

MATADOR PRODUCTION COMPANY

ZACH McCORMICK FED COM

No. 121H & No. 122H

Case 15770

Case 15771

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

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

CASE NOS. 15770 & 15771

August 3, 2017

**EXHIBIT NOTEBOOK
Zach McCormick Fed Com #121H & 122H**

- | | |
|------------|--|
| Exhibit 1 | C-102 Form |
| Exhibit 2 | Summary of Working/ Mineral Interests |
| Exhibit 3 | Midland Map |
| Exhibit 4 | Well Proposal Letters |
| Exhibit 5 | AFE |
| Exhibit 6 | Affidavit, notice letters, proof of mailing (compulsory pooling) |
| Exhibit 7 | Locator Map |
| Exhibit 8 | Structure Map |
| Exhibit 9 | Stratigraphic Cross Section A-A' |
| Exhibit 10 | Isopach Map |
| Exhibit 11 | Zach McCormick Fed Com 121H & 122H Completion |

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
111 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources
OIL CONSERVATION DIVISION
Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

FORM C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

JUN 06 2017
RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT 2nd Bone Spring sand

¹ API Number 30-015-44244		² Pool Code 50371	³ Pool Name PIERCE CROSSING BONE SPRING ✓
⁴ Property Code 317797	⁵ Property Name ZACH McCORMICK FED COM		⁶ Well Number #121H
⁷ OGRID No. 228937	⁸ Operator Name MATADOR PRODUCTION COMPANY		⁹ Elevation 2953'

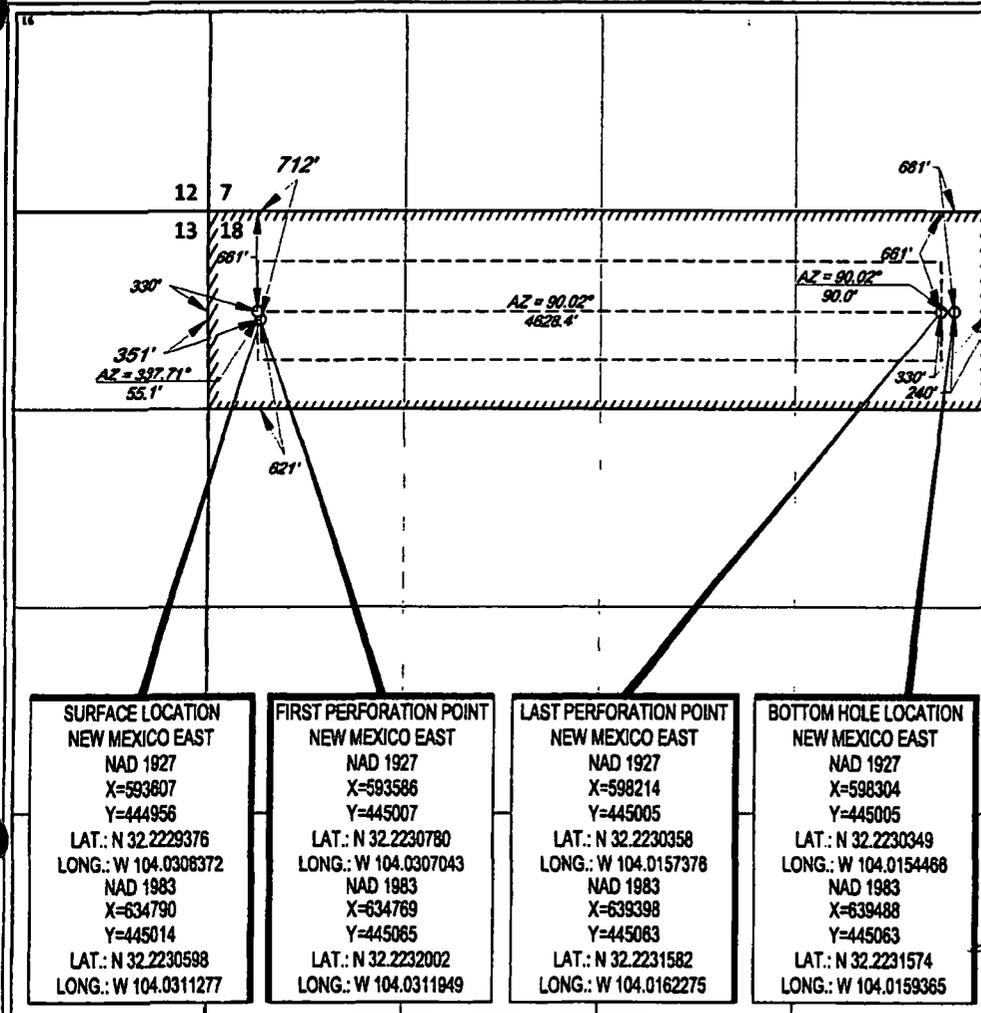
¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24-S	29-E	-	712'	NORTH	351'	WEST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	18	24-S	29-E	-	661'	NORTH	240'	EAST	EDDY

¹² Dedicated Acre 159.60	¹³ Joint or Infill	¹⁴ Consolidation Code C	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



¹⁷OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: *Brian Wood* Date: 8.12.16
Printed Name: BRIAN WOOD
E-mail Address: brian@permitswest.com

¹⁸SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true to the best of my belief.

Date of Survey: 05/05/2016
Signature and Seal of Professional Surveyor: MICHAEL B. BROWN, NEW MEXICO, 18329, SURVEYOR
Certificate Number: 57271

SURFACE LOCATION NEW MEXICO EAST	FIRST PERFORATION POINT NEW MEXICO EAST	LAST PERFORATION POINT NEW MEXICO EAST	BOTTOM HOLE LOCATION NEW MEXICO EAST
NAD 1927 X=593807 Y=444956 LAT.: N 32.2229376 LONG.: W 104.0308372	NAD 1927 X=593586 Y=445007 LAT.: N 32.2230780 LONG.: W 104.0307043	NAD 1927 X=598214 Y=445005 LAT.: N 32.2230358 LONG.: W 104.0157378	NAD 1927 X=598304 Y=445005 LAT.: N 32.2230349 LONG.: W 104.0154488
NAD 1983 X=634790 Y=445014 LAT.: N 32.2230598 LONG.: W 104.0311277	NAD 1983 X=634769 Y=445065 LAT.: N 32.2232002 LONG.: W 104.0311949	NAD 1983 X=639398 Y=445063 LAT.: N 32.2231582 LONG.: W 104.0162275	NAD 1983 X=639488 Y=445063 LAT.: N 32.2231574 LONG.: W 104.0159365

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State of New Mexico
Energy, Minerals & Natural Resources
Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Sante Fe, NM 87505

FORM C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

RECEIVED

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT 2nd Bone Spring sand

¹ API Number 30 015 44255	² Pool Code 50371	³ Pool Name PIERCE CROSSING BONE SPRING
⁴ Property Code 317997	⁵ Property Name ZACH MCCORMICK FED COM	⁶ Well Number #122H
⁷ OGRID No. 228937	⁸ Operator Name MATADOR PRODUCTION COMPANY	⁹ Elevation 2956'

