

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

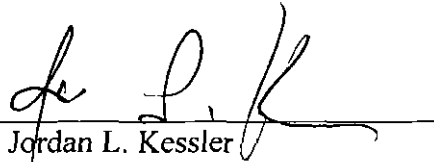
**APPLICATION OF MATADOR PRODUCTION COMPANY FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO.**

**CASE NO. 15502**

**AFFIDAVIT**

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

Jordan L. Kessler, attorney in fact and authorized representative of Matador Production Company the Applicant herein, states that the above-referenced Application was provided under the notice letters attached hereto by James Bruce on behalf of Matador Production Company.

  
\_\_\_\_\_  
Jordan L. Kessler

SUBSCRIBED AND SWORN to before this 18th day of July 2016 by Jordan L. Kessler.



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 01/14/19

  
\_\_\_\_\_  
Notary Public

**BEFORE THE OIL CONSERVATION  
DIVISION**  
Santa Fe, New Mexico  
**Exhibit No. 15**  
Submitted by: **Matador Production Company**  
Hearing Date: July 21, 2016

**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)

June 15, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

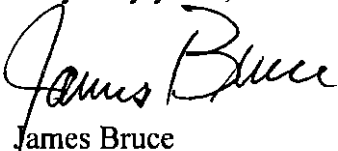
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for an unorthodox well location, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Wolfcamp well in the W½ of Section 30, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, July 7, 2016, 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 unorthodox location portion of the application, and you offset the well unit.** As an offset operator or lessee, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this 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, June 30, 2016. 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,

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".

James Bruce

Attorney for Matador Production Company

EXHIBIT A

Panhandle Properties  
P.O. Box 647  
Artesia, New Mexico 88211

Featherstone Development Corp.  
P.O. Box 429  
Roswell, New Mexico 88202

Chase Oil Corp.  
P.O. Box 1767  
Artesia, New Mexico 88211

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

Artesia Oil & Gas LLC  
P.O. Box 1768  
Artesia, New Mexico 88211

Robert C. Chase  
P.O. Box 297  
Artesia, New Mexico 88211

Ventana Minerals  
P.O. Box 359  
Artesia, New Mexico 88211

DiaKan Minerals LLC  
P.O. Box 693  
Artesia, New Mexico 88211

Charles C. Showalter and Louise B. Showalter,  
Trustees of the 1993 Showalter Trust  
569-C Avenida Sevilla  
Laguna Woods, California 92637

Mona Martin  
403 Riverside  
Carlsbad, New Mexico 88220

Read & Stevens, Inc.  
P.O. Box 1518  
Roswell, New Mexico 88202

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

7012 0470 0001 5955 0936

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Panhandle Properties P.O. Box 647 Artesia, New Mexico 88211 City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 0470 0001 5955 0929

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To Featherstone Development Corp. P.O. Box 429 Roswell, New Mexico 88202 City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b> ■ 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:  Panhandle Properties P.O. Box 647 Artesia, New Mexico 88211  9590 9402 1536 5362 3517 72 2. Article Number (Transfer from service label) 7012 0470 0001 5955 0936	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) A. WATTS C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:  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 (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 M-L Domestic Return Receipt
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<b>SENDER: COMPLETE THIS SECTION</b> ■ 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:  Featherstone Development Corp. P.O. Box 429 Roswell, New Mexico 88202  9590 9402 1536 5362 3517 89 2. Article Number (Transfer from service label) 7012 0470 0001 5955 0929	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:  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 (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 M-L Domestic Return Receipt
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7012 0470 0001 5955 0912

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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 Chase Oil Corp.  
 P.O. Box 1767  
 Street, Apt. No., or PO Box No. Artesia, New Mexico 88211  
 City, State, ZIP+4

PS Form 3800, August 2006

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:

Chase Oil Corp.  
 P.O. Box 1767  
 Artesia, New Mexico 88211

9590 9402 1536 5362 3517 96

2. Article Number (Transfer from service label)

7012 0470 0001 5955 0912

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Kathy Beauregard* Agent ☐ Addressee ☐  
 B. Received by (Printed Name) **KATHY BEAUREGARD** 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

Domestic Return Receipt

7012 0470 0001 5955 0905

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

Postmark  
Here

Sent To Devon Energy Production Company, L.P.  
 333 West Sheridan Avenue  
 Street, Apt. No., or PO Box No. Oklahoma City, Oklahoma 73102  
 City, State, ZIP+4

PS Form 3800, August 2006

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:

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

9590 9402 1536 5362 3538 99

2.

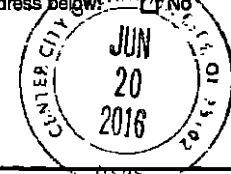
7012 0470 0001 5955 0905

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *David Carrillo* Agent ☐ Addressee ☐  
 B. Received by (Printed Name) C. Date of Delivery

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



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


Domestic Return Receipt


7012 0470 0001 5955 0899

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<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: Artesia Oil & Gas LLC P.O. Box 1768 Artesia, New Mexico 88211	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 0470 0001 5955 0882

