  
Midland, TX 79701**

CONTACT PARTY: **Travis Cude**

PHONE: **432-682-3715**

III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.  
Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? \_\_\_\_\_ Yes \_\_\_\_\_ X \_\_\_\_\_ No  
If yes, give the Division order number authorizing the project: \_\_\_\_\_

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

\*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

\*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).

\*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: **Travis Cude**

TITLE: **Reservoir Engineer**

SIGNATURE: 

DATE: 3/11/15

E-MAIL ADDRESS: **tcude@mewbourne.com**

\* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted.  
Please show the date and circumstances of the earlier submittal: \_\_\_\_\_

### III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

### XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

**NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.**

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**NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.**

## INJECTION WELL DATA SHEET

OPERATOR: **Mewbourne Oil Company**WELL NAME & NUMBER: **Forty Niner Ridge SWD #1**WELL LOCATION: **330' FSL & 660' FEL**

FOOTAGE LOCATION

**P**

UNIT LETTER

**22**

SECTION

**23S**

TOWNSHIP

**30E**

RANGE

WELLBORE SCHEMATIC ( See Attached)WELL CONSTRUCTION DATASurface CasingHole Size: **26"**Casing Size: **20" @ 385'**Cement with: **1000 sx**Top of Cement: **Surface**  
**(Proposed: circulated)**Intermediate CasingHole Size: **17 1/2"**Casing Size: **13 3/8" @ 3800'**Cement with: **1850 sx**Top of Cement: **Surface**  
**(Proposed: circulated)**Intermediate 2 CasingHole Size: **12 1/4"**Casing Size: **9 5/8" @ 12,000'**Cement with: **2100 sx**Top of Cement: **Surface**  
**(Proposed: circulated)**Intermediate 3 LinerHole Size: **8 1/2"**Casing Size: **7" Top @ 11,500'**  
**Bottom @ 15,545'**1<sup>st</sup> Stg Cement with : **600 sx****DVT @ 15,500'****External Csg Packer @ 15,530'**Top of Cement: **Surface**  
**(Proposed: circulated)****TD @ 16500'**Injection Interval

Open Hole Completion from 15545'-16500'

**INJECTION WELL DATA SHEET**

Tubing Size: **3 1/2"9.3# L80**

Lining Material: **TK99 IPC**

Type of Packer: **Arrowset 1X (nickel plated)**

Packer Setting Depth: **+/- 15,495**

Other Type of Tubing/Casing Seal (if applicable): **External Casing Paker @15,530'**

**Additional Data**

1. Is this a new well drilled for injection? **Yes**

If no, for what purpose was the well originally drilled? **N/A**

2. Name of the Injection Formation: **Devonian, Open Hole Completion**

3. Name of Field or Pool (if applicable): **SWD, Devonian**

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used.

**N/A**

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Overlying producing zone – **Morrow, 13,830'-14,840'**

Underlying producing zone – **N/A**

# Mewbourne Oil Company

Well Name: Forty Niner Ridge SWD #1

Last Updated by: T Cude on 03/11/2015

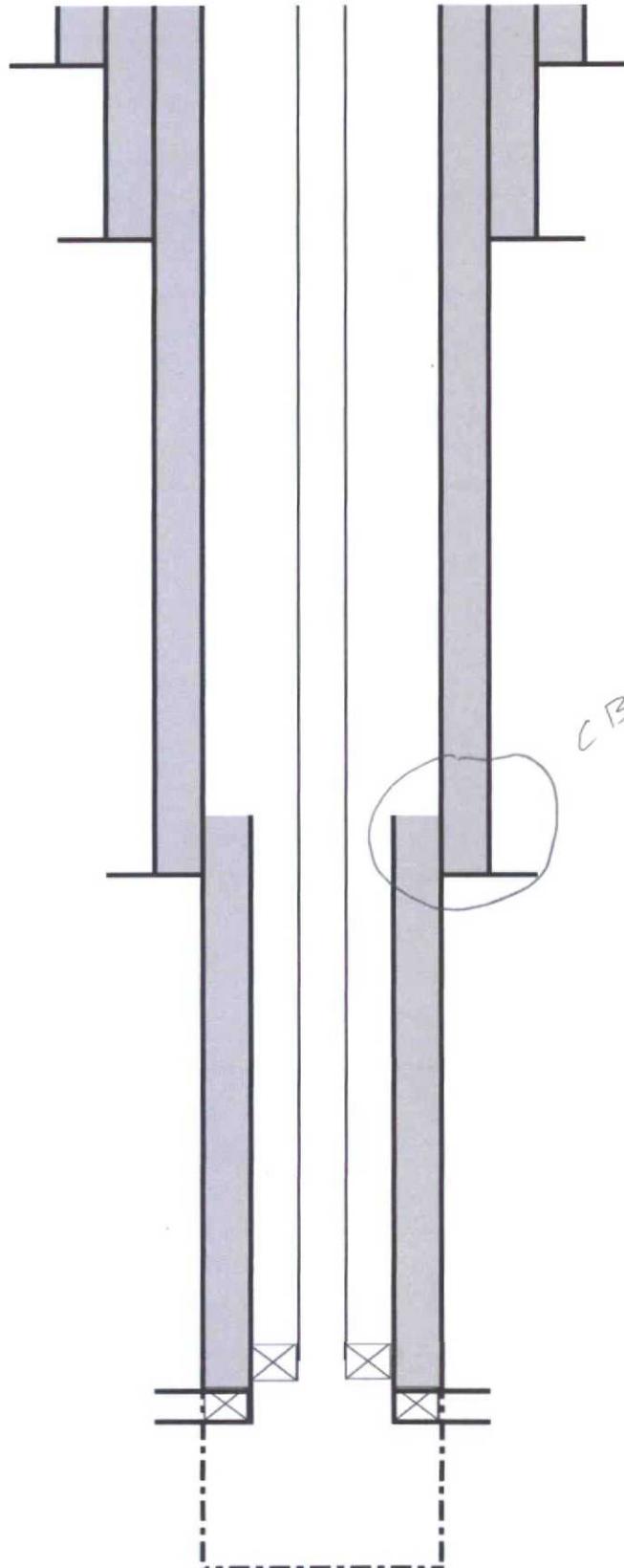
26" x 20" J-55 ST&C csg  
Set @ 385'  
Cmt w/ 1000 sx, circ to surface

17 1/2" x 13 3/8" 61# J-55 ST&C csg  
Set @ 3800'  
Cmt w/ 1850 sx, circ to surface

12 1/4" x 9 5/8" 43.5# HCL80 LT&C csg  
Set @ 12,000'  
Cmt w/ 2100 sx, circ to surface