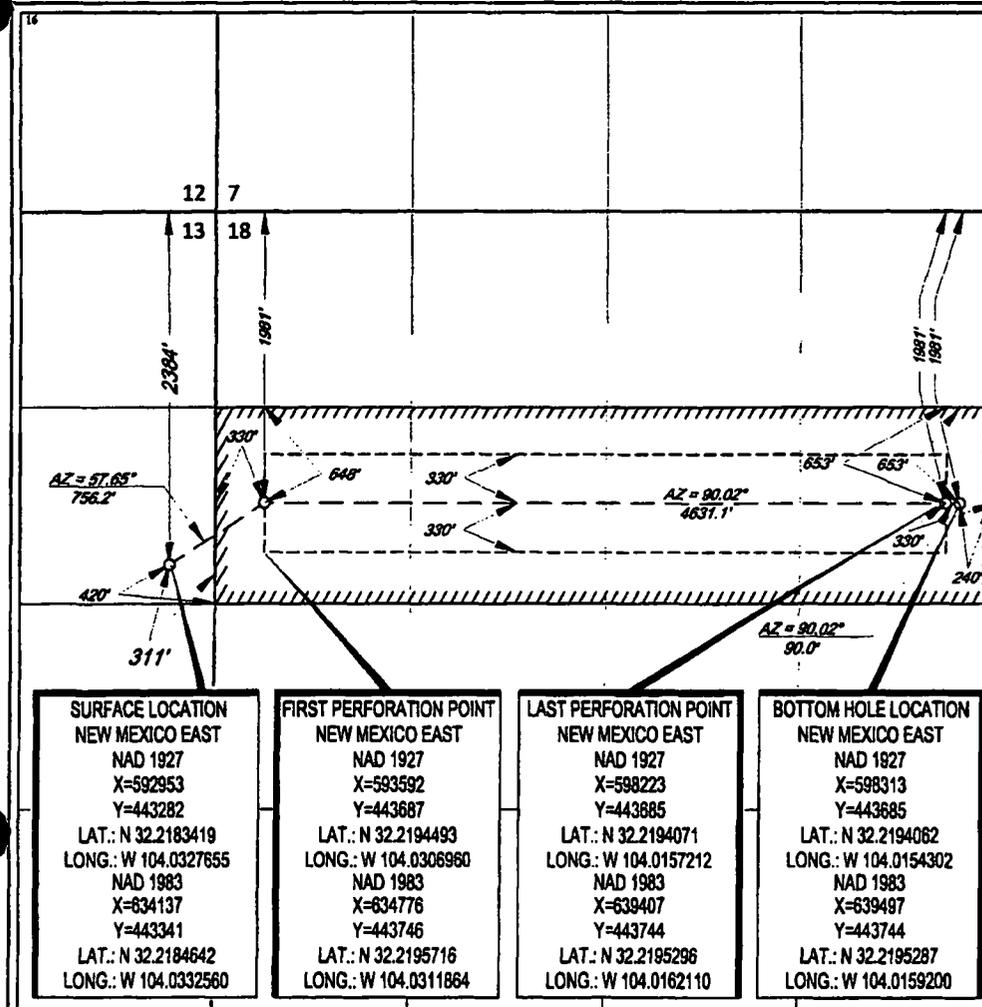
¹⁰Surface Location

UL or lot no.	Section	Towship	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	13	24-S	28-E	-	2384'	NORTH	311'	EAST	EDDY

UL or lot no.	Section	Towship	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	18	24-S	29-E	-	1981'	NORTH	240'	EAST	EDDY

¹¹ Dedicated Acres 159.68	¹² Joint or Infill	¹³ Consolidation Code C	¹⁴ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



¹⁷OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Brian Wood 8/11/16
Signature Date
BRIAN WOOD
Printed Name
brian@permitswest.com
E-mail Address

¹⁸SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true to the best of my belief.

05/05/2016
Date of Survey
Signature and Seal of Professional Surveyor
MICHAEL J. BROWN
NEW MEXICO
18329
Certificate Number

SURFACE LOCATION NEW MEXICO EAST NAD 1927 X=592953 Y=443282 LAT.: N 32.2183419 LONG.: W 104.0327655 NAD 1983 X=834137 Y=443341 LAT.: N 32.2184642 LONG.: W 104.0332560
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FIRST PERFORATION POINT NEW MEXICO EAST NAD 1927 X=593592 Y=443687 LAT.: N 32.2194493 LONG.: W 104.0306960 NAD 1983 X=834776 Y=443746 LAT.: N 32.2195716 LONG.: W 104.0311864

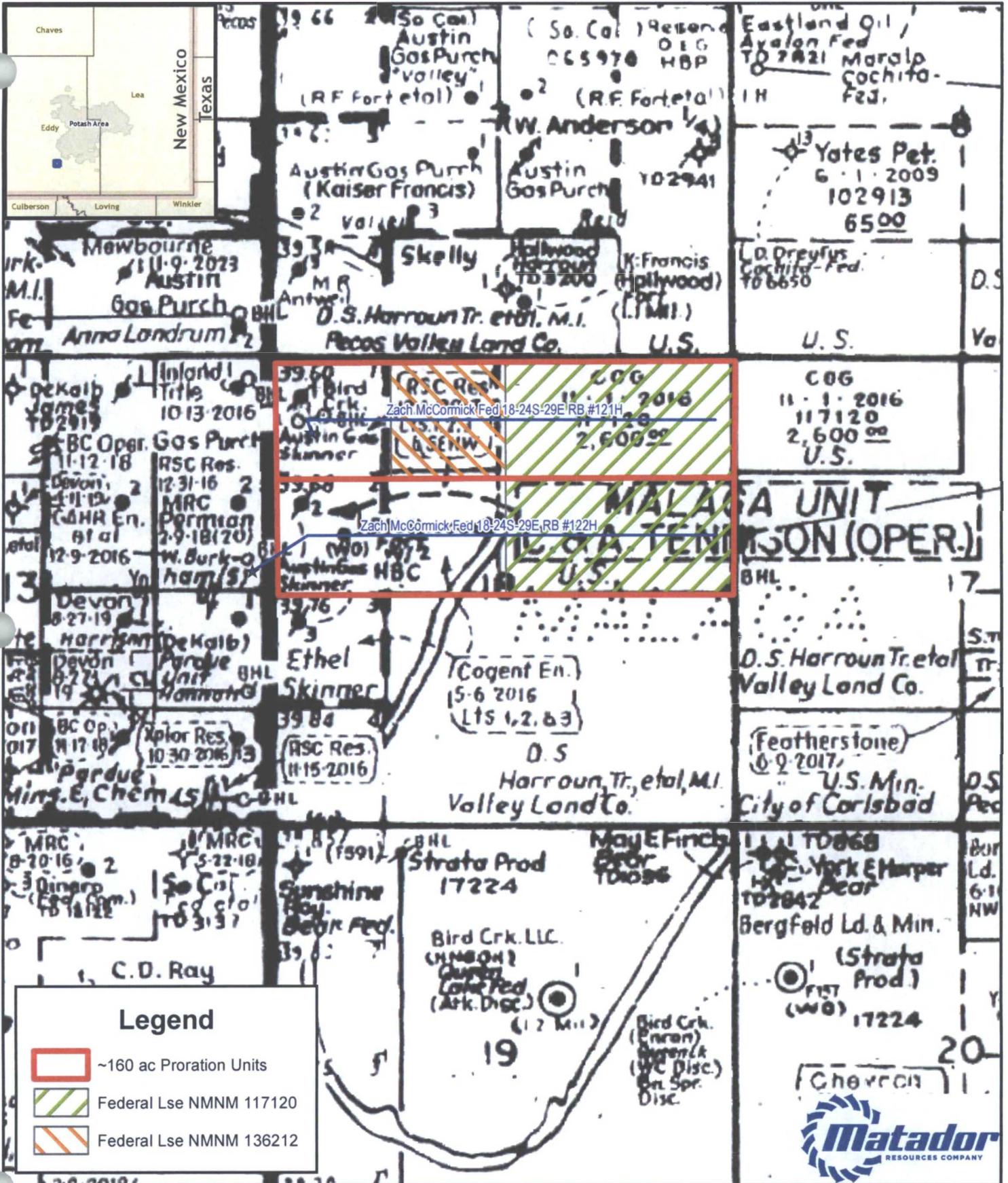
LAST PERFORATION POINT NEW MEXICO EAST NAD 1927 X=598223 Y=443685 LAT.: N 32.2194071 LONG.: W 104.0157212 NAD 1983 X=839407 Y=443744 LAT.: N 32.2195296 LONG.: W 104.0162110
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BOTTOM HOLE LOCATION NEW MEXICO EAST NAD 1927 X=598313 Y=443685 LAT.: N 32.2194062 LONG.: W 104.0154302 NAD 1983 X=839497 Y=443744 LAT.: N 32.2195287 LONG.: W 104.0159200
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Summary of Interests

MRC Permian Company Working Interest		42.93%
Voluntary Joinder		7.07%
Compulsory Pool Interest Total:		50.00%
Interest Owner:	Description:	Interest:
COG Operating LLC	Working Interest Owner	47.50%
Concho Oil and Gas LLC	Working Interest Owner	2.50%

18-24S-29E



Legend

-  ~160 ac Proration Units
-  Federal Lse NMNM 117120
-  Federal Lse NMNM 136212

GIS Standard Map Disclaimer:
This cartographic product is for informational purposes and may not have been prepared for, or be suitable for, legal, engineering, or surveying purposes. Users of this information should review or consult the primary data and information sources to ascertain the suitability of the information.

1:18,000
1 inch = 1,500 feet

Southeast New Mexico



Date: July 28, 2017
Coordinate System: NAD 1927 StatePlane New Mexico East FIPS 3001
Projection: Transverse Mercator; Datum: North American 1927; Units: Foot US
Sources: IHS; ESRI



MRC Permian Company

One Lincoln Centre • 5400 LBJ Freeway • Suite 1500 • Dallas, Texas 75240
Voice 972.371.5430 • Fax 214.866.4930
ccarleton@matadorresources.com

**Chris Carleton
Landman**

May 16, 2017

VIA CERTIFIED RETURN RECEIPT MAIL

Concho Oil and Gas LLC
600 W. Illinois Ave
Midland, TX 79701

Re: Matador Production Company - Zach McCormick Fed Com #121H (the "Well")
Participation Proposal
Section 18, Township 24 South, Range 29 East
Eddy County, New Mexico

Concho Oil and Gas LLC,

MRC Permian Company ("MRC") proposes the drilling of Matador Production Company's Zach McCormick Fed Com #121H well, located in Section 18, Township 24 South, Range 29 East, Eddy County, New Mexico.

