

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

APPLICATION OF MATADOR PRODUCTION
COMPANY FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

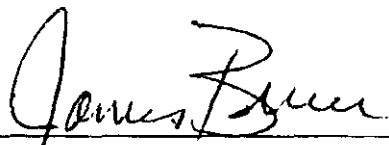
Case No. 15,363

AFFIDAVIT OF NOTICE

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

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

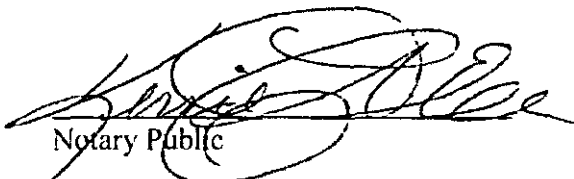
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Matador Production Company.
3. Matador Production Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners 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 letters and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of August, 2015 by
James Bruce.



My Commission Expires


Notary Public

Oil Conservation Division
Case No. 15363
Exhibit No. 9

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

June 30, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application a for non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a well in the W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 31, Township 18 South, Range 35 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 20, 2015, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the well unit.** You are not required to attend this hearing, but you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter 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 13, 2015. 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

Attachment

A

EXHIBIT A

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

Yates Petroleum Corporation
105 Fourth Street
Artesia, New Mexico 88201

Slash Exploration
P.O. Box 1973
Roswell, New Mexico 88202

Airstrip Field Joint Venture
PMB 100
3571 Far West Boulevard
Austin, Texas 78731

Otter Creek
P.O. Box 1557
Sealy, Texas 77474


Williams Enterprises
P.O. Box 32570
Santa Fe, New Mexico 87504

David Sorenson
P.O. Box 1453
Roswell, New Mexico 88202

Marathon Oil Company
5555 San Felipe Street
Houston, Texas 77056

KC Resources
120 Birmingham Drive
Cardiff by the Sea, California 92007

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



Harvey E. Yates Company
P.O. Box 1933
Roswell, New Mexico 88202

Plantation Operating
2203 Timberloch
The Woodlands, Texas 77380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Harvey E. Yates Company
P.O. Box 1933
Roswell, New Mexico 88202

2. Article Number **7013 3020 0000 4604 9719**
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt *Mat - L*

COMPLETE THIS SECTION DELIVERY

A. Signature ☐ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) *Harvey Yates* C. Date of Delivery *8/4/15*

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

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

Sent To: Marathon Oil Company
5555 San Felipe Street
Houston, Texas 77056

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

PS Form 3800, August 2006 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

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

Sent To: Harvey E. Yates Company
P.O. Box 1933
Roswell, New Mexico 88202

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marathon Oil Company
5555 San Felipe Street
Houston, Texas 77056

2. Article Number **7013 3020 0000 4604 9689**
(Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt *Mat - L*

COMPLETE THIS SECTION DELIVERY

A. Signature ☐ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) *Harvey Yates* C. Date of Delivery *8-4-15*

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

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SEND TO ADDRESSEE SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

David Sorenson
P.O. Box 1453
Roswell, New Mexico 88202

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *David J. Sorenson*

B. Received by (Printed Name)
DAVID J. SORENSON

C. Date of Delivery
8-4-15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0000 4604 9672

Domestic Return Receipt

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

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

Postmark Here

Sent To
Williams Enterprises
P.O. Box 32570
Santa Fe, New Mexico 87504

Street, Apt. No., or P.O. Box No.
City, State, ZIP+4

PS Form 3800, August 2008 See Reverse for Instructions

5996 4094 0000 0202 1310

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

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

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

Postmark Here

Sent To
David Sorenson
P.O. Box 1453
Roswell, New Mexico 88202

Street, Apt. No., or P.O. Box No.
City, State, ZIP+4

PS Form 3800, August 2008 See Reverse for Instructions

7013 3020 0000 4604 9672

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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:

Williams Enterprises
P.O. Box 32570
Santa Fe, New Mexico 87504

2. Article Number:
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Paula Williams*

B. Received by (Printed Name)
Paula Williams

C. Date of Delivery
8-1-15

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0000 4604 9665

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Outer Creek
P.O. Box 1557
Sealy, Texas 77474

2. Article Number
(Transfer from service label)

7013 3020 0000 4604 9658

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ 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

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

AUG - 4 2015

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

Sent To: Airstrip Field Joint Venture
PMB 100
3571 Far West Boulevard
Austin, Texas 78731

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage)

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

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

Sent To: Outer Creek
P.O. Box 1557
Sealy, Texas 77474

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Airstrip Field Joint Venture
PMB 100
3571 Far West Boulevard
Austin, Texas 78731

2. Article Number
(Transfer from service label)

7013 3020 0000 4604 9641

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ 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