DVT @ 15,500'  
8 1/2" x 7" 26# HCP-110 LTC  
Set @ 11,500'-15,545'  
Cmt w/ 600 Sx, TOC 11,500'

8 3/4" Open Hole  
TD @ 16,500'

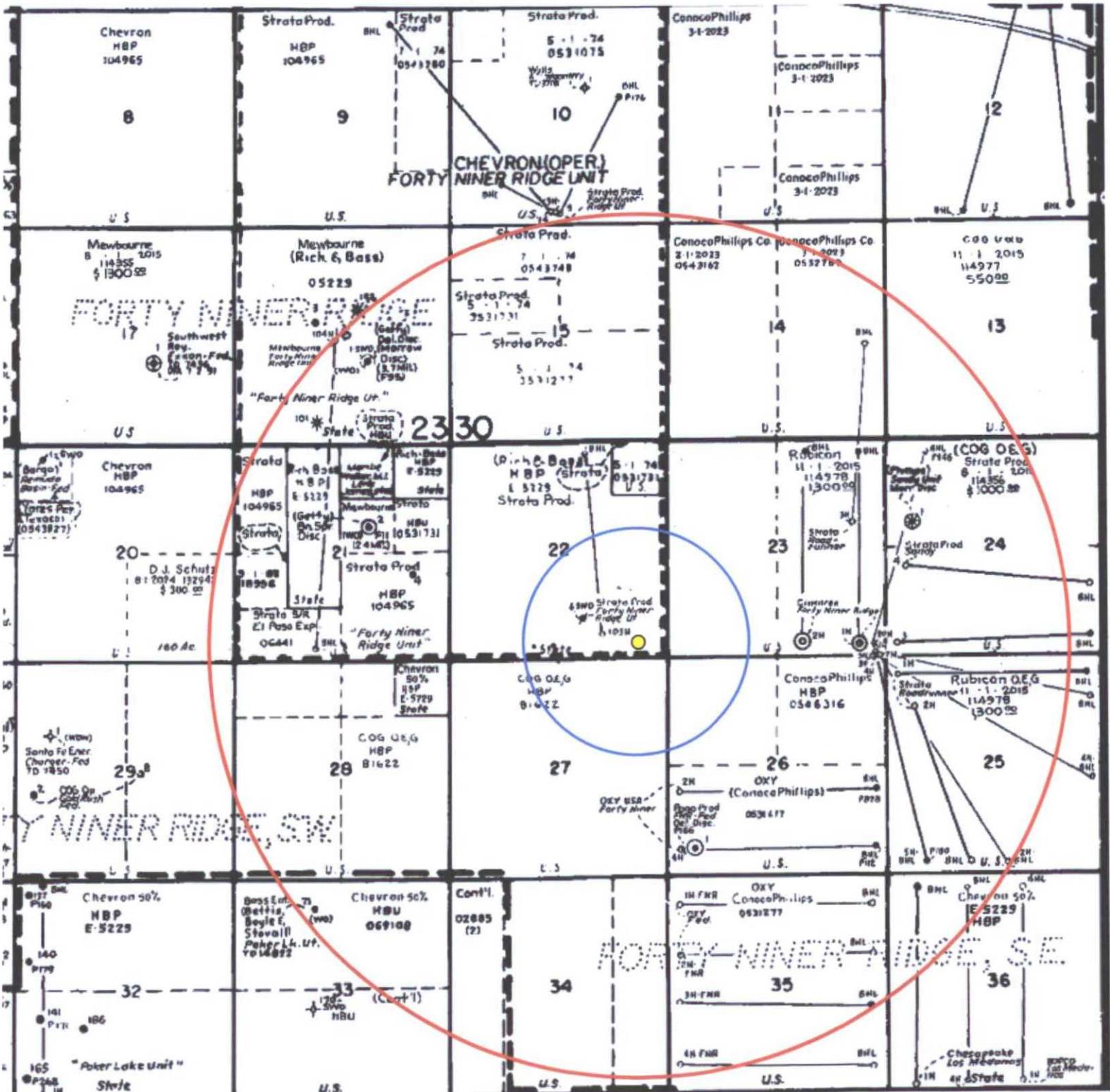


CBL

**Injection String**  
3 1/2" 9.3# L80 tbg IPC w/TK99  
Arrowset 1X Nickel Pltd Pkr set @ 15,495'

**External Csg Pkr Set @ 15,530'**

**Injection Interval 15,545'-16,500'**



**Forty Niner Ridge SWD #1 C-108**  
Additional Details

- VI.** There are no wells penetrating the disposal formation within the area of review.
- VII.**
1. Proposed average rate of 10,000 bwpd and maximum rate of 20,000 bwpd.
  2. Closed system.
  3. Proposed average injection pressure is unknown and the maximum injection pressure is approximately 3109 psi (0.2 psi/ft x 15,545 ft).
  4. Injection fluid will be formation water from the Mewbourne Oil Company operated Bone Spring and Wolfcamp wells in the area. Attached is a water analysis from the Layla 35 OB 1H (Bone Spring: 35-23S-28E) and the Layla 35 MD Fee 2H (Wolfcamp: 35-23S-28E).
  5. We will be injecting into the Devonian formation. Devonian formation water is known to be compatible with the formation water of the Bone Spring and Wolfcamp; however, water analysis for the Devonian was not available in the area.
- VIII.**
1. The proposed injection interval is within the Devonian formation which is a porous dolomitic limestone from 15,545' to 16,500'.
  2. The underground fresh water aquifers (unnamed) are present at shallow depths <375'. There are no known fresh water intervals underlying the injecting formation.
- IX.** The proposed stimulation is an open-hole acid treatment of 20000 gallons of 15% HCL.
- IX.** No logs are currently on file with the Division. The appropriate log data will be filed upon drilling and completion of proposed well.
- X.** There are no water wells on file with the State Engineers Office in the area of interest.
- XI.** Mewbourne Oil Company has examined geologic and engineering data and has found that there is no evidence of faulting between the proposed disposal zone and any underground sources of drinking water.
- XII.** See attached Proof of Notice

MEWBOURNE OIL COMPANY  
P. O. BOX 7698  
TYLER, TEXAS 75711

*Bone Spring*

Lease Layla "35" OB Well No 1H Location 150' FSL & 1980' FEL  
County Eddy ST NM Section 35 TwnShp 23S Rng 28E  
Section \_\_\_\_\_ Blk \_\_\_\_\_ Survey \_\_\_\_\_  
Filename \_\_\_\_\_ Page 1

API No. 30-015-40968

DATE	DAILY REPORTS
AUG 1 2013	<b>Water analysis</b> from 08/01/13: SG @ 1.120, Temp 70°, pH 6.48, Na 49502, Ca 5200, Mg 2400, Fe 10, CL 92000, SO4 250, HCO3 73 (all in Mg/L).