In connection with the above, please note the following:

The estimated cost of drilling, testing, completing, and equipping the Well is \$5,834,025 as found on the enclosed AFE dated April 24, 2016.

The proposed surface location of the Well is approximately 712' FNL and 351' FEL of Section 18, Township 24 South, Range 29 East, Eddy County, New Mexico. The proposed bottom hole location of the subject well is approximately 661' FNL and 240' FEL of Section 18, Township 24 South, Range 29 East, Eddy County, New Mexico.

The Well will have a targeted interval within the Bone Spring formation. We plan to drill the Well horizontally in the Bone Spring (~8,400' TVD) to a Total Measured Depth of approximately 13,150' resulting in a productive lateral of approximately 4,500'.

MRC reserves the right to modify the locations and drilling plans described above in order to address topography, cultural or environmental concerns, among other reasons. MRC will advise you of any such modifications.

Concho Oil and Gas LLC will own an approximate 2.506344% working interest in the Well, subject to title verification.

MRC requests that you indicate your election to participate in the drilling and completion of the Well in the space provided below, sign and return one (1) copy of this letter to the undersigned.

MRC is proposing to drill the Well under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The enclosed Operating Agreement dated May 17, 2017 by and between Matador Production Company, as operator and MRC Permian Company et al as Non-Operators covers N/2 of Section 18, Township 24 South, Range 29 East, Eddy County, New Mexico and has the following general provisions:

- 100/300/300 Non-consenting penalty
- \$7,000/\$700 Drilling and Producing rate
- Matador Production Company named as Operator

If your election is to participate in the drilling and completion of the Well, please sign and return a copy of the enclosed AFE within thirty (30) days of receipt of this notice. Please be aware that the enclosed AFE is only an estimate of costs to be incurred and by electing to participate in the Well, each working interest owner shall be responsible for its proportionate share of all costs incurred.

Thank you for your consideration of this proposal. Please contact me if you have any questions.

Sincerely,



Chris Carleton

Enclosure(s)

Please elect one of the following and return to sender.

_____ Concho Oil and Gas LLC hereby elects to participate for its proportionate share of the costs detailed in the enclosed AFE associated with the Matador Production Company's Zach McCormick Fed Com #121H well, located in Eddy County, New Mexico.

_____ Concho Oil and Gas LLC hereby elects not to participate for its proportionate share of the costs detailed in the enclosed AFE associated with the Matador Production Company's Zach McCormick Fed Com #121H well, located in Eddy County, New Mexico.

_____ I / We are interested in selling our interest in this unit, please contact us to discuss.

Concho Oil and Gas LLC

By: _____

Title: _____

Date: _____

MRC Permian Company

One Lincoln Centre • 5400 LBJ Freeway • Suite 1500 • Dallas, Texas 75240
Voice 972.371.5430 • Fax 214.866.4930
ccarleton@matadorresources.com

**Chris Carleton
Landman**

May 16, 2017

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Midland, TX 79701

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In connection with the above, please note the following:

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The proposed surface location of the Well is approximately 2384' FNL and 311' FEL of Section 13, Township 24 South, Range 29 East, Eddy County, New Mexico. The proposed bottom hole location of the subject well is approximately 1981' FNL and 240' FEL of Section 18, Township 24 South, Range 29 East, Eddy County, New Mexico.

The Well will have a targeted interval within the Bone Spring formation. We plan to drill the Well horizontally in the Bone Spring (~8,400' TVD) to a Total Measured Depth of approximately 13,150' resulting in a productive lateral of approximately 4,500'.

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_____ I / We are interested in selling our interest in this unit, please contact us to discuss.

Concho Oil and Gas LLC

By: _____

Title: _____

Date: _____

MATADOR PRODUCTION COMPANY

ONE LINCOLN CENTRE • 5400 LBJ FREEWAY • SUITE 1800 • DALLAS, TEXAS 75240

Phone (972) 371-8200 • Fax (972) 371-8201

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:	April 24, 2017	AFE NO.:	0
WELL NAME:	Zach McCormick Fed Com #121H	FIELD:	0
LOCATION:	Section 18-24S-29E	MD/TVD:	13150/8400'
COUNTY/STATE:	Eddy, NM	LATERAL LENGTH:	about 4500'
MRC Wt:			
GEOLOGIC TARGET:	Bone Springs		
REMARKS:	Drill and complete a horizontal Second Bone Spring Sand well with 22 stages		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	FACILITY COSTS	TOTAL COSTS
Land / Legal / Regulatory	1,700				1,700
Location, Surveys & Damages	45,000	13,000	4,000		62,000
Drilling	448,000				448,000
Cementing & Float Equip	111,500				111,500
Logging / Formation Evaluation		4,500			4,500
Mud Logging	12,000				12,000
Mud Circulation System	28,378				28,378
Mud & Chemicals	32,450	20,000			52,450
Mud / Waste-water Disposal	125,000			65,000	190,000
Freight / Transportation	18,000	15,000			33,000
Rig Supervision / Engineering	63,000	42,850	9,000	18,000	132,850
Drill Bits	52,000				52,000
Fuel & Power	69,000				69,000
Water	30,000	318,210		50,000	388,210
Drig & Completion Overhead	8,500	15,000			23,500
Plugging & Abandonment					
Directional Drilling, Surveys	118,000				118,000
Completion Unit, Swabs, CTU		50,000	24,000		74,000
Perforating, Wireline, Slickline		85,800			85,800
High Pressure Pump Truck		38,500			38,500
Stimulation		1,858,000			1,858,000
Stimulation Flowback & Disp		113,000			113,000
Insurance	23,870				23,870
Labor	60,000	17,000	6,000		113,000
Rental - Surface Equipment	55,550	128,125	12,000	15,000	212,675
Rental - Downhole Equipment	22,500	40,000		15,000	77,500
Rental - Living Quarters	30,200	24,950			55,150
Contingency	68,892	92,694			161,586
TOTAL INTANGIBLES >	1,446,737	2,977,298	58,000	163,000	4,644,038

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	FACILITY COSTS	TOTAL COSTS
Surface Casing	27,230				27,230
Intermediate Casing	72,484				72,484
Drilling Liner					
Production Casing	230,975				230,975
Production Liner					
Tubing			40,000		40,000
Wellhead	31,000		28,000		59,000
Peckers, Liner Hangers		82,800	8,000		90,800
Tanks				60,000	60,000
Production Vessels			68,000	41,000	107,000
Flow Lines					
Rod string					
Artificial Lift Equipment			30,000		30,000
Compressor					
Installation Costs			30,000	120,000	150,000
Surface Pumps			5,000		5,000
Non-controllable Surface			68,000	70,000	138,000
Non-controllable Downhole					
Downhole Pumps					
Measurement & Meter Installation			17,500	70,000	87,500
Gas Conditioning / Dehydration					
Interconnecting Facility Piping				51,000	51,000
Gathering / Bulk Lines					
Valves, Dumps, Controllers				8,000	8,000
Tank / Facility Containment				20,000	20,000
Flare Stack				15,000	15,000
Electrical / Grounding				18,000	18,000
Communications / SCADA					
Instrumentation / Safety				20,000	20,000
TOTAL TANGIBLES >	381,689	82,800	287,500	490,000	1,191,989
TOTAL COSTS >	1,808,426	3,030,098	342,500	653,000	5,834,028

PREPARED BY MATADOR PRODUCTION COMPANY:

Drilling Engineer: Adam Lange	Team Lead - WTX/NM <u>WTE</u>	
Completions Engineer: Chris Colvert	WTE	
Production Engineer: John Romano		

MATADOR RESOURCES COMPANY APPROVAL:

Executive VP, COO/CFO _____	VP - Res Engineering _____	VP - Drilling _____
DEL	BMR	BG
Executive VP, Legal _____	Exec Dir - Exploration _____	VP - Production _____
CA	NLF	TWG
President _____	VP & General Manager _____	
MVH		

NON OPERATING PARTNER APPROVAL:

Company Name: _____	Working interest (%): _____	Tax ID: _____
Signed by: _____	Date: _____	
Title: _____	Approval: Yes _____ No (mark one) _____	

This estimate and AFE are estimates only and may not be identical to actual costs or the final costs of the project. Telling information approved under the AFE may be subject to change up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay the pro-rata share of surface access, including, but not limited to, location, surveys, wellhead and downhole equipment, regulatory and other agreement costs, and other costs. Participants shall be bound by and shall prospectively be bound by the Operator's wellhead and general liability insurance unless participant provides Operator a certificate of insurance to be accepted by the Operator by the date of sign.

