

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

**APPLICATION OF MATADOR PRODUCTION  
COMPANY FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO.**

**APPLICATION OF MATADOR PRODUCTION  
COMPANY FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO.**

**APPLICATION OF MATADOR PRODUCTION  
COMPANY FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO.**

*TUA*

*Case 16350*

Case No. 16351

Case No. 16352

Case No. 16353

**AFFIDAVIT OF NOTICE**

COUNTY OF SANTA FE    )  
  ) ss.  
STATE OF NEW MEXICO    )

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Matador Production Company.
3. Matador Production Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Regulations.

*James Bruce*  
James Bruce

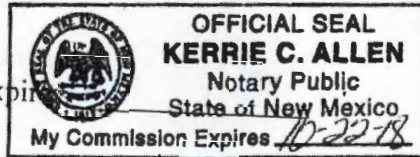
EXHIBIT 14  
8/23/18

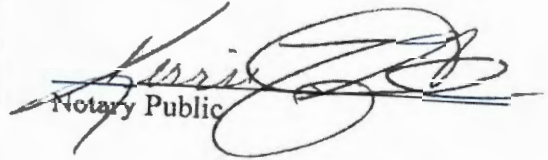
*Scott*



SUBSCRIBED AND SWORN TO before me this 15<sup>th</sup> day of August, 2018 by  
James Bruce.

My Commission Expires



  
Notary Public



**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)

July 18, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of the following applications filed with the New Mexico Oil Conservation Division by Matador Production Company:

1. Case No. 16350, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 113H, a Bone Spring well in the W/2E/2 of Section 19; and

2. Case No. 16351, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 114H, a Bone Spring well in the E/2E/2 of Section 19,

all in Township 23 South, Range 35 East, NMPM, Lea County, New Mexico.

These matters are re-scheduled for hearing at 8:15 a.m. on Thursday, August 9, 2018, in Porter Hall at the Division's offices 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 these applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

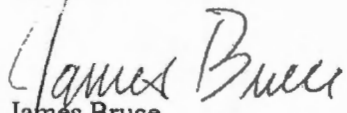
A party appearing in a Division case is required by Division Regulations to file a Pre-Hearing Statement no later than Thursday, August 2, 2018. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The name of the party and its attorney; a concise statement of the case; the names of the 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.

ATTACHMENT

A-1



Very truly yours,

  
James Bruce

Attorney for Matador Production Company



EXHIBIT A

EOG A Resources, Inc.  
EOG M Resources, Inc.  
EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, Texas 79706

OXY Y-1 Company  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046



## 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:

EOG A Resources, Inc.  
EOG M Resources, Inc.  
EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, Texas 79706



9590 9402 3452 7275 9581 19

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

7018 0360 0000 2187 8487

PS Form 3811, July 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

7-23-15

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
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

## Certified Mail Fee

\$

## Extra Services &amp; Fees (check box, add fee as appropriate)

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

## Postage

\$

## Total Postage and Fees

\$

## Sent To

 OXY Y-1 Company  
 Suite 110

## Street and Apt. No., or P.O.

5 Greenway Plaza

## City, State, ZIP+4®

Houston, Texas 77046

Postmark  
Here

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

See Reverse for Instructions

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

## Certified Mail Fee

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## Extra Services &amp; Fees (check box, add fee as appropriate)

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

## Postage

\$

## Total Postage and Fees

\$

## Sent To

 EOG A Resources, Inc.  
 EOG M Resources, Inc.  
 EOG Y Resources, Inc.  
 5509 Champions Drive  
 Midland, Texas 79706

## Street and Apt. No., or P.O.

## City, State, ZIP+4®

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

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

 OXY Y-1 Company  
 Suite 110  
 5 Greenway Plaza  
 Houston, Texas 77046


9590 9402 3452 7275 9581 02

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

7018 0360 0000 2187 8470

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No
*James E Beard*  
 JAMES BEARD

## 3. Service Type

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

1 Delivery

(over 3000)

Dr. I. Bf

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)

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

July 18, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of the following applications filed with the New Mexico Oil Conservation Division by Matador Production Company:

1. Case No. 16352, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 213H, a **Wolfcamp** well in the W/2E/2 of Section 19; and
2. Case No. 16353, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 214H, a **Wolfcamp** well in the E/2E/2 of Section 19,

all in Township 23 South, Range 35 East, NMPM, Lea County, New Mexico.