MEWBOURNE OIL COMPANY  
P. O. BOX 7698  
TYLER, TEXAS 75711

*WOLF Camp*

Lease Layla 35 MD Fee Well No #2H Location 150' FSL & 660' FWL  
County Eddy ST NM Section 35 TwnShp 23S Rng 28E  
Section \_\_\_\_\_ Blk \_\_\_\_\_ Survey \_\_\_\_\_  
Filename \_\_\_\_\_ Page 1

API #30-015-41730

DATE	DAILY REPORTS
MAY 21 2014	<p><b>Water analysis from 5/21/14:</b> SG @ 1.075, Temp 70°, pH 6.77, Na 30000, Ca 7200, Mg 960, Fe 0.4, CL 62000, SO4 350, HCO3 166 (all in Mg/L).</p>

# MEWBOURNE OIL COMPANY

500 W. TEXAS, SUITE 1020  
MIDLAND, TEXAS 79701

(432) 682-3715  
FAX (432) 685-4170

March 11, 2015

Engineering and Geological Services Bureau, Oil Conservation Division  
1220 South St. Francis Drive  
Santa Fe, NM 87505  
Attn: Mr. Phillip Goetze

Re: Forty Niner Ridge SWD #1

Mr. Goetze,

In accordance with item XII on Mewbourne Oil Company's C-108 filed for the captioned salt water disposal well, Mewbourne Oil Company has examined geologic and engineering data and has found that there is no evidence of faulting or any other hydrologic connection between the proposed disposal zone and any underground sources of drinking water.

Should you have any questions, please email me at [tcude@mewbourne.com](mailto:tcude@mewbourne.com) or call me at (432) 682-3715.

Sincerely yours,

**MEWBOURNE OIL COMPANY**



Travis Cude  
Reservoir Engineer

Notified Persons

Surface Owner

Commissioner of Public Lands  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

Offset Operators/Working Interest Owners

Section 22 except NE/4NE/4  
Mewbourne Oil Company

W/2 Section 23 and NW/4 Sec. 26  
ConocoPhillips Company  
Post Office Box 2197  
Houston, Texas 77252-2197

OXY USA Inc.  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046

Section 27  
Aquila Energy Resources Corp.  
10370 Richmond Avenue  
Houston, Texas 77042

COG Operating LLC  
One Concho Center  
600 West Illinois  
Midland, Texas 79701

Devon Energy Production Company, L.P.  
333 West Sheridan Avenue  
Oklahoma City, Oklahoma 73102

ExxonMobil Corporation  
P.O. Box 4358  
Houston, Texas 77210

Khody Land & Minerals Company  
Suite 900  
210 Park Avenue  
Oklahoma City, Oklahoma 73102

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

August 21, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a salt water disposal well in the Forty Niner Ridge SWD Well No. 1, located in the SE $\frac{1}{4}$ SE $\frac{1}{4}$  of Section 22, Township 23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 15 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

Publication  
notice to be  
provided, along  
with green cards

Surface Owner

Commissioner of Public Lands  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

Offset Operators/Working Interest Owners

Section 22 except NE/4NE/4  
Mewbourne Oil Company

W/2 Section 23 and NW/4 Sec. 26  
ConocoPhillips Company  
Post Office Box 2197  
Houston, Texas 77252-2197

OXY USA Inc.  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046

Section 27  
Aquila Energy Resources Corp.  
10370 Richmond Avenue  
Houston, Texas 77042

COG Operating LLC  
One Concho Center  
600 West Illinois  
Midland, Texas 79701

Devon Energy Production Company, L.P.  
333 West Sheridan Avenue  
Oklahoma City, Oklahoma 73102

ExxonMobil Corporation  
P.O. Box 4358  
Houston, Texas 77210

Khody Land & Minerals Company  
Suite 900  
210 Park Avenue  
Oklahoma City, Oklahoma 73102

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruce@jnl.com](mailto:jamesbruce@jnl.com)

September 10, 2015

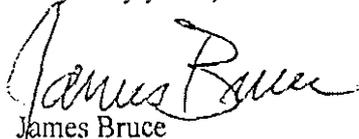
CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Apache Corporation  
Suite 3000  
300 Veterans Airpark Lane  
Midland, Texas 79705

Ladies and gentlemen:

Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a salt water disposal well in the Forty Niner Ridge SWD Well No. 1, located in the SE $\frac{1}{4}$ SE $\frac{1}{4}$  of Section 22, Township 23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 15 days of receipt of this letter (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

7013 3020 0000 4612 9831

<b>U.S. Postal Service™</b>											
<b>CERTIFIED MAIL™ RECEIPT</b>											
<small>(Domestic Mail Only. No Ins. Value. Copying Prohibited)</small>											
<small>For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a></small>											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total Postage &amp; Fees</b></td> <td><b>\$</b></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	<b>\$</b>	<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	<b>\$</b>										
<table border="1"> <tr> <td style="width: 30%;"><small>Sent To</small></td> <td>Apache Corporation</td> </tr> <tr> <td><small>Street, Apt. No., or PO Box No.</small></td> <td>Suite 3000 300 Veterans Airpark Lane</td> </tr> <tr> <td><small>City, State, ZIP+4</small></td> <td>Midland, Texas 79705</td> </tr> </table>		<small>Sent To</small>	Apache Corporation	<small>Street, Apt. No., or PO Box No.</small>	Suite 3000 300 Veterans Airpark Lane	<small>City, State, ZIP+4</small>	Midland, Texas 79705				
<small>Sent To</small>	Apache Corporation										
<small>Street, Apt. No., or PO Box No.</small>	Suite 3000 300 Veterans Airpark Lane										
<small>City, State, ZIP+4</small>	Midland, Texas 79705										
<small>PS Form 3800, August 2005 See Reverse for Instructions</small>											

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">Apache Corporation Suite 3000 300 Veterans Airpark Lane Midland, Texas 79705</p> <p style="text-align: center;">9590 9403 0764 5196 2785 76</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7013 3020 0000 4612 9831</p> <p><small>PS Form 3811, April 2015 PSN 7530-02-000-9053</small></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>T. Bony</i></p> <p>C. Date of Delivery      9-14-05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> <p style="text-align: center;"><i>M-45-5WD</i></p> <p style="text-align: right;"><small>Domestic Return Receipt</small></p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

**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:  
Khody Land & Minerals Company  
Suite 900  
210 Park Avenue  
Oklahoma City, Oklahoma 73102