MATADOR PRODUCTION COMPANY

ONE LINCOLN CENTRE • 6400 LBJ FREEWAY • SUITE 1500 • DALLAS, TEXAS 75240

Phone (972) 371-8200 • Fax (972) 371-8201

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:	April 24, 2017	AFE NO.:	0
WELL NAME:	Zach McCormick Fed Com #122H	FIELD:	0
LOCATION:	Section 18-24S-28E	MD/TVD:	1315078400'
COUNTY/STATE:	Eddy, NM	LATERAL LENGTH:	about 4500'
MRC WI:			
GEOLOGIC TARGET:	Bone Springs		
REMARKS:	Drill and complete a horizontal Second Bone Spring Sand with 22 stages		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	FACILITY COSTS	TOTAL COSTS
Land / Legal / Regulatory	1,700				1,700
Location, Surveys & Damages	48,000	13,000	4,000		62,000
Drilling	448,000				448,000
Cementing & Float Equip	111,500				111,500
Logging / Formation Evaluation		4,500			4,500
Mud Logging	12,000				12,000
Mud Circulation System	28,378				28,378
Mud & Chemicals	32,450	20,000			52,450
Mud / Wastewater Disposal	125,000			68,000	193,000
Freight / Transportation	18,000	15,000			33,000
Rig Supervision / Engineering	63,000	42,550	8,000	18,000	132,550
Drill Bits	82,000				82,000
Fuel & Power	69,000				69,000
Water	30,000	318,210		60,000	398,210
Drig & Completion Overhead	8,500	15,000			23,500
Plugging & Abandonment					
Directional Drilling, Surveys	118,000				118,000
Completion Unit, Swab, CTU		50,000	24,000		74,000
Perforating, Wireline, Slickline		85,800			85,800
High Pressure Pump Truck		38,500			38,500
Stimulation		1,858,000			1,858,000
Stimulation Flowback & Dtip		113,000			113,000
Insurance	23,670				23,670
Labor	90,000	17,000	8,000		113,000
Rental - Surface Equipment	66,850	128,125	12,000	18,000	212,075
Rental - Downhole Equipment	22,500	40,000		15,000	77,500
Rental - Living Quarters	30,200	24,850			55,050
Contingency	68,882	92,684			161,566
TOTAL INTANGIBLES >	1,448,737	2,977,298	58,000	163,000	4,648,038
TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	FACILITY COSTS	TOTAL COSTS
Surface Casing	27,230				27,230
Intermediate Casing	72,484				72,484
Drilling Liner					
Production Casing	230,878				230,878
Production Liner					
Tubing			40,000		40,000
Wellhead	31,000		28,000		59,000
Packers, Liner Hangers		82,800	8,000		90,800
Tanks				60,000	60,000
Production Vessels			68,000	41,000	107,000
Flow Lines					
Rod string					
Artificial Lift Equipment			30,000		30,000
Compressor					
Installation Costs			30,000	120,000	150,000
Surface Pumps			8,000		8,000
Non-controllable Surface			86,000	70,000	136,000
Non-controllable Downhole					
Downhole Pumps					
Measurement & Meter Installation			17,500	70,000	87,500
Gas Conditioning / Dehydration					
Interconnecting Facility Piping				51,000	51,000
Gathering / Bulk Lines					
Valves, Dumpes, Controllers				8,000	8,000
Tank / Facility Containment				20,000	20,000
Flare Stack				18,000	18,000
Electrical / Grounding				15,000	15,000
Communications / SCADA					
Instrumentation / Safety				20,000	20,000
TOTAL TANGIBLES >	381,689	62,800	287,500	490,000	1,191,889
TOTAL COSTS >	1,830,428	3,039,098	342,500	653,000	5,634,028

PREPARED BY MATADOR PRODUCTION COMPANY:

Drilling Engineer:	Adem Lenge	Team Lead - WTX/NM	<u>WTE</u>
Completions Engineer:	Chris Calvert		WTE
Production Engineer:	John Romano		

MATADOR RESOURCES COMPANY APPROVAL:

Executive VP, COO/CFO	VP - Res Engineering	VP - Drilling
DEL	EMR	BG
Executive VP, Legal	Exec Dir - Exploration	VP - Production
CA	NLF	TWG
President	VP & General Manager	
MVH		

NON OPERATING PARTNER APPROVAL:

Company Name:	Working Interest (%):	Tax ID:
Signed by:	Date:	
Title:	Approval: Yes	No (mark one)

This costs on this AFE are estimates only and may not be received as a bill on any specific date of the well end of the project. ...

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, 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

COG Oil & Gas LLC
COG Operating LLC
600 West Illinois
Midland, Texas 79701

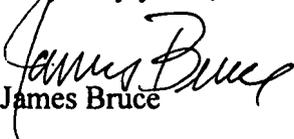
Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Bone Spring well in the N $\frac{1}{2}$ N $\frac{1}{2}$ of Section 18, Township 24 South, Range 29 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 3, 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, July 27, 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



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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
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Total Postage and Fees
 \$ _____

Sent To **COG Oil & Gas LLC**
COG Operating LLC
 Street and Apt. No., or PO Box No. **600 West Illinois**
 Midland, Texas 79701
 City, State, ZIP+4® _____

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

7017 0660 0000 6478 7164

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p style="text-align: center;">COG Oil & Gas LLC COG Operating LLC 600 West Illinois Midland, Texas 79701</p> <p style="text-align: center;">9590 9402 2691 6351 8822 49</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Kelsey Gilbert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kelsey Gilbert</i> C. Date of Delivery <i>7/3/17</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>2. Article Number (Transfer from service label) 7017 0660 0000 6478 7164</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>

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, 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

COG Oil & Gas LLC
COG Operating LLC
600 West Illinois
Midland, Texas 79701

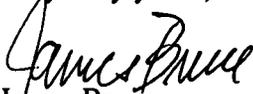
Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Bone Spring well in the S½N½ of Section 18, Township 24 South, Range 29 East, N.M.P.M., Eddy County, New Mexico.

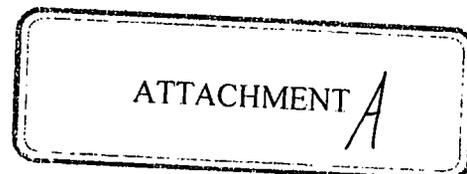
This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 3, 2017, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you 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.

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Very truly yours,


James Bruce

Attorney for Matador Production Company



7017 0660 0000 6478 7171

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Sent To
COG Oil & Gas LLC

Street and Apt. No., or PO Box
COG Operating LLC

City, State, ZIP+4®
600 West Illinois
Midland, Texas 79701

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

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1. Article Addressed to:

COG Oil & Gas LLC
 COG Operating LLC
 600 West Illinois
 Midland, Texas 79701

9590 9402 2691 6351 8822 56

2. Article Number (Transfer from service label)

7017 0660 0000 6478 7171

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Kelley Gilbert* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Kelley Gilbert | 7/3/17

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

3. Service Type

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Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Mail Restricted Delivery (00)

Not DM 122 Domestic Return Receipt

Offset Operators or Working Interest Owners

S/2S/2 Section 7

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, Oklahoma 74121

SW/4W/4 Section 8

OXY USA Inc.
Suite 110
5 Greenway Plaza
Houston, Texas 77046

W/K Land Company
911 Kimbark Street
Longmont, Colorado 80501

John Woodward
Address unknown

Patterson-UTI Energy, Inc.
Suite 800
10713 West Sam Houston Parkway North
Houston, Texas 77064

Glenna V. Anderson
7 Via Chapala
San Clemente, California 92673

Roberta Regan
address unknown

Floyd & Catherine Ensign
address unknown

Apache Corporation
Suite 3000
300 Veterans Airpark Lane
Midland, Texas 79705

Lobos Energy Partners LLC
Suite 950
3817 NW Expressway
Oklahoma City, Oklahoma 73112

EXHIBIT

6C

Carol Day
1618 Oakwood Drive
Modesto, California 95350

Grace M. Eads
4367 Dearpark Court
Westlake Village, California 91361
William J. Finch
P.O. Box 3000
Tulsa, Oklahoma 74102

Judy J. Flick
36 Bryan Court
Alamo, California 94507

Barbara M. Hart
2730 Miradero Drive
Santa Barbara, California 93105

Fred Newcomb
58 West Pine Street
Altadena, California 91001

Bonnie Pulliam
1712 Frank Marion
Durham, California 95938

W/2NW/4 and NW/4SW/4 Section 17

COG Operating LLC
600 West Illinois
Midland, Texas 79701

OXY USA WTP L.P.
Suite 110
5 Greenway Plaza
Houston, Texas 77046

N/2S/2 Section 18

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

NE/4SE/4 Section 13-24S-28E

RSC Resources, LP
6824 Island Circle
Midland, Texas 79707

E/2NE/4 Section 13-24S-28E

Chisos, Ltd.
670 Dona Ana Road SW
Deming, New Mexico 88030

Black Shale Minerals, LLC
P.O. Box 2243
Longview, Texas 75606

Horned Frog Oil & Gas, LP
P.O. Box 101265
Fort Worth, Texas 76185

OXY USA WTP L.P.
Suite 110
5 Greenway Plaza
Houston, Texas 77046

RSC Resources, LP
6824 Island Circle
Midland, Texas 79707

Gahr Energy Company
P.O. Box 1889
Midland, Texas 79702

HHC Consulting & Investments, LLC
2800 North Garfield
Midland, Texas 79705

JTD, LLC
3413 Shell Avenue
Midland, Texas 79707

Texabec, LLC
P.O. Box 702008
Dallas, Texas 75370

Cl. St. Clair, LLC
3211 Haynes Drive
Midland, Texas 79705

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

SE/4SE/4 Section 12-24S-28E

Mewbourne Oil Company

Suite 1020

500 West Texas

Midland, Texas 79701

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, EDDY COUNTY, NEW MEXICO.