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Vanessa Sexton</p> <p>C. Date of Delivery 8/10/06</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>Slash Exploration P.O. Box 1973 Roswell, New Mexico 88202</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4604 9634</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt <i>Mat - L</i></p>			

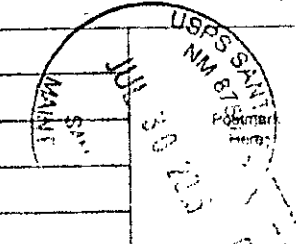
U.S. Postal Service CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
<p>Sent To</p> <p>Yates Petroleum Corporation 105 Fourth Street Artesia, New Mexico 88201</p> <p>Street, Apt. No., or P.O. Box No. City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
<p>Sent To</p> <p>Slash Exploration P.O. Box 1973 Roswell, New Mexico 88202</p> <p>Street, Apt. No., or P.O. Box No. City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

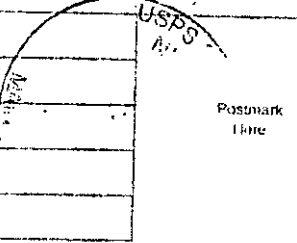
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Sterling</p> <p>C. Date of Delivery 8/10/06</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>Yates Petroleum Corporation 105 Fourth Street Artesia, New Mexico 88201</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4604 9627</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt <i>Mat - L</i></p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION FOR DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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>David Carrillo</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>David Carrillo</i> C. Date of Delivery <i>7/10/06</i></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 Oklahoma City, Oklahoma 73102</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4605 0586</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 2013 Domestic Return Receipt *Met - L*

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To: COG Operating L.L.C. One Concho Center 600 West Illinois Avenue Midland, Texas 79701</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p>	
PS Form 3800, August 2005 See Reverse for Instructions	

7013 3020 0000 4604 9702

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To: Devon Energy Production Company, L.P. 333 West Sheridan Oklahoma City, Oklahoma 73102</p> <p>Street, Apt. No., or PO Box No. City, State, ZIP+4</p>	
PS Form 3800, August 2005 See Reverse for Instructions	

7013 3020 0000 4605 0586

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION FOR DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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>David Carrillo</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>David Carrillo</i> C. Date of Delivery <i>7/10/06</i></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>COG Operating L.L.C. One Concho Center 600 West Illinois Avenue Midland, Texas 79701</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4604 9702</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

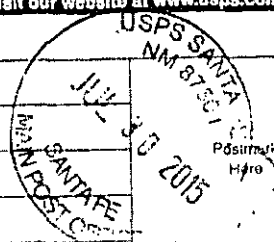
PS Form 3811, July Domestic Return Receipt *Met - L*

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7013 3020 0000 4604 9726

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



Sent To: Plantation Operating
 Street, Apt. No., or PO Box No: 2203 Timberloch
 City, State, ZIP+4: The Woodlands, Texas 77380

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Plantation Operating
 2203 Timberloch
 The Woodlands, Texas 77380

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ 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
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7013 3020 0000 4604 9726

PS Form 3811, July 2013

Domestic Return Receipt

not - L

English

Customer Service

USPS Mobile

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USPS Tracking®



Customer Service »
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Sign up for My USPS.

Tracking Number: 70133020000046039901

Product & Tracking Information

Postal Product:

Features:

Certified Mail™

Available Actions

Text Updates

Email Updates

DATE	STATUS	LOCATION
August 3, 2015, 1:09 pm	Delivered	DALLAS, TX 75205

Your item was delivered at 1:09 pm on August 3, 2015 in DALLAS, TX 75205.

August 2, 2015, 7:59 pm	Departed USPS Facility	DALLAS, TX 75260
August 1, 2015, 4:30 am	Arrived at USPS Facility	DALLAS, TX 75260
July 31, 2015, 2:39 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
July 30, 2015, 7:49 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101
July 30, 2015, 4:22 pm	Departed Post Office	SANTA FE, NM 87501
July 30, 2015, 1:19 pm	Picked Up	SANTA FE, NM 87501

Track Another Package

Tracking (or receipt) number

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HELPFUL LINKS

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

Sent To: KC Resources
120 Birmingham Drive
Cardiff by the Sea, California 92007

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

PS Form 3800, August 2008 See Reverse for Instructions

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

August 13, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

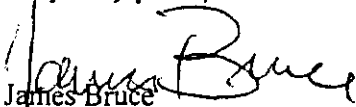
Ladies and gentlemen:

Enclosed is a copy of an application a for non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a well in the W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 31, Township 18 South, Range 35 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 3, 2015, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the well unit.** You are not required to attend this hearing, but you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter 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 27, 2015. 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

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