9590 9403 0589 5183 9043 35

2. Article Number. (Transfer from service label)

7013 3020 0000 4612 6144

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Chere Hicks*

B. Received by (Printed Name): *Chere Hicks* C. Date of Delivery: *8/31/15*

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
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

*M 49*

Domestic Return Receipt

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

August 21, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a salt water disposal well in the Forty Niner Ridge SWD Well No. 1, located in the SE¼SE¼ of Section 22, Township 23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 15 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT

**A**

Surface Owner

Commissioner of Public Lands  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

Offset Operators/Working Interest Owners

Section 22 except NE/4NE/4  
Mewbourne Oil Company

W/2 Section 23 and NW/4 Sec. 26  
ConocoPhillips Company  
Post Office Box 2197  
Houston, Texas 77252-2197

OXY USA Inc.  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046

Section 27  
Aquila Energy Resources Corp.  
10370 Richmond Avenue  
Houston, Texas 77042

COG Operating LLC  
One Concho Center  
600 West Illinois  
Midland, Texas 79701

Devon Energy Production Company, L.P.  
333 West Sheridan Avenue  
Oklahoma City, Oklahoma 73102

ExxonMobil Corporation  
P.O. Box 4358  
Houston, Texas 77210

Khody Land & Minerals Company  
Suite 900  
210 Park Avenue  
Oklahoma City, Oklahoma 73102

**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:

ConocoPhillips Company  
Post Office Box 2197  
Houston, Texas 77252-2197

9590 9403 0589 5183 9042 74

2. Article Number (Transfer from service label)

3020 0000 4612 6120

911, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  Addressee

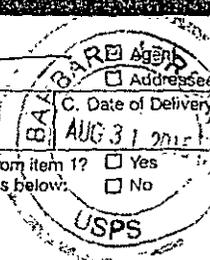
B. Received by (Printed Name):

*[Signature]* C. Date of Delivery: AUG 31 2015

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

3. Service Type

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



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

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

**OFFICIAL USE**

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

Sent To: Commissioner of Public Lands  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

PS Form 3800, August 2009 See Reverse for Instructions

7013 3020 0000 4612 6137

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

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

**OFFICIAL USE**

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

Sent To: ConocoPhillips Company  
Post Office Box 2197  
Houston, Texas 77252-2197

PS Form 3800, August 2009 See Reverse for Instructions

7013 3020 0000 4612 6120

**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:

Commissioner of Public Lands  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

9590 9403 0589 5183 9042 67

2. Article Number (Transfer from service label)

7013 3020 0000 4612 6137

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Mike Lucero*  Agent  Addressee

B. Received by (Printed Name):

*[Signature]* C. Date of Delivery: 8-26-15

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

3. Service Type

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

Domestic Return Receipt

M 49

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>X David Carrillo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery            _____ 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Devon Energy Production Company, L.P.            333 West Sheridan Avenue            Oklahoma City, Oklahoma 73102</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4612 6083</p>	

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

1149

Domestic Return Receipt

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<b>OFFICIAL USE</b>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage &amp; Fees \$</p>	<p>Postmark Here</p>
<p>Sent To: OXY USA Inc.            Suite 110            5 Greenway Plaza            Houston, Texas 77046</p> <p>Street Apt. No. or PO Box No.            City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

7013 3020 0000 4612 6113

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
<b>OFFICIAL USE</b>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage &amp; Fees \$</p>	<p>Postmark Here</p>
<p>Sent To: Devon Energy Production Company, L.P.            333 West Sheridan Avenue            Oklahoma City, Oklahoma 73102</p> <p>Street Apt. No. or PO Box No.            City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

7013 3020 0000 4612 6083

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>X Jane Beo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J. BEAN</i> C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>OXY USA Inc.            Suite 110            5 Greenway Plaza            Houston, Texas 77046</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4612 6113</p>	

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

49

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:

COG Operating LLC  
One Concho Center  
600 West Illinois  
Midland, Texas 79701

9590 9403 0589 5183 9043 04

2. Article Number (Transfer from service label)

7013 3020 0000 4612 6076

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 11/2/15

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
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

M 49

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OFFICIAL USE

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

Postmark Here

Sent To: ExxonMobil Corporation  
 P.O. Box 4358  
 Houston, Texas 77210

PS Form 3800, August 2008 See Reverse for Instructions

7013 3020 0000 4612 6076

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Postmark Here

Sent To: COG Operating LLC  
 One Concho Center  
 600 West Illinois  
 Midland, Texas 79701

PS Form 3800, August 2008 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:

ExxonMobil Corporation  
 P.O. Box 4358  
 Houston, Texas 77210

9590 9403 0589 5183 9043 28

2. Article Number (Transfer from service label)

7013 3020 0000 4612 6076

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

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

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
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

M 49

0609 2794 0000 0206 E702

English

Customer Service

USPS Mobile

Register / Sign In



# USPS Tracking®



Customer Service >  
Have questions? We're here to help.



Get Easy Tracking Updates >  
Sign up for My USPS.

Tracking Number: 7013302000046126144

## Product & Tracking Information

Postal Product:

Features:  
Certified Mail™

## Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS / EVENT	LOCATION
August 31, 2015 3:53 pm	Delivered	OKLAHOMA CITY, OK 73102

Your item was delivered at 3:53 pm on August 31, 2015 in OKLAHOMA CITY, OK 73102.

August 28, 2015 4:19 am	Departed USPS Facility	OKLAHOMA CITY, OK 73107
August 27, 2015 6:45 pm	Arrived at USPS Facility	OKLAHOMA CITY, OK 73107
August 25, 2015 9:10 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
August 25, 2015 8:20 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

## Track Another Package

Tracking (or receipt) number

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7013 3020 0000 4612 6144

U.S. Postal Service®	
<b>CERTIFIED MAIL - RECEIPT</b>	
(Domestic Mail Only, No Insurance Coverage Added)	
For delivery information, visit our website: www.usps.com	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: Khody Land & Minerals Company Suite 900	
Street, Apt. No., or PO Box No. 210 Park Avenue	
City, State, ZIP+4 Oklahoma City, Oklahoma 73102	
PS Form 3800 August 2009	

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English

Customer Service

USPS Mobile

Register / Sign In



# USPS Tracking®



Customer Service  
Have questions? We're here to help.



Get Easy Tracking Updates  
Sign up for My USPS:

Tracking Number: 70133020000046126106

Your item was undeliverable as addressed at 3:05 pm on August 28, 2015 in HOUSTON, TX 77042. It is being returned if appropriate information is available.

