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CANDACE CALLAHAN

DIRECT: (505) 983-8764
E-MAIL: CCALLAHAN@BWENERGYLAW.COM

June 21, 2018

VIA CERTIFIED MAIL-RETURN RECEIPT

To: Pooled Parties

Re: New Mexico Oil Conservation Division Application for Non-Standard Spacing and Proration
Unit and Compulsory Pooling, Case No. 16283
Rana Salada Fed Com 6 4 23S 29E 3B #2H well

Dear Ladies and Gentlemen:

This letter is to advise you that Novo Oil & Gas, LLC has filed the enclosed application for non-standard spacing and compulsory pooling with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on July 12, 2018. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an interest owner in the well unit you may be affected by this application, and you may appear and present testimony. Failure to appear at that time and become a part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement four days in advance of a scheduled hearing. This statement must be filed with the Division's Santa Fe office at the above address and should include; the names of the party and its attorney; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact Brandon Patrick at 405-609-1740 or bpatrick@novoog.com.

Very truly yours,



Candace Callahan
Attorney for Novo Oil & Gas, LLC

Exhibit A

XTO Energy, Inc.
810 Houston Street, WTW 1912
Fort Worth, Texas 76102
Attention: Kenneth Hilger

EOG Y Resources, Inc.
5509 Champions Drive
Midland, Texas 79706
Attention: Charles Moran

EOG A Resources, Inc.
5509 Champions Drive
Midland, Texas 79706
Attention: Charles Moran

EOG M Resources, Inc.
5509 Champions Drive
Midland, Texas 79706
Attention: Charles Moran

CTV O&G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

LMB1 O&G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

THRU LINE O&G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

SRB1 O&G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

Keystone O&G NM, LLC
201 Main Street, Suite 2700
Fort Worth, TX 76102

Novo Oil and Gas Case 16283 Exhibit 6

OXY Y-1 Company
P. O. Box 27570
Houston, TX 77227
Attention: Jeremy Murphrey

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">9416-0004</p> <p>XTO Energy, Inc. 810 Houston Street, WTW 1912 Fort Worth, Texas 76102 Attention: Kenneth Hilger</p>		<p>B. Received by (Printed Name) <i>J. Anderson</i></p> <p>C. Date of Delivery JUN 25 2018</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 3380 0000 4382 9296</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p><i>04</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>9590 9402 3134 7166 5453 26</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"/> Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>Postage \$ _____</p> <p>9416-0004</p> <p>XTO Energy, Inc. 810 Houston Street, WTW 1912 Fort Worth, Texas 76102 Attention: Kenneth Hilger</p>	

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<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 3380 0000 4382 9289</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;"><i>M</i></p>												
<p>9590 9402 3134 7166 5453 19</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
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Track Another Package +

Tracking Number: 70173380000043829272

Remove X

Your item was picked up at a postal facility at 7:35 am on June 26, 2018 in MIDLAND, TX 79701.

✓ Delivered

June 26, 2018 at 7:35 am
Delivered, Individual Picked Up at Postal Facility
MIDLAND, TX 79701

Get Updates ✓

Text & Email Updates

Tracking History

Product Information

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
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Total	
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Sent to	EOG A Resources, Inc.
Street	5509 Champions Drive
City, State	Midland, Texas 79706
PS Form	Attention: Charles Moran
	9416-0004
	Postmark Here
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See Less ^

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FAQs (<http://faq.usps.com/?articleId=220900>)

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Robert Fox</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>														
<p>1. Article Addressed to:</p> <p style="text-align: right;">9416-0004</p> <p>EOG M Resources, Inc. 5509 Champions Drive Midland, Texas 79706 Attention: Charles Moran</p>	<p>B. Received by (Printed Name) <i>R. FOX</i> C. Date of Delivery <i>6-26-18</i></p>														
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 3380 0000 4382 9265</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 style="font-size: 2em; color: blue; text-align: center;">cy</p>														
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<input type="checkbox"/> Insured Mail Restricted Delivery															
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EOG M Resources, Inc.
 5509 Champions Drive
 Midland, Texas 79706
 Attention: Charles Moran

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<p>1. Article Addressed to:</p> <p style="text-align: right;">9416-0004</p> <p>CTV O&G NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p>	<p>B. Received by (Printed Name) <i>JUN</i> C. Date of Delivery <i>28 2017</i></p>												
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 3134 7166 5452 89</p> <p style="text-align: center;">7017 3380 0000 4382 9258</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 style="font-size: 2em; color: blue;">04</p>												
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Postage \$ _____	9416-0004
CTV O&G NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102	

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<p>2. Article Number (Transfer from service label)</p> <p>7017 3380 0000 4382 9241</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 style="font-size: 2em; color: blue;">04</p>													
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<p>2. Article Number (Transfer from service label)</p> <p>7017 3380 0000 4382 9234</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 style="font-size: 2em; color: blue;">04</p>																
<p>9590 9402 3134 7166 5452 65</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 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</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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	
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>																	

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THRU LINE O&G NM, LLC
 201 Main Street, Suite 2700
 Fort Worth, TX 76102

For Instructions.

