

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

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

Case No 15,642

AFFIDAVIT OF NOTICE

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

James Bruce being duly sworn upon his oath deposes and states

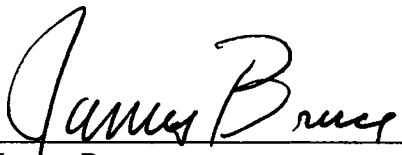
1 I am over the age of 18 and have personal knowledge of the matters stated herein

2 I am an attorney for Matador Production Company

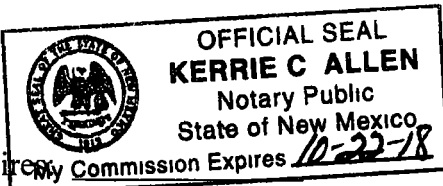
3 Matador Production Company has conducted a good faith diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein

4 Notice of the application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice 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 15th day of March 2017 by James Bruce

My Commission Expires  My Commission Expires 10-22-18

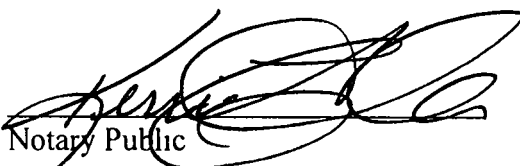

Notary Public

EXHIBIT 6C

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

February 23, 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To Persons on Exhibit A

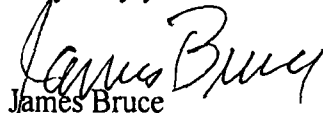
Ladies and gentlemen

Enclosed is a copy of an application for compulsory pooling filed with the New Mexico Oil Conservation Division by Matador Production Company regarding a Wolfcamp well in the S½ of Section 11 Township 23 South, Range 27 East, N M P M, Eddy County New Mexico

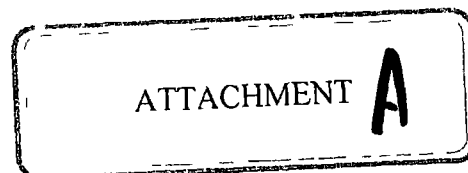
This matter is scheduled for hearing at 8 15 a m on Thursday March 16 2017 in Porter Hall at the Division's offices at 1220 South St Francis Drive Santa Fe New Mexico 87505 You are not required to attend this hearing but as an owner of an interest that may be affected by this application you may appear 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 Wednesday March 9, 2017 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



MICHAEL COLLINS 11 23S 27E RB #208H

James Kirby Read Jr as Foreign Personal Representative
of the Estate of Agnes Lovella Read
HC Box 26346 East Hwy 64
Taos NM 87571

James Kirby Read Jr as Foreign Personal Representative
of the Estate of Agnes Lovella Read
5130 Thornton Street
El Paso TX 79932 2541

James Kirby Read Jr as Foreign Personal Representative
of the Estate of Agnes Lovella Read
6569 Puupilo Rd Unit A
Kapaa HI 96746 9466

Carlsbad Auto Supply
c/o Israel Hernandez
710 South Canyon
Carlsbad New Mexico 88220

Nadel and Gussman Permian LLC
4000 N Big Spring Suite 310
Midland TX 79705

Crown Oil Partners V LP
P O Box 50820
Midland TX 79710

Crump Energy Partners II LLC
P O Box 50820
Midland TX 79710

EXHIBIT

A

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to

James Kirby Read Jr as Personal Representative
of the Estate of Agnes Lella Read
6569 Puupilo Rd Unit A
Kapaa HI 96746 9466

9590 9402 1676 6053 6584 43

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1760

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)

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

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

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
He e

Sent To

Carlsbad Auto Supply
c/o Israel Hernandez
710 South Canyon
Carlsbad New Mexico 92220

Street Apt No
or PO Box No

City State ZIP 4

PS Form 3800, August 2005

See Reverse for Instructions

7014 0510 0000 9535 1753

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

Carlsbad Auto Supply
c/o Israel Hernandez
710 South Canyon
Carlsbad New Mexico 92220

