

MEWBOURNE OIL COMPANY
AUTHORIZATION FOR EXPENDITURE

EXHIBIT 5

Joint Owner Name: _____ Signature: _____ *Form BSR 9/2014*

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

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

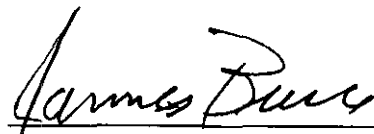
Case No. 15,553

AFFIDAVIT OF NOTICE

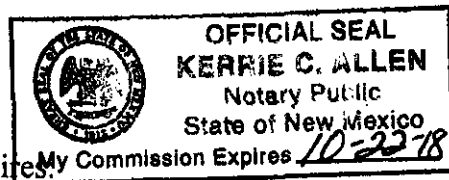
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

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 Mewbourne Oil Company.
3. Mewbourne Oil 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 owner, at its correct address, by certified mail. Copies of the notice letter and certified return receipt 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.

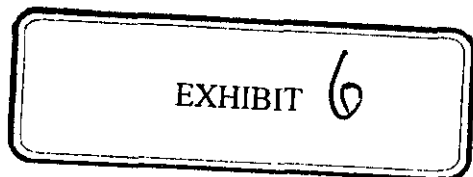

James Bruce

SUBSCRIBED AND SWORN TO before me this 28th day of September, 2016 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)

jamesbruc@aol.com

September 8, 2016

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit A

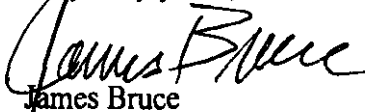
Ladies and gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, for a non-standard spacing and proration unit and compulsory pooling regarding the Pronghorn 15 B3DM Fed. Com. Well No. 1H, a Bone Spring well in the W/2W/2 of Section 15, Township 23 South, Range 34 East, NMPM, Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 29, 2016, 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 who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record 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, September 22, 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 his or her 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 Mewbourne Oil Company

Attachment 

EXHIBIT A

Black Mountain Operating, LLC
500 Main Street, Suite 1200
Fort Worth, Texas 76102
Attn: Mr. Kyle Biery

Challenger Crude, Ltd.
3525 Andrews Highway
Midland, Texas 79703
Attn: Mr. Mike Curry

Viersen Oil & Gas Co.
P.O. Box 702708
Tulsa, Oklahoma 74170
Attn: Mr. J.J. Chisholm

Texas Independent Exploration, Inc.
6760 Portwest Drive
Houston, Texas 77024.
Attn: Mr. Chad Bothe

Tom M. Ragsdale
12012 Wickchester Lane, Suite 410.
Houston, Texas 77079

Black & Gold Resources, LLC
800 Bering, Suite 201, Houston, Texas 77057
Attn: David V. De Marco

Phoebe Tompkins
5184 Pine Tree Drive
Miami Beach, FL 33140

Landis Drilling Co.
P.O. Box 994
Midland, Texas 79701

Bonnie Bowman Korbell
and John Korbell
P.O. Box 12199
San Antonio, Texas 78212

Charles C. Albright, III, Trustee
729 W. 16th Street, Suite B8
Costa Mesa, CA 92627

M. Kurt Chapman
P.O. Box 344
Post, Texas 79356

Lillian E. Rutherford and Kenneth Rutherford,
Trustees of the Rutherford Family 1970 Trust
321 Grove Drive
Portola Valley, CA 94028

ABC Oil & Gas Properties
c/o Darleen Cockburn
3208 Boyd
Midland, Texas 79705

Constance B. Cartwright
435 E. 52nd Street, No. 5B
New York, New York 10022

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:

Black Mountain Operating, LLC
 500 Main Street, Suite 1200
 Fort Worth, Texas 76102
 Attn: Mr. Kyle Biery

9590 9402 1933 6123 6391 07

2. Article 7014 0510 0000 9535 2675

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery 9/12

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

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

(over \$500) Domestic Return Receipt

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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 Challenger Crude, Ltd.
 3525 Andrews Highway
 Midland, Texas 79703
 Attn: Mr. Mike Curry