## Product & Tracking Information

Postal Product:

Features:  
Certified Mail™

## Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
August 28, 2015, 3:05 pm	Undeliverable as Addressed	HOUSTON, TX 77042

August 28, 2015, 3:05 pm

Undeliverable as Addressed

HOUSTON, TX 77042

Your item was undeliverable as addressed at 3:05 pm on August 28, 2015 in HOUSTON, TX 77042. It is being returned if appropriate information is available.

August 28, 2015, 6:17 am	Departed USPS Facility	NORTH HOUSTON, TX 77315
August 27, 2015, 3:22 pm	Arrived at USPS Facility	NORTH HOUSTON, TX 77315
August 25, 2015, 9:10 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
August 25, 2015, 8:20 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

## Track Another Package

Tracking (or receipt) number

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USPS

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

Sent To

Aquila Energy Resources Corp.  
10370 Richmond Avenue  
Houston, Texas 77042

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

City, State, ZIP+4

9019 2194 0000 020E 370L

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- Contact Us
  - Site Index
  - FAQs

- ON ABOUT.USPS.COM**
- About USPS Home
  - Newsroom
  - USPS Service Updates
  - Forms & Publications
  - Government Services
  - Careers

**Affidavit of Publication**

State of New Mexico,  
County of Eddy, ss.

**Rynni Henderson**, being first duly  
sworn, on oath says:

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

August 26 2015

That the cost of publication is **\$72.07**  
and that payment thereof has been  
made and will be assessed as court  
costs.

Rynni Henderson

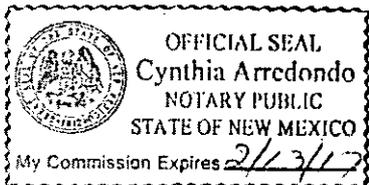
Subscribed and sworn to before me  
this 4 day of September  
2015

Cynthia Arredondo

My commission Expires  
2/13/17

Notary Public

**August 26, 2015**  
**NOTICE**  
Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking approval to drill the Forty Niner Ridge SWD Well No. 1, to be located 330 feet from the south line and 660 feet from the east line (the SE/4SE/4) of Section 22, Township 23 South, Range 30 East, NMPM, Eddy County, New Mexico, and dispose of produced water into the Devonian formation at depths of 15,545-16,500 feet subsurface. The expected maximum injection rate is 20,000 BWPD, and the maximum injection pressure is 3109 psi. If you object to the application you must file a written objection or request for hearing with the Division within 15 days of the date this notice is published. The Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Failure to object will preclude you from contesting this matter at a later date. The name and address of the contact party for applicant is Lee M. Scarborough, Mewbourne Oil Company, Suite 1020, 500 West Texas, Midland, Texas 79701, (432) 682-3715. The well is located approximately 9 miles east of Loving, New Mexico.





# New Mexico Office of the State Engineer

## Water Column/Average Depth to Water

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced, O=orphaned, C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

POD Number	POD Sub-Code	basin	County	Q 64	Q 16	Q 4	Sec	Tws	Rng	X	Y	Depth Well	Depth Water Column
C 02770			ED	4	4	1	14	23S	30E	608004	3574921*	286	
C 02771			ED	1	2	3	14	23S	30E	607807	3574718*	295	
C 02772 POD1	C		ED	4	4	1	14	23S	30E	608043	3574840	300	
C 03478 POD1	C		ED	2	2	1	21	23S	30E	604838	3573950	300	

Average Depth to Water: --

Minimum Depth: --

Maximum Depth: --

Record Count: 4

**PLSS Search:**

Section(s): 14-16, 21-23, 26-28

Township: 23S

Range: 30E

\*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

August 21, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a salt water disposal well in the Forty Niner Ridge SWD Well No. 1, located in the SE $\frac{1}{4}$ SE $\frac{1}{4}$  of Section 22, Township 23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 15 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT

**A**

Surface Owner

Commissioner of Public Lands  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

Offset Operators/Working Interest Owners

Section 22 except NE/4NE/4

Mewbourne Oil Company

W/2 Section 23 and NW/4 Sec. 26

ConocoPhillips Company  
Post Office Box 2197  
Houston, Texas 77252-2197

OXY USA Inc.  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046

Section 27

Aquila Energy Resources Corp.  
10370 Richmond Avenue  
Houston, Texas 77042

COG Operating LLC  
One Concho Center  
600 West Illinois  
Midland, Texas 79701

Devon Energy Production Company, L.P.  
333 West Sheridan Avenue  
Oklahoma City, Oklahoma 73102

ExxonMobil Corporation  
P.O. Box 4358  
Houston, Texas 77210

Khody Land & Minerals Company  
Suite 900  
210 Park Avenue  
Oklahoma City, Oklahoma 73102

**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:

Commissioner of Public Lands  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501

9590 9403 0589 5183 9042 67

2. Article Number (Transfer from service label)  
7013 3020 0000 4612 6137

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Mike Luero

B. Received by (Printed Name)  
C. Date of Delivery  
8-26-15

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<sup>SM</sup>  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Agent  
 Addressed  
 Registered Mail<sup>SM</sup>  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation<sup>SM</sup>  
 Signature Confirmation Restricted Delivery

**U.S. Postal Service**  
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Postage \$  
Certified Fee \$  
Return Receipt Fee (Electronic Receipts) \$  
Restricted Delivery Fee (Electronic Receipts) \$  
Total Postage & Fees \$

Postage & Fees

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail<sup>SM</sup>  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Agent  
 Addressed  
 Registered Mail<sup>SM</sup>  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation<sup>SM</sup>  
 Signature Confirmation Restricted Delivery

4. Article Number (Transfer from service label)  
7013 3020 0000 4612 6137

PS Form 3808, August 2008 PSN 7530-02-000-9053 See Reverse for Instructions

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$  
Certified Fee \$  
Return Receipt Fee (Electronic Receipts) \$  
Restricted Delivery Fee (Electronic Receipts) \$  
Total Postage & Fees \$

Postage & Fees

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail<sup>SM</sup>  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Agent  
 Addressed  
 Registered Mail<sup>SM</sup>  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation<sup>SM</sup>  
 Signature Confirmation Restricted Delivery

4. Article Number (Transfer from service label)  
7013 3020 0000 4612 6137

PS Form 3808, August 2008 PSN 7530-02-000-9053 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:

ConocoPhillips Company  
Post Office Box 2197  
Houston, Texas 77252-2197

9590 9403 0589 5183 9042 74

2. Article Number (Transfer from service label)  
3020 0000 4612 6120

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature]