Case No. 15,770

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

Case No. 15,771

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 interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications was provided to the offsets, at their last known addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 2nd day of August, 2017 by James Bruce.

My Commission Expires: March 4, 2021


Notary Public


OFFICIAL SEAL
Andrea Montoya
NOTARY PUBLIC - STATE OF NEW MEXICO
My Commission Expires: March 4, 2021

EXHIBIT 60

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

July 12, 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

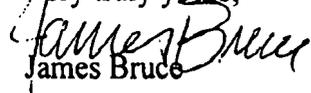
Ladies and gentlemen:

Enclosed are copies of two applications for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding Bone Spring wells in (i) the N $\frac{1}{2}$ N $\frac{1}{2}$ of Section 18, and (ii) the S $\frac{1}{2}$ N $\frac{1}{2}$ of Section 18, both in Township 24 South, Range 29 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, August 3, 2017, 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 applications, and you offset one or both of the well units.** 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 these matters at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, July 27, 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

ATTACHMENT

A

EXHIBIT A

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, Oklahoma 74121

Attention: Michael D. Maxey

COG Operating LLC
600 West Illinois
Midland, Texas 79701

OXY USA WTP L.P.
Suite 110
5 Greenway Plaza
Houston, Texas 77046

RSC Resources, LP
6824 Island Circle
Midland, Texas 79707

Gahr Energy Company
P.O. Box 1889
Midland, Texas 79702

HHC Consulting & Investments, LLC
2800 North Garfield
Midland, Texas 79705

JTD, LLC
3413 Shell Avenue
Midland, Texas 79707

Texabec, LLC
P.O. Box 702008
Dallas, Texas 75370

Cl. St. Clair, LLC
3211 Haynes Drive
Midland, Texas 79705

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

Chisos, Ltd.
670 Dona Ana Road SW
Deming, New Mexico 88030

Black Shale Minerals, LLC
P.O. Box 2243
Longview, Texas 75606

Horned Frog Oil & Gas, LP
P.O. Box 101265
Fort Worth, Texas 76185

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

Attention: Permitting Team

Mewbourne Oil Company
Suite 1020
500 West Texas
Midland, Texas 79701

Attention: Corey Mitchell

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:

RSC Resources, LP
6824 Island Circle
Midland, Texas 79707

9590 9402 2691 6351 8817 54

2. Article Number (Transfer from previous label)

7017 0660 0000 6476 9481

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Danell Cato* C. Date of Delivery *7/18/17*

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

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

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Postmark Here

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P.O. Box 21468
Tulsa, Oklahoma 74121

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

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

7017 0660 0000 6476 9511

7017 0660 0000 6476 9481

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

Postmark Here

Postage \$ _____

Total Postage and Fees \$ _____

Sent To RSC Resources, LP
6824 Island Circle
Midland, Texas 79707

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

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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, Oklahoma 74121

9590 9402 2691 6351 8822 18

2. Article

7017 0660 0000 6476 9511

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) *Danell Cato* C. Date of Delivery *7/17/2017*

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

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

M-ZM

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
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Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To **Devon Energy Production Company, L.P.**
333 West Sheridan Avenue
 Street and Apt. No., or PO **Oklahoma City, Oklahoma 73102**

City, State, ZIP+4® _____

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

9522 8252 0000 6478 7287

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

JTD, LLC
3413 Shell Avenue
Midland, Texas 79707

9590 9402 2691 6351 8817 23

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **7/15**

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

2. Article ID: **7017 0660 0000 6478 7287**

PS Form 3811, July 2015 PSN 7530-02-000-9053 **M-ZM** Domestic Return Receipt

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
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Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To **JTD, LLC**
3413 Shell Avenue
 Street and Apt. No., or PO Box **Midland, Texas 79707**

City, State, ZIP+4® _____

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

7017 0660 0000 6478 7287

SENDER: COMPLETE THIS SECTION

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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:

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

9590 9402 2691 6351 8816 93

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

[Postmark]

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

2. Article ID: **7017 0660 0000 6478 7256**

PS Form 3811, July 2015 PSN 7530-02-000-9053 **M-ZM** Domestic Return Receipt

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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:

Gahr Energy Company
P.O. Box 1889
Midland, Texas 79702

9590 9402 2691 6351 8817 47

2. Article Number (Transfer from service label)

7017 0660 0000 6476 9474

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Andrea Clell*

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

Andrea Clell 7-21-17

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

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

all Restricted Delivery (over \$500)

Domestic Return Receipt

M-2M

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

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Postage

Total Postage and Fees

Sent To OXY USA WTP L.P.
Suite 110

Street and Apt. No., or PO 5 Greenway Plaza
Houston, Texas 77046

City, State, ZIP+4®

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

Postmark Here

Postage

Total Postage and Fees

Sent To Gahr Energy Company
P.O. Box 1889

Street and Apt. No., or PO Midland, Texas 79702

City, State, ZIP+4®

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

7017 0660 0000 6476 9474

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

OXY USA WTP L.P.
Suite 110
5 Greenway Plaza
Houston, Texas 77046

9590 9402 2691 6351 8821 95

2. Article Number (Transfer from service label)

7017 0660 0000 6476 9476

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *TRANK*

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

TRANK 7-21-17

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

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

M-2M

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:

Black Shale Minerals, LLC
P.O. Box 2243
Longview, Texas 75606

9590 9402 2691 6351 8816 79

2. Article Number (Transfer from service label)

7017 0660 0000 6478 7232

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Wendy Meadows Agent
 Addressee

B. Received by (Printed Name)

Wendy Meadows

C. Date of Delivery

7/14/14

D. Is delivery address different from item 1? Yes 7/14/14
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 |

Restricted Delivery

(over \$500)

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

M-2M

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$ _____

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

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

Postmark
Here

Postage

\$ _____

Total Postage and Fees

\$ _____

Sent To Black Shale Minerals, LLC

P.O. Box 2243

Street and Apt. No., or Longview, Texas 75606

City, State, ZIP+4®

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

See Reverse for Instructions

7017 0660 0000 6478 7232

7017 0660 0000 6478 7263

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OFFICIAL USE

Certified Mail Fee

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

Postmark
Here

Postage

Total Postage and Fees

Sent To

Cl. St. Clair, LLC
3211 Haynes Drive
Midland, Texas 79705

City, State, ZIP+4®

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

7017 0660 0000 6478 7270

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OFFICIAL USE

Certified Mail Fee

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

Postmark
Here

Postage

Total Postage and Fees

Sent To

Texabec, LLC
P.O. Box 702008
Dallas, Texas 75370

City, State, ZIP+4®

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

7017 0660 0000 6478 7225

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OFFICIAL USE

Certified Mail Fee

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

Postmark
Here

Postage

Total Postage and Fees

Sent To

Horned Frog Oil & Gas, LP
P.O. Box 101265
Fort Worth, Texas 76185

City, State, ZIP+4®

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

7017 0660 0000 6476 9467

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OFFICIAL USE

Certified Mail Fee

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

Postmark
Here

Postage

Total Postage and Fees

Sent To

HHC Consulting & Investments, LLC
2800 North Garfield
Midland, Texas 79705

City, State, ZIP+4®

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

jamesbruc@aol.com

July 13, 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

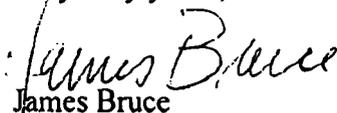
Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard spacing and proration unit, *etc.*, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Bone Spring well in the N½N½ of Section 18, Township 24 South, Range 29 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 3, 2017, 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 Wednesday, November 27, 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