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 Black Mountain Operating, LLC
 500 Main Street, Suite 1200
 Fort Worth, Texas 76102
 Attn: Mr. Kyle Biery

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:

Challenger Crude, Ltd.
 3525 Andrews Highway
 Midland, Texas 79703
 Attn: Mr. Mike Curry

9590 9402 1933 6123 6390 91

2. Article 7014 0510 0000 9535 2668

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X *[Signature]*

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

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

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

1 Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Viersen Oil & Gas Co.
P.O. Box 702708
Tulsa, Oklahoma 74170
Attn: Mr. J.J. Chisholm

9590 9402 1933 6123 6390 84

2. Article Number (Transfer from service label)

7014 0510 0000 9535 2651

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

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

all
Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™

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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

Texas Independent Exploration, Inc.

Street, Apt. No.,
or PO Box No.6760 Portwest Drive
Houston, Texas 77024.

City, State, ZIP+4

Attn: Mr. Chad Bothe

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

Viersen Oil & Gas Co.
P.O. Box 702708
Tulsa, Oklahoma 74170
Attn: Mr. J.J. Chisholm

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

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:

Texas Independent Exploration, Inc.
6760 Portwest Drive
Houston, Texas 77024.
Attn: Mr. Chad Bothe

9590 9402 1933 6123 6390 77

2. Article Number

7014 0510 0000 9535 2644

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

9-12-16

- 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

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Michael Wick</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Tom M. Ragsdale 12012 Wickchester Lane, Suite 410. Houston, Texas 77079</p>		<p>B. Received by (Printed Name) <i>Michael Wick</i></p>	<p>C. Date of Delivery <i>9-12-2016</i></p>
<p>2. Article Number 7014 0510 0000 9535 2637</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>			

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<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p>
<p>Sent To Bonnie Bowman Korbell and John Korbell Street, Apt. No., or PO Box No. P.O. Box 12199 City, State, ZIP+4 San Antonio, Texas 78212</p>	
PS Form 3800, August 2006	

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<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p>
<p>Sent To Tom M. Ragsdale 12012 Wickchester Lane, Suite 410. Houston, Texas 77079</p>	
<p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
PS Form 3800, August 2006	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Meredith Cole</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Bonnie Bowman Korbell and John Korbell P.O. Box 12199 San Antonio, Texas 78212</p>		B. Received by (Printed Name)	C. Date of Delivery
<p>2. Article Number (Transfer from service label) 7014 0510 0000 9535 2590</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>			

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>M. Kurt Chapman P.O. Box 344 Post, Texas 79356</p>		<p>B. Received by (Printed Name) <i>Kurt Chapman</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transaction Indentation)</p> <p>9590 9402 1933 6123 6390 08</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>7014 0510 0000 9535 2576</p> <p>(over \$500) Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>			

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<p>OFFICIAL USE</p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p>
<p>Sent To</p> <p>Constance B. Cartwright 435 E. 52nd Street, No. 5B New York, New York 10022</p>	
<p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006</p> <p>See Reverse for Instructions</p>	

7014 0510 0000 9535 2545

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<p>OFFICIAL USE</p>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p>
<p>Sent To</p> <p>M. Kurt Chapman P.O. Box 344 Post, Texas 79356</p>	
<p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006</p> <p>See Reverse for Instructions</p>	

7014 0510 0000 9535 2576

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Constance B. Cartwright 435 E. 52nd Street, No. 5B New York, New York 10022</p>		<p>B. Received by (Printed Name) <i>Domonic Rioson</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transaction Indentation)</p> <p>9590 9402 1933 6123 6389 71</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>7014 0510 0000 9535 2545</p> <p>(over \$500) Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>			

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

Postmark
Here

Sent To: ABC Oil & Gas Properties
 c/o Darleen Cockburn
 Street, Apt. No.,
 or PO Box No. 3208 Boyd
 City, State, ZIP+4 Midland, Texas 79705