B. Received by (Printed Name)  
C. Date of Delivery  
8-26-15

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<sup>SM</sup>  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Agent  
 Addressed  
 Registered Mail<sup>SM</sup>  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation<sup>SM</sup>  
 Signature Confirmation Restricted Delivery

**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:

Devon Energy Production Company, L.P.  
333 West Sheridan Avenue  
Oklahoma City, Oklahoma 73102

9590 9403 0589 5183 9043 11

2. Article Number (Transfer from service label)  
7013 3020 0000 4612 6083

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X David Carrillo

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<sup>SM</sup>  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Agent  
 Addressed  
 Registered Mail<sup>SM</sup>  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation<sup>SM</sup>  
 Signature Confirmation Restricted Delivery

**U.S. Postal Service**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$  
Certified Fee \$  
Return Receipt Fee (Electronic Receipts) \$  
Restricted Delivery Fee (Electronic Receipts) \$  
Total Postage & Fees \$

Postage & Fees

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail<sup>SM</sup>  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Agent  
 Addressed  
 Registered Mail<sup>SM</sup>  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation<sup>SM</sup>  
 Signature Confirmation Restricted Delivery

4. Article Number (Transfer from service label)  
7013 3020 0000 4612 6133

PS Form 3808, August 2008 PSN 7530-02-000-9053 See Reverse for Instructions

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$  
Certified Fee \$  
Return Receipt Fee (Electronic Receipts) \$  
Restricted Delivery Fee (Electronic Receipts) \$  
Total Postage & Fees \$

Postage & Fees

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail<sup>SM</sup>  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Agent  
 Addressed  
 Registered Mail<sup>SM</sup>  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation<sup>SM</sup>  
 Signature Confirmation Restricted Delivery

4. Article Number (Transfer from service label)  
7013 3020 0000 4612 6133

PS Form 3808, August 2008 PSN 7530-02-000-9053 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:

OXY USA Inc.  
Suite 110  
3 Greenway Plaza  
Houston, Texas 77046

9590 9403 0589 5183 9042 81

2. Article Number (Transfer from service label)  
7013 3020 0000 4612 6133

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature]

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<sup>SM</sup>  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Agent  
 Addressed  
 Registered Mail<sup>SM</sup>  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation<sup>SM</sup>  
 Signature Confirmation Restricted Delivery

**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:

ExxonMobil Corporation  
P.O. Box 4358  
Houston, Texas 77210

9590 9403 0589 5183 9043 28

2. Article Number (transfer from service label)  
7013 3020 0000 4612 6076

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *James Felde*  Agent  Addressee

B. Received by (Printed Name)  
JAMES FELDE

C. Date of Delivery  
8/27/15

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

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  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Package # 2

Sender's ZIP Code

Amount Paid (incl. Postage and Fees)

Postage and Delivery Fee (if additional postage is required)

Total Postage & Fees \$

COG Operating LLC  
One Concho Center  
600 West Illinois  
Midland, Texas 79701

PS Form 3800, August 2008

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Package # 5

Sender's ZIP Code

Amount Paid (incl. Postage and Fees)

Postage and Delivery Fee (if additional postage is required)

Total Postage & Fees \$

COG Operating LLC  
One Concho Center  
600 West Illinois  
Midland, Texas 79701

9590 9403 0589 5183 9043 04

2. Article Number (transfer from service label)  
7013 3020 0000 4612 6090

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COG Operating LLC  
One Concho Center  
600 West Illinois  
Midland, Texas 79701

9590 9403 0589 5183 9043 04

2. Article Number (transfer from service label)  
7013 3020 0000 4612 6090

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *James Felde*  Agent  Addressee

B. Received by (Printed Name)  
JAMES FELDE

C. Date of Delivery  
8/27/15

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

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  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

**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:

Khody Land & Minerals Company  
Suite 900  
210 Park Avenue  
Oklahoma City, Oklahoma 73102

9590 9403 0589 5183 9043 35

2. Article Number (transfer from service label)  
7013 3020 0000 4612 6244

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Cheree Thiers*  Agent  Addressee

B. Received by (Printed Name)  
Cheree Thiers

C. Date of Delivery  
8/31/15

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

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  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Package # 4

Sender's ZIP Code

Amount Paid (incl. Postage and Fees)

Postage and Delivery Fee (if additional postage is required)

Total Postage & Fees \$

Khody Land & Minerals Company  
Suite 900  
210 Park Avenue  
Oklahoma City, Oklahoma 73102

PS Form 3800, August 2008

English Customer Service USPS Media Register / Sign In



USPS Tracking®

Customer Service: Have questions? We're here to help.

Get Easy Tracking Updates: Sign up for My USPS.

Tracking Number: 7013302000046126106

Your item was undeliverable as addressed at 3:05 pm on August 23, 2015 in HOUSTON, TX 77042. It is being returned if appropriate information is available.

Product & Tracking Information

Available Actions

Postal Product:

Features:  
Certified Mail™

Text Updates

Email Updates

DATE & TIME STATUS OF ITEM LOCATION

August 28, 2015, 3:05 pm Addressed HOUSTON, TX 77042

Your item was undeliverable as addressed at 3:05 pm on August 23, 2015 in HOUSTON, TX 77042. It is being returned if appropriate information is available.

August 28, 2015, 8:17 am	Departed USPS Facility	NORTH HOUSTON, TX 77315
August 27, 2015, 3:22 pm	Arrived at USPS Facility	NORTH HOUSTON, TX 77315
August 25, 2015, 9:13 pm	Departed USPS Facility	ALBUQUERQUE, NM 87101
August 23, 2015, 8:29 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101

Track Another Package

Tracking (or receipt) number

HELPFUL LINKS  
Contact Us  
Site Map  
FAQs

ON ABOUT USPS.COM  
About USPS Home  
Newsroom  
USPS Service Updates  
Forms & Publications  
Government Services  
Careers

7013302000046126106

USPS Retail Service  
**CERTIFIED MAIL RECEIPT**

OFFICIAL USE

Package #	\$
Certified Mail	
Registered Mail Fee (Required for Registered Mail)	
Registered Priority Fee (Required for Registered Priority Mail)	
Total Postage & Fees	\$

Postmark Date

7013302000046126106

150430 Aquila Energy Resources Corp.  
10370 Richmond Avenue  
Houston, Texas 77042  
City State ZIP+4

JAMES BRUCE  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 313  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)

jambruce@aol.com

September 10, 2015

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Apache Corporation  
Suite 3000  
300 Veterans Airpark Lane  
Midland, Texas 79705

Ladies and gentlemen:

Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a salt water disposal well in the Forty Niner Ridge SWD Well No. 1, located in the SE¼SE¼ of Section 22, Township 23 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 15 days of receipt of this letter (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,

*James Bruce*  
James Bruce

Attorney for Mewbourne Oil Company

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only) No Postage Needed

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7013 3020 0000 4612 9831

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (if returned to sender) \_\_\_\_\_  
 Signature and Delivery Fee (if applicable) \_\_\_\_\_  
 Total Package Price \$ \_\_\_\_\_

Postmark: \_\_\_\_\_

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <u>T. Brown</u> C. Date of Delivery <u>9-14-08</u></p> <p>D. Is delivery address of origin from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below.</p>
<p>1. Article Addressed to:</p> <p>Apache Corporation          Suite 3000          300 Veterans Airpark Lane          Midland, Texas 79705</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express</p> <p><input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9403 0764 5196 2785 76</p> <p>2. Article Number (Transfer from service label)          7013 3020 0000 4612 9831</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

**Affidavit of Publication**

State of New Mexico,  
County of Eddy, ss.