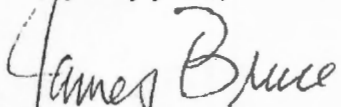
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ATTACHMENT *A.2*



Very truly yours,

  
James Bruce

Attorney for Matador Production Company



EXHIBIT A

EOG A Resources, Inc.  
EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, Texas 79706

OXY Y-1 Company  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046



**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:

EOG A Resources, Inc.  
EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, Texas 79706

2. Article Number (Transfer from service label)

7018 0360 0000 2187 8494

PS Form 3811, July 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  
7/23/15

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  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

9590 9402 3452 7275 9581 33

Dr. I. W/c

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Certified Mail Fee  
\$

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

Postage  
\$

Total Postage and Fees  
\$

Sent To  
OXY Y-I Company  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046

City, State, ZIP+4®  
Houston, Texas 77046

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

7018 0360 0000 2187 8500

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Certified Mail Fee  
\$

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

Postage  
\$

Total Postage and Fees  
\$

Sent To  
EOG A Resources, Inc.  
EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, Texas 79706

City, State, ZIP+4®  
Midland, Texas 79706

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

7018 0360 0000 2187 8494

**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 Y-I Company  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046

2. Article Number (Transfer from service label)

7018 0360 0000 2187 8500

PS Form 3811, July 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  
7/23/15

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  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

9590 9402 3452 7275 9581 26

Dr. I. W/c



**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)

July 18, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

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2. Case No. 16351, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 114H, a Bone Spring well in the E/2E/2 of Section 19;
3. Case No. 16352, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 213H, a Wolfcamp well in the W/2E/2 of Section 19; and
4. Case No. 16353, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 214H, a Wolfcamp well in the E/2E/2 of Section 19,

all in Township 23 South, Range 35 East, NMPM, Lea County, New Mexico.

These matters are re-scheduled for hearing at 8:15 a.m. on Thursday, June 28, 2018, in Porter Hall at the Division's offices 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 **overriding royalty interest** that may be affected by these applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date. **As an overriding royalty interest owner you are not subject to well costs. You are being notified so that your interest will be committed to the above well units.**

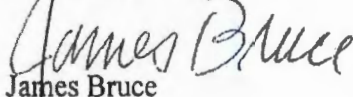
ATTACHMENT

A-3



A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, June 7, 2018. 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 the 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.

Very truly yours,

  
James Bruce

Attorney for Matador Production Company



Last Known Addresses for Parties with an Ownership Interest in the Subject Property			
Owner	Address	Instrument	Date of Instrument
Allar Development,	P.O. Box 1567 Graham, TX 76450	Book 2079, page 321	January 26, 2017
Martin Joyce	P.O. Box 2142 Roswell, NM 88202	Book 2079, page 321	January 26, 2017
MRC Permian Company	5400 LBJ Freeway Suite 1500 Dallas, TX 75240	Book 2085, page 522	February 22, 2017
Nestegg Energy Corporation	2308 Sierra Vista Road Artesia, NM 88210	Book 2079, page 321	January 26, 2017
Robert E. Landreth	110 W. Louisiana Suite 404 Midland, TX 79701	Book 1924, page 487	October 21, 2014
Scott W. Tanberg	2502 Keswick Midland, TX 79705	Book 1924, page 487	October 21, 2014

MRC  
not  
notif

EXHIBIT **A**



## 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:

Allar Development  
 P.O. Box 1567  
 Graham, Texas 76450



9590 9402 3452 7275 9581 88

2. Article Number (Transfer from service label)

7018 0360 0000 2187 8555

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert E. Landreth*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Robert E. Landreth*