PS Form 3800, August 2005

See Reverse for Instructions

James Bruce
 P.O. Box 1056
 Santa Fe, New Mexico 87504

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7014 0510 0000 9535 2552

\$6.68
US POSTAGE
FIRST-CLASS

071V00607931
 87501
 000089644

ABC Oil & Gas Properties
 c/o Darleen Cockburn

3208 Boyd

NIXIE

799 DE 1

0009/15/16

RETURN TO SENDER
 NO MAIL RECEPTACLE
 UNABLE TO FORWARD

BC: 87504105656

*2255-00731-09-42

7970538201 87504-1056

7014 0510 0000 9535 2583

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

Sent To **Charles C. Albright, III, Trustee**
 Street, Apt. No., or PO Box No. **729 W. 16th Street, Suite B8**
Costa Mesa, CA 92627
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9535 2583

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

Sent To **Lillian E. Rutherford and Kenneth Rutherford,
Trustees of the Rutherford Family 1970 Trust**
 Street, Apt. No., or PO Box No. **321 Grove Drive**
Portola Valley, CA 94028
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9535 2620

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

Sent To **Black & Gold Resources, LLC**
 Street, Apt. No., or PO Box No. **800 Bering, Suite 201, Houston, Texas 77057**
Attn: David V. De Marco
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9535 2613

**U.S. Postal Service™
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **Phoebe Tompkins**
 Street, Apt. No., or PO Box No. **5184 Pine Tree Drive**
Miami Beach, FL 33140
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9535 2606

**U.S. Postal Service™
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **Landis Drilling Co.**
 Street, Apt. No., or PO Box No. **P.O. Box 994**
Midland, Texas 79701
 City, State, ZIP+4

PS Form 3800, August 2006


See Reverse

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

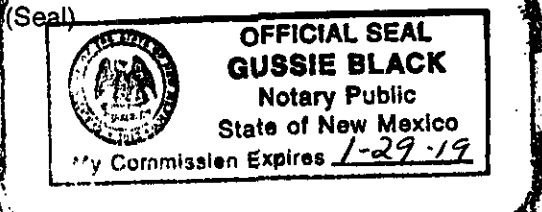
Beginning with the issue dated
September 15, 2016
and ending with the issue dated
September 15, 2016.


Publisher

Sworn and subscribed to before me this
15th day of September 2016.


Business Manager

My commission expires
January 29, 2019



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL	LEGAL
LEGAL NOTICE September 15, 2016	
NOTICE	
<p>To: Phoebe Tompkins, Landis Drilling Co., Bonnie Bowman Korbell, John Korbell, Charles C. Albright, III, Trustee, M. Kurt Chapman, Lillian E. Rutherford and Kenneth Rutherford, Trustees of the Rutherford Family 1970 Trust, ABC Oil & Gas Properties, Darleen Cockburn, and Constance B. Cartwright, or your heirs, devisees, or successors. Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking an order approving a 160-acre non-standard oil spacing and proration unit (project area) in the Bone Spring formation comprised of the W/2W/2 of Section 15, Township 23 South, Range 34 East, NMPM, Lea County, New Mexico. Applicant further seeks the pooling of all mineral interests in the Bone Spring formation underlying the W/2W/2 of Section 15. The unit will be dedicated to the Pronghorn 15 B3DM Fed. Com. Well No. 1H, a horizontal well with a surface location in the NW/4NW/4, and a terminus in the SW/4SW/4, of Section 15. 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 applicant 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 September 29, 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 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 18 miles southwest of Oil Center, New Mexico.</p> <p>#31228</p>	



01101711

00181112

JAMES BRUCE
JAMES BRUCE, ATTORNEY AT LAW
P.O. BOX 1056
SANTA FE, NM 87504

Offset Ownership
Pronghorn "15" B3DM Federal Com No. 1H
W/2W/2 of Section 15, T23S, R34E
Lea County, New Mexico

E/2W/2 of Section 15:

Mewbourne Oil Company – Operator
(same parties as W/2W/2)

E/2E/2 of Section 16:

COG Operating LLC – Operator

E/2NE/4 of Section 21:

COG Operating LLC – Operator

SE/4 of Section 9:

Mewbourne Oil Company – Operator
Devon Energy Production Company, L.P. – Working Interest Owner
OXY Y-1 Company – Working Interest Owner
ConocoPhillips Company – Working Interest Owner

Section 22:

Siana Operating LLC – Operator
EOG Resources Inc. – Operator
GMT Exploration Company LLC

Section 10:

Siana Operating LLC – Operator
Black Mountain Operating LLC – Operator
CML Exploration, LLC – Operator

EXHIBIT

8

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

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


Case No. 15,553

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 Mewbourne Oil Company.
3. Mewbourne Oil 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 28th day of September, 2016 by James Bruce.