**Rynni Henderson**, being first duly  
sworn, on oath says:

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

August 26 2015

That the cost of publication is **\$72.07**  
and that payment thereof has been  
made and will be assessed as court  
costs.

Rynni Henderson

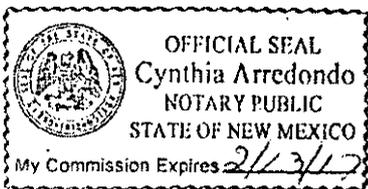
Subscribed and sworn to before me  
this 4 day of September  
2015

Cynthia Arredondo

My commission Expires  
2/13/17

Notary Public

**August 26, 2015**  
**NOTICE**  
Mewbourne Oil Com-  
pany has filed an ap-  
plication with the New  
Mexico Oil Conserva-  
tion Division seeking  
approval to drill the  
Forty Niner Ridge  
SWD Well No. 1, to be  
located 330 feet from  
the south line and 660  
feet from the east line  
(the SE/4SE/4) of  
Section 22, Township  
23 South, Range 30  
East, NMPM, Eddy  
County, New Mexico,  
and dispose of pro-  
duced water into the  
Devonian formation at  
depths of 15,545-  
16,500 feet subsur-  
face. The expected  
maximum injection  
rate is 20,000 BWPD,  
and the maximum in-  
jection pressure is  
3109 psi. If you object  
to the application you  
must file a written ob-  
jection or request for  
hearing with the Divi-  
sion within 15 days of  
the date this notice is  
published. The Divi-  
sion's address is 1220  
South St. Francis  
Drive, Santa Fe, New  
Mexico 87505. Failure  
to object will preclude  
you from contesting  
this matter at a later  
date. The name and  
address of the contact  
party for applicant is  
Lee M. Scarborough,  
Mewbourne Oil Com-  
pany, Suite 1020, 500  
West Texas, Midland,  
Texas 79701, (432)  
682-3715. The well is  
located approximately  
9 miles east of Loving,  
New Mexico.





C-108 Review Checklist: Received 8/24 Add. Request: 10/23 Reply Date: \_\_\_\_\_ Suspended: \_\_\_\_\_ [Ver 15]

ORDER TYPE: WFX / PMX (SWD) Number: \_\_\_\_\_ Order Date: \_\_\_\_\_ Legacy Permits/Orders: \_\_\_\_\_

Well No. 1 Well Name(s): Forty nine Ridge SW

API: 30-0 15 - Rending Spud Date: TBK New or Old: N (UIC Class II Primacy 03/07/1982)

Footages 330 FSL  
660 FEL Lot \_\_\_\_\_ or Unit P Sec 22 Tsp 235 Rge 30E County Hddy

General Location: 2.5 miles west Pool: SWD; PEONIAN Pool No.: 96101

BLM 100K Map: JA1 Operator: Membourne Oil Co OGRID: 14744 Contact: Jim Bly

COMPLIANCE RULE 5.9: Total Wells: 912 Inactive: 2 Fincl Assur: Y Compl. Order? Y IS 5.9 OK? \_\_\_\_\_ Date: \_\_\_\_\_

WELL FILE REVIEWED  Current Status: Proposed

WELL DIAGRAMS: NEW: Proposed  or RE-ENTER: Before Conv.  After Conv.  Logs in Imaging: \_\_\_\_\_

Planned Rehab Work to Well: CBL 7" Liner / 9 5/8" upto 11,000'

Well Construction Details	Sizes (in) Borehole / Pipe	Setting Depths (ft)	Stage Tool	Cement (S) or Cf	Cement Top and Determination Method
	<u>24/20</u>	<u>385</u>		<u>1000</u>	<u>SURFACE VISUAL</u>
	<u>17 1/2 / 13 1/8</u>	<u>3800</u>		<u>1850</u>	<u>SURFACE VISUAL</u>
	<u>12 1/2 / 9 1/4</u>	<u>12000</u>		<u>2100</u>	<u>SURFACE VISUAL</u>
	<u>8 1/2 / 7</u>	<u>15545</u>	<u>15500</u>	<u>600</u>	<u>11500</u>
	<u>15 1/2 / 10 1/2</u>		<u>955</u>		

Injection Lithostratigraphic Units:	Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details:	
Adjacent Unit: Litho. Struc. Por.		<u>ms</u>	<u>14650</u>	Drilled TD <u>1650</u>	PBTD _____
Confining Unit: Litho. Struc. Por.		<u>w</u>	<u>15200</u>	NEW TD _____	NEW PBTD _____
Proposed Inj Interval TOP:				NEW Open Hole <input type="radio"/>	NEW Perfs <input checked="" type="radio"/>
Proposed Inj Interval BOTTOM:				Tubing Size <u>3 1/2</u> in.	Inter Coated? <u>Y</u>
Confining Unit: Litho. Struc. Por.				Proposed Packer Depth <u>1540</u> ft	
Adjacent Unit: Litho. Struc. Por.				Min. Packer Depth <u>15445</u> (100-ft limit)	
				Proposed Max. Surface Press. <u>3105</u> psi	<u>8205</u>
				Admin. Inj. Press. <u>3105</u> (0.2 psi per ft)	

AOR: Hydrologic and Geologic Information

POTASH: R-111-P  Noticed? \_\_\_\_\_ BLM Sec Ord  WIPP  Noticed? \_\_\_\_\_ Salt/Salado T: \_\_\_\_\_ B: \_\_\_\_\_ NW: Cliff House fm

FRESH WATER: Aquifer N/A Max Depth \_\_\_\_\_ HYDRO AFFIRM STATEMENT By Qualified Person

NMOSE Basin: Chaco CAPITAN REEF: thru adj NA No. Wells within 1-Mile Radius? \_\_\_\_\_ FW Analysis \_\_\_\_\_