9590 9402 1676 6053 6584 36

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1753

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)

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

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

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
He e

Sent To James Kirby Read Jr as Personal Representative
of the Estate of Agnes Lella Read
6569 Puupilo Rd Unit A
Kapaa HI 96746 9466

Street Apt No
or PO Box No
City State ZIP 4

PS Form 3800, August 2005

See Reverse for Instructions

7014 0510 0000 9535 1760

M 208

7014 0510 0000 9535 1746

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 t m k
H e e

Sender
Nadel and Gussman Perma LLC
4000 N Bg Sp g S te 310
M d l d TX 79705

Street Apt N
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

Nadel and Gussman Perma LLC
4000 N Bg Sp g S te 310
M d l d TX 79705

9590 9402 1676 6053 6584 29

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1746

PS Form 3811 July 2015 PSN 7530 02 000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**☐ Agent☐ Addressee**B. Received by (Printed Name)**

S. Anthonom

C. Date of Delivery

2-27-17

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☐ Restricted Delivery☐ Restricted Delivery☐ (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

M 208

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

Cow OilPartesV LP
PO Box 50820
Mid TX 79710

9590 9402 1676 6053 6584 12

2 7014 0510 0000 9535 1739

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)

Lauren Franco

C. Date of Delivery

2/27/17

D. Is delivery address different from item 1?

If YES enter delivery address below

☐ Yes☐ No

3 Service Type

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

very Restricted Delivery

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

Restricted Delivery

(over \$500)

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

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Street Apt No
or PO Box No

City State ZIP+4

Cump Ene gy Pates II LLC

PO Box 50820

Mid TX 79710

PS Form 3800, August 2000

See Reverse for Instructions

2221 5561 0000 0150 1722

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

Street Apt No
or PO Box No

City State ZIP

Cow OilPartesV LP

PO Box 50820

Mid TX 79710

9590 9402 1676 6053 6584 05

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1722

PS Form 3811 July 2015 PSN 7530-02 000 9053

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

Cump Ene gy Pates II LLC
PO Box 50820
Mid TX 79710

9590 9402 1676 6053 6584 05

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1722

PS Form 3811 July 2015 PSN 7530-02 000 9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lauren Franco

C. Date of Delivery

2/27/17

D. Is delivery address different from item 1?

If YES enter delivery address below

☐ Yes☐ 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

USPS Tracking®

Still Have Questions?

Browse our FAQs

Get Easy Tracking Updates
Sign up for My USPS

Tracking Number 70140510000095351777

Updated Delivery Day Monday February 27 2017

Product & Tracking Information

Postal Product

Features

Certified Mail

Text Updates

DATE & TIME

STATUS OF ITEM

LOCATION

Email Updates

Reminder to Schedule
Redelivery of your itemFebruary 27 2017 11 08
amNotice Left (No Authorized
Recipient Available)

EL PASO TX 79932

February 27 2017 4 46 am

Arrived at Unit

EL PASO TX 79912

February 26 2017 1 02 am

Departed USPS Facility

EL PASO TX 79910

February 25 2017 4 04 pm

Arrived at USPS Facility

EL PASO TX 79910

ALBUQUERQUE NM 87101

ALBUQUERQUE NM 87101

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)Additional Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Home

Track It

Manage Incoming Packages

Track all your packages from a dashboard
No tracking numbers necessary

Sign up for My USPS



Sent To	James Kirby Read Jr as Foreign Personal Representative of the Estate of Agnes Lovella Read 5130 Thornton Street El Paso TX 79932 2541
Street Apt No or PO Box No	
City State ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

Site Index

FAQs

Newsroom

USPS Service Updates

Forms & Publications

Government Services

Careers

OTHER USPS SITES

Business Customer Gateway

Postal Inspectors

Inspector General

Postal Explorer

National Postal Museum

Resources for Developers

LEGAL INFORMATION

Privacy Policy

Terms of Use

FOIA

No FEAR Act EEO Data

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

\$

§

--	--

1

\$

See Reverse for Instructions

7014 0510 0000 9535 1784