My Commission Expires




Notary Public

EXHIBIT 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

September 8, 2016

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

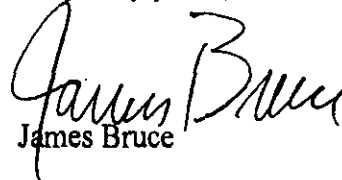
Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Bone Spring well in the W½W½ of Section 15, Township 23 South, Range 34 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 29, 2016, 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 owner or operator** who may be affected by this application, 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, September 15, 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,


James Bruce

Attorney for Mewbourne Oil Company

Attachment A

EXHIBIT A

COG Operating LLC
600 West Illinois Avenue
Midland, Texas 79701

Siana Operating LLC
P.O. Box 10303
Midland, Texas 79702

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

GMT Exploration Company LLC
Suite 2000
1560 Broadway
Denver, Colorado 80202

CML Exploration, LLC
P.O. Box 890
Snyder, Texas 79550

7014 0510 0000 9535 2682

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To CML Exploration, LLC P.O. Box 890 Snyder, Texas 79550 Street, Apt. No., or PO Box No. 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: Siana Operating LLC P.O. Box 10303 Midland, Texas 79702 9590 9402 2074 6132 2680 32 2. Article Number (Transfer from reverse label) 7014 0510 0000 9535 2712 (over \$500)	COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X John Lelek B. Received by (Printed Name) John Lelek C. Date of Delivery 9-21-16 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 Domestic Return Receipt
PS Form 3811, July 2015 PSN 7530-02-000-9053	

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: CML Exploration, LLC P.O. Box 890 Snyder, Texas 79550 9590 9402 1933 6123 6391 14 2. Article Number (Transfer from reverse label) 7014 0510 0000 9535 2682 (over \$500)	COMPLETE THIS SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X James Key B. Received by (Printed Name) James Key C. Date of Delivery 9-12-16 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 Domestic Return Receipt
PS Form 3811, July 2015 PSN 7530-02-000-9053	

7014 0510 0000 9535 2712

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To Siana Operating LLC P.O. Box 10303 Midland, Texas 79702 Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7014 0510 0000 9535 2729

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com**OFFICIAL USE**

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

Sent To	COG Operating LLC
Street, Apt. No., or PO Box No.	600 West Illinois Avenue Midland, Texas 79701
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:

 GMT Exploration Company LLC
 Suite 2000
 1560 Broadway
 Denver, Colorado 80202

9590 9402 1933 6123 6391 21

2. Article Number (Transfer from service label)

7014 0510 0000 9535 2699

(over 5000)

Restricted Delivery

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

 COG Operating LLC
 600 West Illinois Avenue
 Midland, Texas 79701

9590 9402 2074 6132 2680 25

2. Article

7014 0510 0000 9535 2729

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]☐ Agent☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

9/2/16

 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

Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com**OFFICIAL USE**

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

Sent To	GMT Exploration Company LLC
Street, Apt. No., or PO Box No.	Suite 2000 1560 Broadway Denver, Colorado 80202
City, State, ZIP+4	

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9535 2699

7014 0510 0000 9535 2705

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Sent To **EOG Resources, Inc.**
P.O. Box 2267
Street, Apt. No.,
or PO Box No. **Midland, Texas 79702**
City, State, ZIP+4