EXHIBIT A

OXY USA Inc.
Suite 110
5 Greenway Plaza
Houston, Texas 77046

W/K Land Company
911 Kimbark Street
Longmont, Colorado 80501

John Woodward
Address unknown

Patterson-UTI Energy, Inc.
Suite 800
10713 West Sam Houston Parkway North
Houston, Texas 77064

Glenna V. Anderson
7 Via Chapala
San Clemente, California 92673

Roberta Regan
address unknown

Floyd & Catherine Ensign
address unknown

Apache Corporation
Suite 3000
300 Veterans Airpark Lane
Midland, Texas 79705

Lobos Energy Partners LLC
Suite 950
3817 NW Expressway
Oklahoma City, Oklahoma 73112

Carol Day
1618 Oakwood Drive
Modesto, California 95350

Grace M. Eads
4367 Dearpark Court
Westlake Village, California 91361

William J. Finch
P.O. Box 3000
Tulsa, Oklahoma 74102

Judy J. Flick
36 Bryan Court
Alamo, California 94507

Barbara M. Hart
2730 Miradero Drive
Santa Barbara, California 93105

Fred Newcomb
58 West Pine Street
Altadena, California 91001

Bonnie Pulliam
1712 Frank Marion
Durham, California 95938

SENDER: COMPLETE THIS SECTION

- Complete 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:

W/K Land Company
911 Kimbark Street
Longmont, Colorado 80501

9590 9402 2691 6351 8811 67

2. Article Number (Transfer from service label)

7017 0660 0000 6476 9634

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Federal Person

- Agent
- Addressee

B. Received by (Printed Name)

T. WALTON

C. Date of Delivery

7/10/17

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

cted Delivery

EM 211 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To Apache Corporation
Suite 3000

Street and Apt. No., or PO Box 300 Veterans Airpark Lane
Midland, Texas 79705

City, State, ZIP+4®

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

See Reverse for Instructions

7017 0660 0000 6476 9603

7017 0660 0000 6476 9634

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

W/K Land Company
911 Kimbark Street
Longmont, Colorado 80501

Street and Apt. No., or PO Box

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Apache Corporation
Suite 3000
300 Veterans Airpark Lane
Midland, Texas 79705

9590 9402 2691 6351 8811 36

2. Article Number (Transfer from service label)

7017 0660 0000 6476 9603

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Donna Berry

- Agent
- Addressee

B. Received by (Printed Name)

Donna Berry

C. Date of Delivery

8/19/17

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

EM 211

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</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>OXY USA Inc. Suite 110 5 Greenway Plaza Houston, Texas 77046</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 2691 6351 8811 74</p> <p>7017 0660 0000 6476 9641</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

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<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total Postage and Fees \$</p>	<p>Postmark Here</p>
<p>Sent To <u>Glenna V. Anderson</u> <u>7 Via Chapala</u> <u>San Clemente, California 92673</u></p> <p>Street and Apt. No., or P.O. Box</p> <p>City, State, ZIP+4®</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

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<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total Postage and Fees \$</p>	<p>Postmark Here</p>
<p>Sent To <u>OXY USA Inc.</u> <u>Suite 110</u> <u>5 Greenway Plaza</u> <u>Houston, Texas 77046</u></p> <p>Street and Apt. No., or P.O. Box</p> <p>City, State, ZIP+4®</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 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. 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</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>Glenna V. Anderson 7 Via Chapala San Clemente, California 92673</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 2691 6351 8811 43</p> <p>7017 0660 0000 6476 9610</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

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:

Bonnie Pulliam
1712 Frank Marion
Durham, California 95938

9590 9402 2691 6351 8810 51

2. Article Number (Transfer from service label)

7017 0660 0000 6476 9528

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

7/20/17

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
- 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

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Certified Mail Fee

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

Postmark Here

Postage

Total Postage and Fees

Sent To

Judy J. Flick
36 Bryan Court
Alamo, California 94507

Street and Apt. No. or PO Box

City, State, ZIP+4®

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

7017 0660 0000 6476 9559

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:

Judy J. Flick
36 Bryan Court
Alamo, California 94507

2. Article Number (Transfer from service label)

7017 0660 0000 6476 9559

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

07-18-17

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
- 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

7017 0660 0000 6476 9528

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Certified Mail Fee

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

Postmark Here

Postage

Total Postage and Fees

Sent To

Bonnie Pulliam
1712 Frank Marion
Durham, California 95938

Street and Apt. No. or

City, State, ZIP+4®

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

BM 211

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:

Patterson-UTL Energy, Inc.
Suite 800
10713 West Sam Houston Parkway North
Houston, Texas 77064

9590 9402 2691 6351 8811 50

2. 7017 0660 0000 6476 9627

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Vangie Byers

B. Received by (Printed Name) *Vangie Byers* C. Date of Delivery *7/18/11*

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

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

2M 211

Domestic Return Receipt

7017 0660 0000 6476 9627

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OFFICIAL USE

Certified Mail Fee \$ _____

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

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

Postage \$ _____

Total Postage and Fees \$ _____

Postmark
Here

Sent To Patterson-UTL Energy, Inc.
 Suite 800
 Street and Apt. No., 10713 West Sam Houston Parkway North
 City, State, ZIP+4® Houston, Texas 77064

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions.

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

PLACE STICKER AT TOP OF ENVELOPE
 OF THE RETURN ADDRESS, FOLD AT
CERTIFIED MAIL

\$6.80⁰
 US POSTAGE
 FIRST-CLASS

071V00607931
 87501
 000098201

7017 0660 0000 6476 9597

NAME _____
 1st No: 7:25 _____
 2nd No: _____
 Return: _____

Lobos Energy Partners LLC
 Suite 950

NIXIE 731 7E 1 0007/20/17

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

9326010086689172

UTF

BC: 57504105655 *0768-03019-15-A1

73112421256

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

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OFFICIAL USE

7017 0660 0000 6476 9597

Certified Mail Fee	\$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage	\$ _____	
Total Postage and Fees	\$ _____	
Sent To	Lobos Energy Partners LLC Suite 950 3817 NW Expressway Oklahoma City, Oklahoma 73112	
City, State, ZIP+4®	_____	

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

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

PLACE STICKER AT TOP OF
OF THE RETURN ADDRESS

CERTIFIED MAIL

15 JUL 17

\$6.80⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000098199

7017 0660 0000 6476 9566

William J. Finch
P.O. Box 3000
Tulsa, Oklahoma 74102

NIXIE 731 75 1 0007/20/17

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

74102-0000
87504-1056

BC: 875041056 *0658-06693-11-21

7017 0660 0000 6476 9566

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage and Fees \$ _____

Sent To William J. Finch
P.O. Box 3000
Street and Apt. No., or Tulsa, Oklahoma 74102
City, State, ZIP+4®

7017 0660 0000 6476 9535

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage	
\$	
Total Postage and Fees	
\$	

Sent To	
Fred Newcomb	
58 West Pine Street	
Street and Apt. No., or P.O. Box No. Altadena, California 91001	
City, State, ZIP+4®	

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

7017 0660 0000 6476 9580

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\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage	
\$	
Total Postage and Fees	
\$	

Sent To	
Carol Day	
1618 Oakwood Drive	
Street and Apt. No., or P.O. Box No. Modesto, California 95350	
City, State, ZIP+4®	

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

7017 0660 0000 6476 9573

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage	
\$	
Total Postage and Fees	
\$	

Sent To	
Grace M. Eads	
4367 Dearpark Court	
Street and Apt. No., or P.O. Box No. Westlake Village, California 91361	
City, State, ZIP+4®	

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

7017 0660 0000 6476 9542

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Certified Mail Fee	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark
Here

Postage	
\$	
Total Postage and Fees	
\$	

Sent To	
Barbara M. Hart	
2730 Miradero Drive	
Street and Apt. No., or Santa Barbara, California 93105	
City, State, ZIP+4®	

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

July 20 2017

NOTICE

Affidavit of Publication

State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly
sworn, on oath says:

That he 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:

July 20 2017

That the cost of publication is
\$87.49 and that payment thereof
has been made and will be
assessed as court costs.