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<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: Robert C. Chase P.O. Box 297 Artesia, New Mexico 88211	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
■ 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.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Artesia Oil & Gas LLC P.O. Box 1768 Artesia, New Mexico 88211		B. Received by (Printed Name) A. WATTS	
2. A. Article Number (Transfer from sorting label) 9590 9402 1536 5362 3539 05		C. Date of Delivery	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
■ 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.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Robert C. Chase P.O. Box 297 Artesia, New Mexico 88211		B. Received by (Printed Name) KATHY BEAUREGARD	
2. A. Article Number (Transfer from sorting label) 9590 9402 1536 5362 3539 12		C. Date of Delivery	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7012 0470 0001 5955 0875

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

Postmark  
Here

Sent To Ventana Minerals  
 P.O. Box 359  
 Street, Apt. No., or PO Box No. Artesia, New Mexico 88211  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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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 DiaKan Minerals LLC  
 P.O. Box 693  
 Street, Apt. No., or PO Box No. Artesia, New Mexico 88211  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 3050 0001 2948 4149

**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:

Ventana Minerals  
 P.O. Box 359  
 Artesia, New Mexico 88211

9590 9402 1536 5362 3539 29

2. Article Number

7012 0470 0001 5955 0875

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Kathy Beauregard* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **KATHY BEAUREGARD** 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 |

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

Domestic Return Receipt

M-L

**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:

DiaKan Minerals LLC  
 P.O. Box 693  
 Artesia, New Mexico 88211

9590 9401 0184 5234 5016 75

2. Article Number

7012 3050 0001 2948 4149

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Kathy Beauregard* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **KATHY BEAUREGARD** 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 |

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

Domestic Return Receipt

M-L

7012 3050 0001 2948 4132

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

Sent To Charles C. Showalter and Louise B. Showalter,  
Trustees of the 1993 Showalter Trust  
569-C Avenida Sevilla  
Laguna Woods, California 92637  
 Street, Apt. No. or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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

Sent To Mona Martin  
403 Riverside  
Carlsbad, New Mexico 88220  
 Street, Apt. No. or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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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:

Charles C. Showalter and Louise B. Showalter,  
 Trustees of the 1993 Showalter Trust  
 569-C Avenida Sevilla  
 Laguna Woods, California 92637

9590 9401 0184 5234 5016 68

2. Article Number

7012 3050 0001 2948 4132

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X C. Showalter

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

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

Domestic Return Receipt

RETURNED



7012 3050 0001 2948 4118

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<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <u>Read &amp; Stevens, Inc.</u> <u>P.O. Box 1518</u> <u>Roswell, New Mexico 88202</u> Street, Apt. No., or PO Box No. <u>City, State, ZIP+4</u>	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 3050 0001 2948 4101

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<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <u>Yates Petroleum Corporation</u> <u>105 South Fourth Street</u> <u>Artesia, New Mexico 88210</u> Street, Apt. No., or PO Box No. <u>City, State, ZIP+4</u>	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b> ■ 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:  <u>Read &amp; Stevens, Inc.</u> <u>P.O. Box 1518</u> <u>Roswell, New Mexico 88202</u>  2. Article Number (Transfer from service label) <u>9590 9402 1676 6053 7899 63</u>  PS Form 3811, July 2015 PSN 7530-02-000-9053	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>LYDIA DOMINGUEZ</u> <input type="checkbox"/> Date of Delivery <u>07/08/11</u> C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:  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  PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt
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## Affidavit of Publication

State of New Mexico,  
County of Eddy, ss.

**Erin CoatsSmith**, 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:

June 17 2016

That the cost of publication is  
**\$112.83** and that payment thereof  
has been made and will be  
assessed as court costs.

*Erin CoatsSmith*

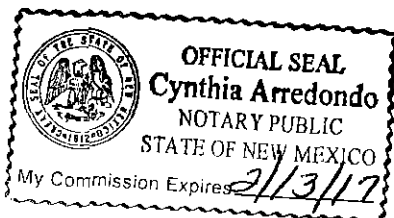
Subscribed and sworn to before me  
this 24 day of June 2016

*Cynthia Arredondo*

My commission Expires

2/13/17

Notary Public



June 17, 2016

### NOTICE

To: Robert D. Rose, Danielle Louise Lee, Gretchen Kathleen Harris, Angela Harris Neal, Tim Tipton, Lisa Kocela, Sherrie Chadwick, Darbe Nokes, Executor of the Estate of Caroline Keith Pratt Daniels, Jerry M. Lynch, Kimberley S. Lynch, and Mona Martin, or your heirs, devisees, successors, or assigns: Matador Production Company has filed an application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests in the Wolfcamp formation underlying the W/2 of Section 30, Township 23 South, Range 28 East, NMPM, for all pools or formations developed on 320 acre spacing within that vertical extent. The unit will be dedicated to the Jim Tom Lontos 30-23S-28E RB Well No. 221H, a horizontal well with a surface location 492 feet from the south line and 467 feet from the west line of Section 30. The producing interval will be unorthodox, with the first perforation 330 feet from the south and west lines, and the last perforation 330 feet from the north and west lines, of Section 30. Matador Production Company requests approval of the unorthodox location. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of Matador Production Company as operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The application is scheduled to be heard at 8:15 a.m. on Thursday, July 7, 2016 at the Division's offices at 1220 South St.

Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit or offsetting the well, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date. The attorney for applicant is James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504. The unit is located approximately 2 miles southwest of Loving, New

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico

Exhibit No. 16

Submitted by: **Matador Production Company**

Hearing Date: July 21, 2016