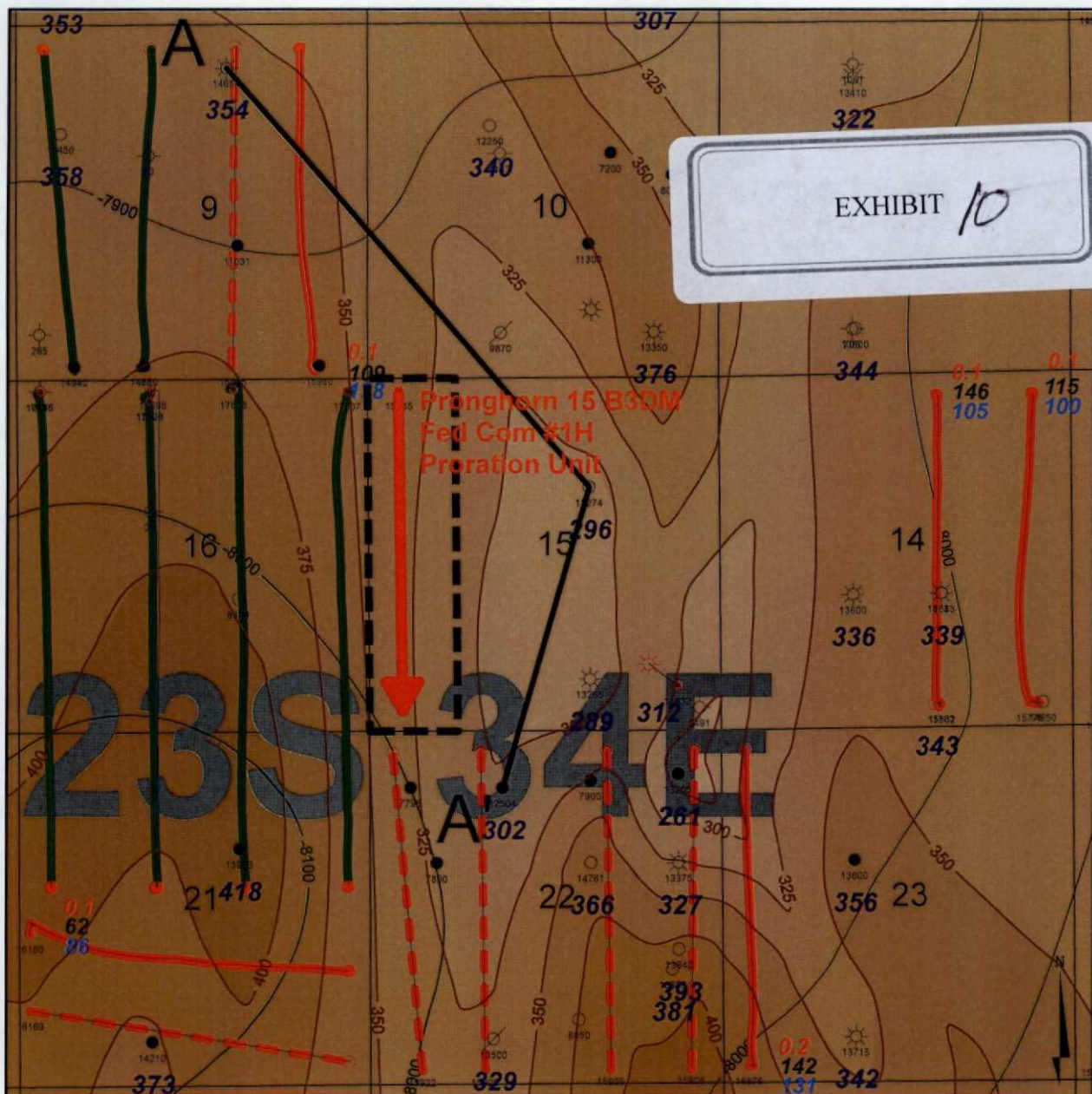


EXHIBIT 10

3rd BSPG Production

● Cum BCF
● Cum MBO
● TD Cum MBW

Gross Sand in ft

BSPG Horizontal Color Code

— 2nd BSPG Sd Well
— 3rd BSPG Sd Well
- - - 3rd BSPG SD Permit

3rd BSPG Gross Sd Isopach Contour
WFMP Structure Contour

MOC Mewbourne Oil Company

Pronghorn 15 B3DM Fed Com #1H

Isopach Map Exhibit

Isopach 3rd BSPG Gross Sd (C.I. 25')

Structure top of WFMP (C.I. 100')

09/13/16

LEA COUNTY

NEW MEXICO

1 inch = 2500 feet

J. CARRELL