C. Date of Delivery

*7/23/15*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

Restricted Delivery

Domestic Return Receipt

*Dr. I - OK*U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

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

Postage

\$

Total Postage and Fees

\$

Sent To

Robert E. Landreth

Suite 404

110 West Louisiana

Midland, Texas 79701

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

Postmark  
Here

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

See Reverse for Instructions

7018 0360 0000 2187 8524

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

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

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

Postage

\$

Total Postage and Fees

\$

Sent To

Allar Development

P.O. Box 1567

Graham, Texas 76450

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark  
Here

## 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:

Robert E. Landreth  
 Suite 404  
 110 West Louisiana  
 Midland, Texas 79701



9590 9402 3452 7275 9581 57

2. Article Number (Transfer from service label)

7018 0360 0000 2187 8524

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Linda G. Carter*☐ Agent☐ Addressee

B. Received by (Printed Name)

*LINDA CARTER*

C. Date of Delivery

*7/23/18*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Deliveryall  
all Restricted Delivery*Dr. I - OK*

Domestic Return Receipt

7018 0360 0000 2187 8555



## 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:

Scott W. Tanberg  
2502 Keswick  
Midland, Texas 79705



9590 9402 3452 7275 9581 40

2. Article Number (Transfer from service label)

7018 0360 0000 2187 8517

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Chelly Tanberg* ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Tanberg

C. Date of Delivery

7/28/18

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

3. Service Type

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

(OVER 3000)

Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

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

Postage

\$

Total Postage and Fees

\$

Sent To

Nestegg Energy Corporation

2308 Sierra Vista Road

Street and Apt. No., or PO

Artesia, New Mexico 88210

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark  
HereU.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

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

Postage

\$

Total Postage and Fees

\$

Sent To

Scott W. Tanberg

2502 Keswick

Street and Apt. No., or PO

Midland, Texas 79705

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark  
Here

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

1. Article Addressed to:

Nestegg Energy Corporation  
2308 Sierra Vista Road  
Artesia, New Mexico 88210



9590 9402 3452 7275 9581 64

2

7018 0360 0000 2187 8517

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary K. Muir* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Mary K. Muir

C. Date of Delivery

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

3. Service Type

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

(OVER 3000)

Restricted Delivery

Domestic Return Receipt

Dr. I. - OR



**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:**

Martin Joyce  
P.O. Box 2142  
Roswell, New Mexico 88202



9590 9402 3452 7275 9581 71

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

7018 0360 0000 2187 8548

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

☒ *Jamie Joyce* ☐ Agent  
☐ Addressee

**B. Received by (Printed Name)**

*Jamie Joyce*

**C. Date of Delivery**

*8/10/17*

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

**3. Service Type**

- |  |   |
|--|---|
| <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 |

all Restricted Delivery

*Dr. T.-OR*

Domestic Return Receipt

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only**

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

**Certified Mail Fee**

\$

**Extra Services & Fees (check box, add fee as appropriate)**

- |  |    |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

**Postage**

\$

**Total Postage and Fees**

\$

**Sent To**

Martin Joyce  
P.O. Box 2142  
Roswell, New Mexico 88202

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

**City, State, ZIP+4®**

Postmark  
Here

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

7018 0360 0000 2187 8548



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

16350

APPLICATION OF MATADOR PRODUCTION  
COMPANY FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO.

Case No. 16351

APPLICATION OF MATADOR PRODUCTION  
COMPANY FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO.

Case No. 16352

APPLICATION OF MATADOR PRODUCTION  
COMPANY FOR COMPULSORY POOLING,  
LEA COUNTY, NEW MEXICO.

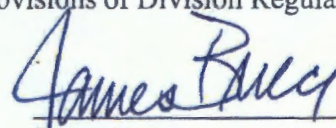
Case No. 16353

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE    )  
                                  ) ss.  
STATE OF NEW MEXICO )

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Matador Production Company.
3. Matador Production Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Regulations.