[Handwritten signature]

Subscribed and sworn to before
me this 27 day of July
2017

[Handwritten signature]

My commission Expires 2/13/21

Notary Public

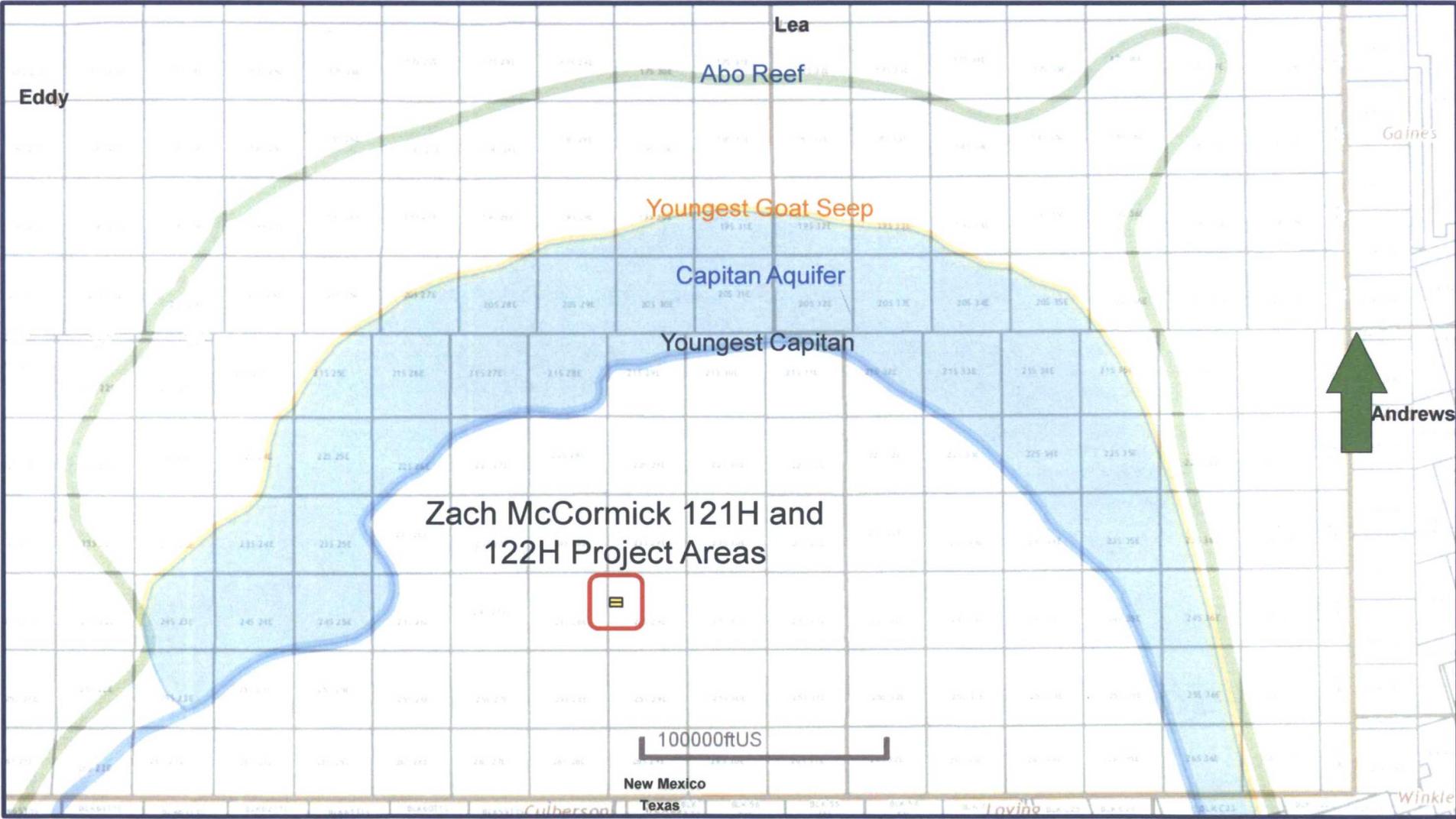


To: OXY USA Inc., W/K
Land Company, John
Woodward; Patterson-
UTI Energy, Inc., Glé-
na V. Anderson, Rob-
erta Regan, Floyd En-
sign, Catherine En-
sign, Apache Corpora-
tion, Lobos Energy
Partners LLC, Carol
Day, Grace M. Eads,
William J. Finch, Judy
J. Flick, Barbara M.
Hart, Fred Newcomb,
Bonnie Pulliam,
Chisos, Ltd., Black
Shale Minerals, LLC,
Horned Frog Oil & Gas,
LP, OXY USA WTP L.P.,
HHC Consulting & In-
vestments, LLC, JTD,
LLC, Texabec, LLC,

and Cl. St. Clair, LLC,
or your heirs,
devisees, successors,
or assigns. Matador
Production Company
has filed applications
with the New Mexico
Oil Conservation Divi-
sion seeking approval
of two non-standard
gas spacing and
proration units in the
Bone Spring formation
for wells in (i) the
N½N½ of Section 18,
and (ii) the S½N½ of
Section 18, both in
Township 24 South,
Range 29 East,
N.M.P.M., Eddy Coun-
ty, New Mexico. The
applications are
scheduled to be heard
at 8:15 a.m. on Thurs-
day, August 3, 2017 at
the Division's offices
at 1220 South St.
Francis Drive, Santa
Fe, New Mexico
87505. As an offset
interest owner to the
subject well units, 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 at-
torney for applicant is
James Bruce, P.O. Box
1056, Santa Fe, New
Mexico 87504. The
well units are located
approximately 2 miles
south of Harroun, New
Mexico.

15770 + 15771
EXHIBIT 6E

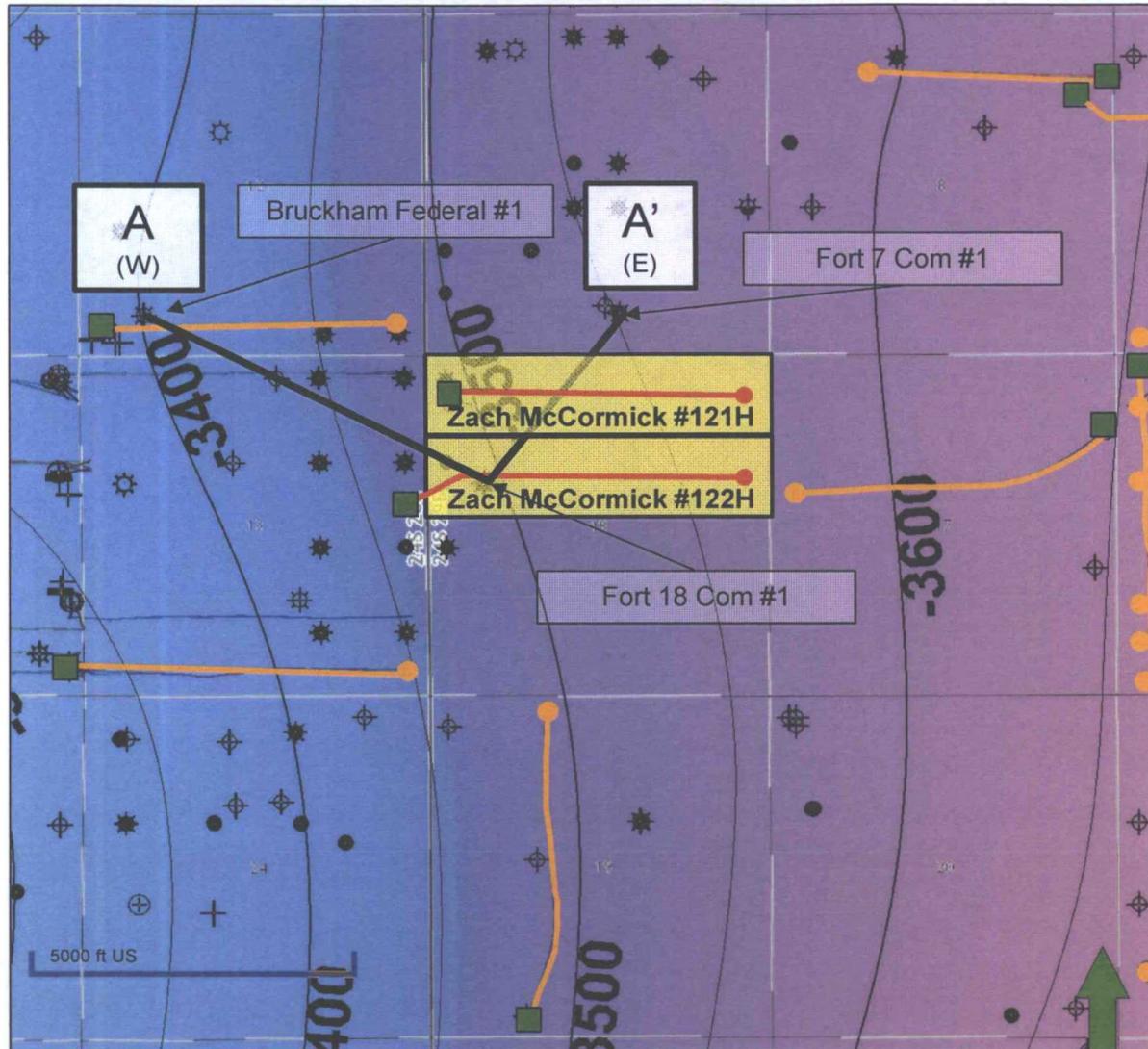
Pierce Crossing; Bone Spring (Pool Code 50371) Locator Map