7017 3380 0000 4382 9234

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Tammy Ekert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
1. Article Addressed to:	B. Received by (Printed Name) <i>Tammy Ekert</i>	C. Date of Delivery <i>6-29-18</i>												
<p style="text-align: right;">9416-0004</p> <p>SRBI O&G NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</p>	<p>D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>SRBIO&G NM LLC</i> <i>40 XTO Energy</i></p> <p><i>CM</i> Land Dept. Loc. 115 22777 Springwoods Village Pkway Spring, TX 77389-1425</p>													
 9590 9402 3134 7166 5452 58	<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 checked="" type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®													
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery													
2. Article Number (Transfer from service label) 7017 3380 0000 4382 9227														
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt												

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	9416-0004
SRBI O&G NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102	

See Reverse for Instructions

7017 3380 0000 4382 9227

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>10/25/2017</i></p>												
<p>1. Article Addressed to:</p> <p style="text-align: right;">9416-0004</p> <p>Keystone O&G NM, LLC 201 Main Street, Suite 2700 Fort Worth, TX 76102</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 style="font-size: 2em; color: blue;">04</p>												
 <p>9590 9402 3134 7166 5452 41</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<p>2. Article Number (Transfer from service label)</p> <p>7017 3380 0000 4382 9210</p>	<p>01 Restricted Delivery</p>												
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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Keystone O&G NM, LLC
 201 Main Street, Suite 2700
 Fort Worth, TX 76102

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions

7017 3380 0000 4382 9210

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to: 9416-0004</p> <p>OXY Y-1 Company P. O. Box 27570 Houston, TX 77227 Attention: Jeremy Murphrey</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>7017 3380 0000 4382 9203</p>		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p style="font-size: 2em; text-align: center;">JAMES BEARD</p> <p style="font-size: 2em; text-align: center;">JAMES BEARD</p> <p style="font-size: 2em; text-align: center;">JAMES BEARD</p>																	
<p>9590 9402 3134 7166 5452 34</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</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
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<input type="checkbox"/> Insured Mail Restricted Delivery																			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9059</p>		<p>Domestic Return Receipt</p>																	

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<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage</p> <p>\$ _____</p> <p>Tot \$ _____</p> <p>OXY Y-1 Company P. O. Box 27570 Houston, TX 77227 Attention: Jeremy Murphrey</p>	<p style="text-align: center;">Postmark Here</p> <p style="text-align: center;">9416-0004</p>
7017 3380 0000 4382 9203	9416-0004
PS Form 3800, April 2012 PSN 7530-02-000-9059 Use Reverse for Instructions	

BEATTY & WOZNIAK, P.C.

ATTORNEYS AT LAW
500 DON GASPAR AVENUE
SANTA FE, NEW MEXICO 87505-2626
TELEPHONE (505) 983-8545
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www.bwenergylaw.com

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CANDACE CALLAHAN

DIRECT: (505) 983-8764
E-MAIL: CCALLAHAN@BWENERGYLAW.COM

June 21, 2018

VIA CERTIFIED MAIL-RETURN RECEIPT

To: Affected Parties and Offsetting Lessees and Operators

Re: New Mexico Oil Conservation Division Application for Non-Standard Spacing and Proration Unit and Compulsory Pooling, Case No. 16283
Rana Salada Fed Com 6 4 23S 29E 3B #2H well

Dear Ladies and Gentlemen:

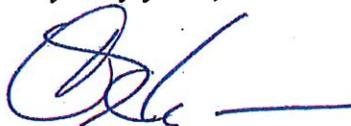
This letter is to advise you that Novo Oil & Gas, LLC has filed the enclosed application for non-standard spacing and compulsory pooling with the New Mexico Oil Conservation Division. Your interests are not being pooled under this application, but as a lessee or operator in an offsetting tract or a tract affected by the non-standard spacing unit, you are entitled to notice of this application.

This application will be set for hearing before a Division Examiner at 8:15 a.m. on July 12, 2018. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office four days in advance of a scheduled hearing. This statement must be filed with the Division's Santa Fe office at the above address and should include: the names of the party and its attorney; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact Brandon Patrick at 405-609-1740 or bpatrick@novoog.com.

Very truly yours,



Candace Callahan
Attorney for Novo Oil & Gas, LLC