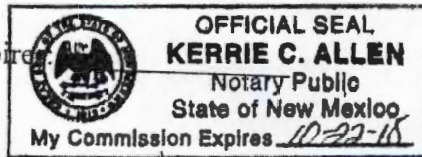
  
James Bruce

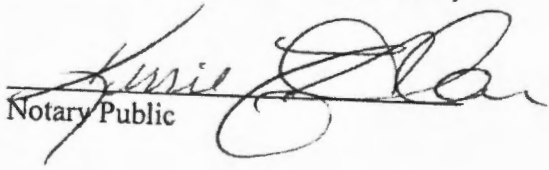




SUBSCRIBED AND SWORN TO before me this 15<sup>th</sup> day of December, 2017 by  
James Bruce.

My Commission Expires



  
Notary Public



**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)

July 18, 2018

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of the following applications filed with the New Mexico Oil Conservation Division by Matador Production Company:

1. Case No. 16350, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 113H, a Bone Spring well in the W/2E/2 of Section 19;
2. Case No. 16351, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 114H, a Bone Spring well in the E/2E/2 of Section 19;
3. Case No. 16352, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 213H, a Wolfcamp well in the W/2E/2 of Section 19; and
4. Case No. 16353, for compulsory pooling, regarding the Dr. Ireland Fed. Com. Well No. 214H, a Wolfcamp well in the E/2E/2 of Section 19,

all in Township 23 South, Range 35 East, NMPM, Lea County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, August 9, 2018, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but **as an offset interest owner or operator** that may be affected by these applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

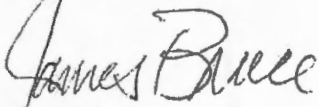
A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, August 2, 2018. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and

ATTACHMENT **A**



its attorney; a concise statement of the case; the names of the 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.

Very truly yours,

A handwritten signature in cursive script that reads "James Bruce". The signature is written in dark ink and is positioned above the printed name.

James Bruce

Attorney for Matador Production Company



EXHIBIT A

EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, Texas 79706

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

Chevron U.S.A. Inc.  
6301 Deauville  
Midland, Texas 79706



## 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:

EOG Y Resources, Inc.  
5509 Champions Drive  
Midland, Texas 79706



9590 9402 3452 7275 9582 18

2. Article Number (Transfer from carrier label)

7018 0360 0000 2187 8562

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-23-18

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

3. Service Type

- |  |   |
|--|---|
| <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 |

Delivery

Domestic Return Receipt

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

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

- |  |    |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage

\$

Total Postage and Fees

\$

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

Street and Apt. No.

City, State, ZIP+4®

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

See Reverse for Instructions

7018 0360 0000 2187 8579

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

Certified Mail Fee

\$

Extra Services &amp; Fees (check box, add fee as appropriate)

- |  |    |
|--|----|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage

\$

Total Postage and Fees

\$

 Sent To EOG Y Resources, Inc.  
 5509 Champions Drive  
 Midland, Texas 79706

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark  
Here

7018 0360 0000 2187 8562

## 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 9402 3452 7275 9582 01

2. Article

7018 0360 0000 2187 8579

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- |  |   |
|--|---|
| <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 |

Delivery

Domestic Return Receipt



Dr I - O



## 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:

Chevron U.S.A. Inc.  
6301 Deauville  
Midland, Texas 79706



9590 9402 3452 7275 9581 95

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

7018 0360 0000 2187 8586

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

☒ *Elvia Baeza* ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Elvia Baeza

## C. Date of Delivery

7/23/18

## D. Is delivery address different from item 1?

☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <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 |

Restricted Delivery

Domestic Return Receipt

# U.S. Postal Service™

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

## Certified Mail Fee

\$

## Extra Services &amp; Fees (check box, add fee as appropriate)

- |  |          |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ _____ |
| <input type="checkbox"/> Adult Signature Required            | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

## Postage

\$

## Total Postage and Fees

\$

Sent To Chevron U.S.A. Inc.

6301 Deauville

Street and Apt. No., or PO Box Midland, Texas 79706

City, State, ZIP+4®

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

See Reverse for Instructions

7018 0360 0000 2187 8586