Disposal Fluid: Formation Source(s) Cons Spring, water Analysis? Y On Lease  Operator Only  or Commercial

Disposal Int: Inject Rate (Avg/Max BWPD): 10,000 / 20,000 Protectable Waters? N/A Source: \_\_\_\_\_ System: Closed  or Open

HC Potential: Producing Interval? \_\_\_\_\_ Formerly Producing? \_\_\_\_\_ Method: Logs/DST/P&A/Other no action 2-Mile Radius Pool Map

AOR Wells: 1/2-M Radius Map? Y Well List? \_\_\_\_\_ Total No. Wells Penetrating Interval: 0 Horizontals? \_\_\_\_\_

Penetrating Wells: No. Active Wells 0 Num Repairs? \_\_\_\_\_ on which well(s)? \_\_\_\_\_ Diagrams? \_\_\_\_\_

Penetrating Wells: No. P&A Wells 0 Num Repairs? \_\_\_\_\_ on which well(s)? \_\_\_\_\_ Diagrams? \_\_\_\_\_

NOTICE: Newspaper Date 8-26 Mineral Owner NMSW Surface Owner NMSLO N. Date 8-26

RULE 26.7(A): Identified Tracts? Y Affected Persons: Consolidated Phillips, Oxy N. Date 8-26

Order Conditions: Issues: \_\_\_\_\_

Add Order Cond: \_\_\_\_\_

\*Approved drill island

A

300150369100  
CHEVRON U.S.A. INCORPORATED  
REMUDA BASIN UNIT 1  
Reference=DF  
Datum=3045.00  
1980 FSL/1980 FEL  
TWP: - Range: - Sec.

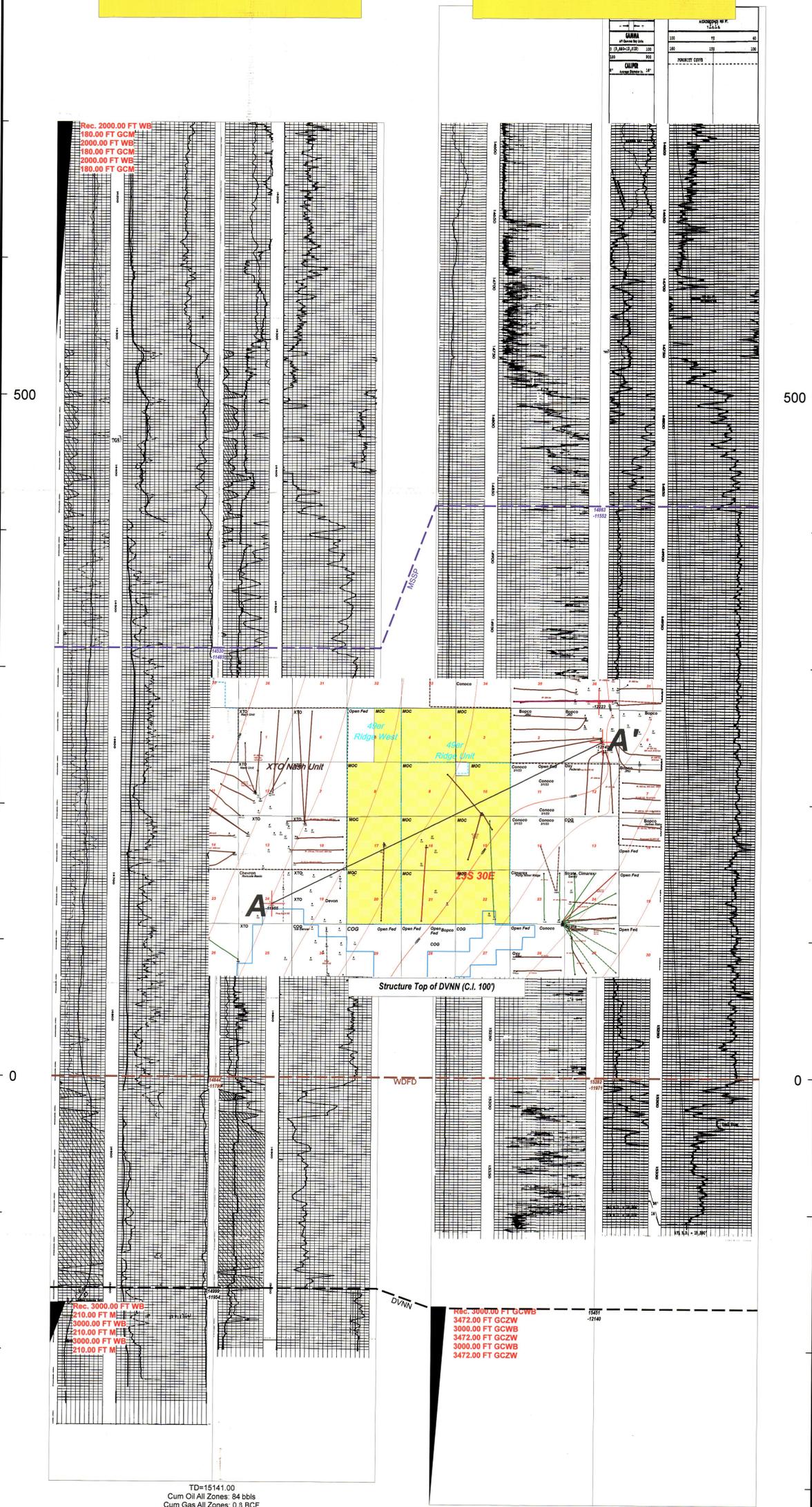
36153 ft

300152023200  
BELCO PETROLEUM CORPORATION  
JAMES RANCH UNIT 3  
Reference=KB  
Datum=3311.00  
1980 FSL/1658 FEL  
TWP: 23 S - Range: 30 E - Sec. 1

A'

24J 23S/29E

1 J 23S/30E



TD=15141.00  
Cum Oil All Zones: 84 bbls  
Cum Gas All Zones: 0.3 BCF  
Cum Water All Zones: 228 bbls

TD=15595.00  
Cum Oil All Zones: 52 bbls  
Cum Gas All Zones: 6.4 BCF

XSec 49er Ridge  
DVNN A-A'

**McMillan, Michael, EMNRD**

---

**From:** jamesbruc@aol.com  
**Sent:** Wednesday, October 28, 2015 12:00 PM  
**To:** McMillan, Michael, EMNRD  
**Subject:** Mewbourne/49er Ridge SWD No. 1

The top of the Mississippian is 14650. The top of the Woodford is 15,200.