Zach McCormick Fed Com #121H
Zach McCormick Fed Com #122H



Pierce Crossing; Bone Spring (Pool Code 50371) Structure Map (Top Bone Spring Subsea)

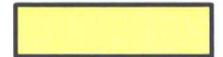


Map Legend

Zach McCormick
#121H



Project Area



Bone Spring
Producer



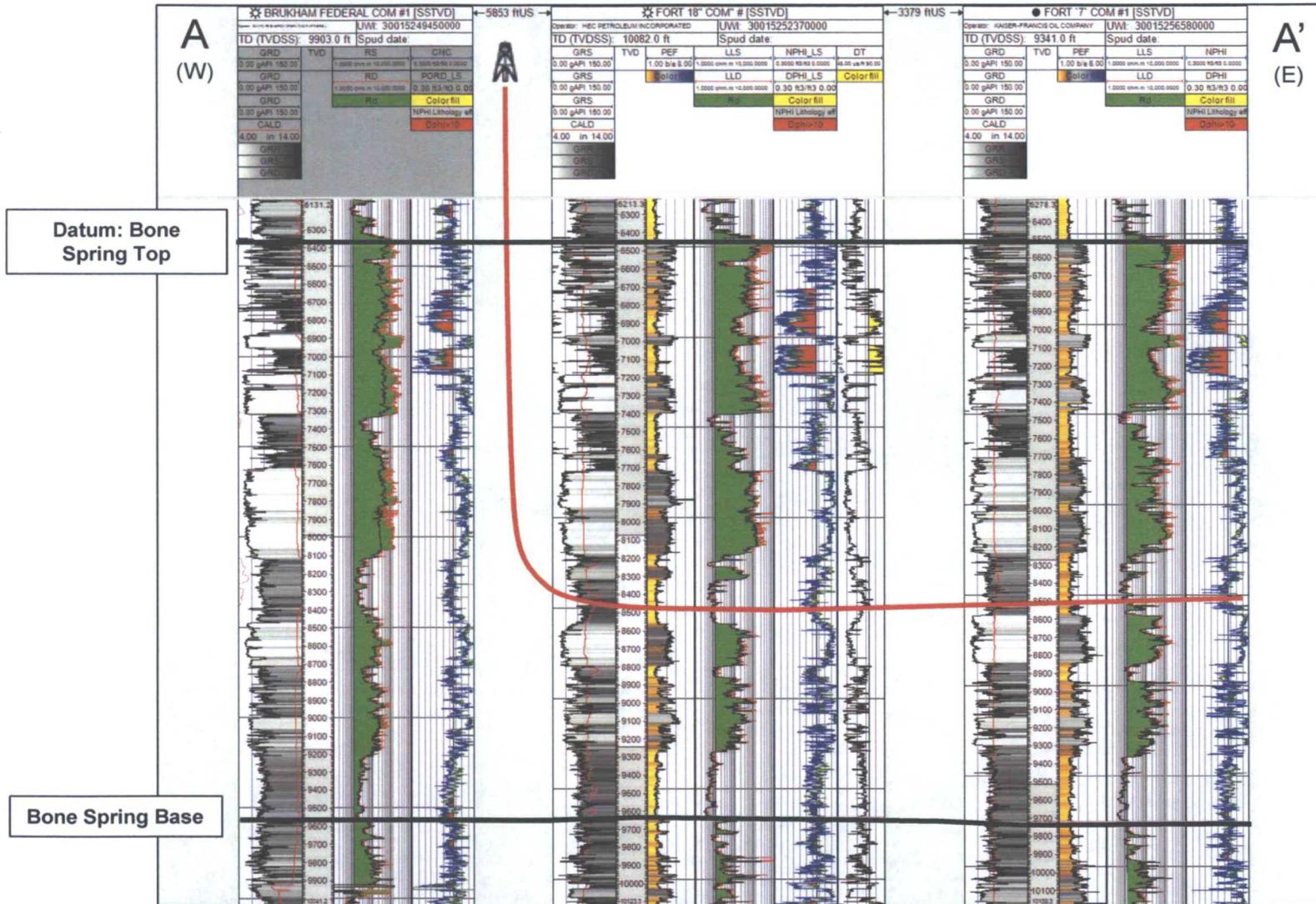
C. I. = 25'

Zach McCormick Fed Com #121H
Zach McCormick Fed Com #122H



Pierce Crossing; Bone Spring (Pool Code 50371) Stratigraphic Cross Section A - A'

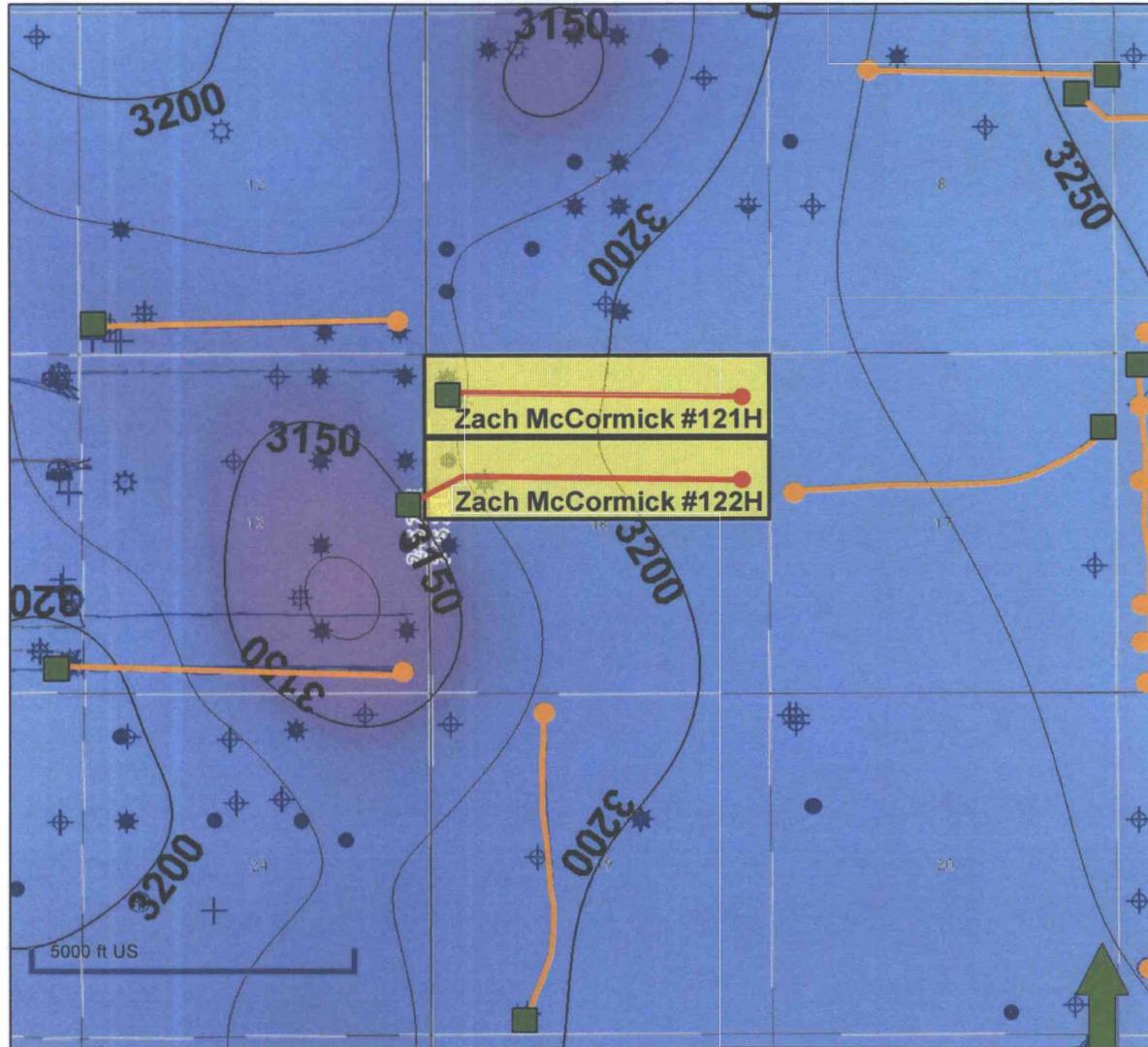
Zach McCormick Fed Com #121H and #122H



Zach McCormick Fed Com #121H
Zach McCormick Fed Com #122H



Pierce Crossing; Bone Spring (Pool Code 50371) Isopach Map (Bone Spring)

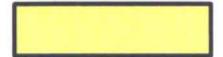


Map Legend

Zach McCormick
#121H



Project Area



Bone Spring
Producer



C. I. = 25'

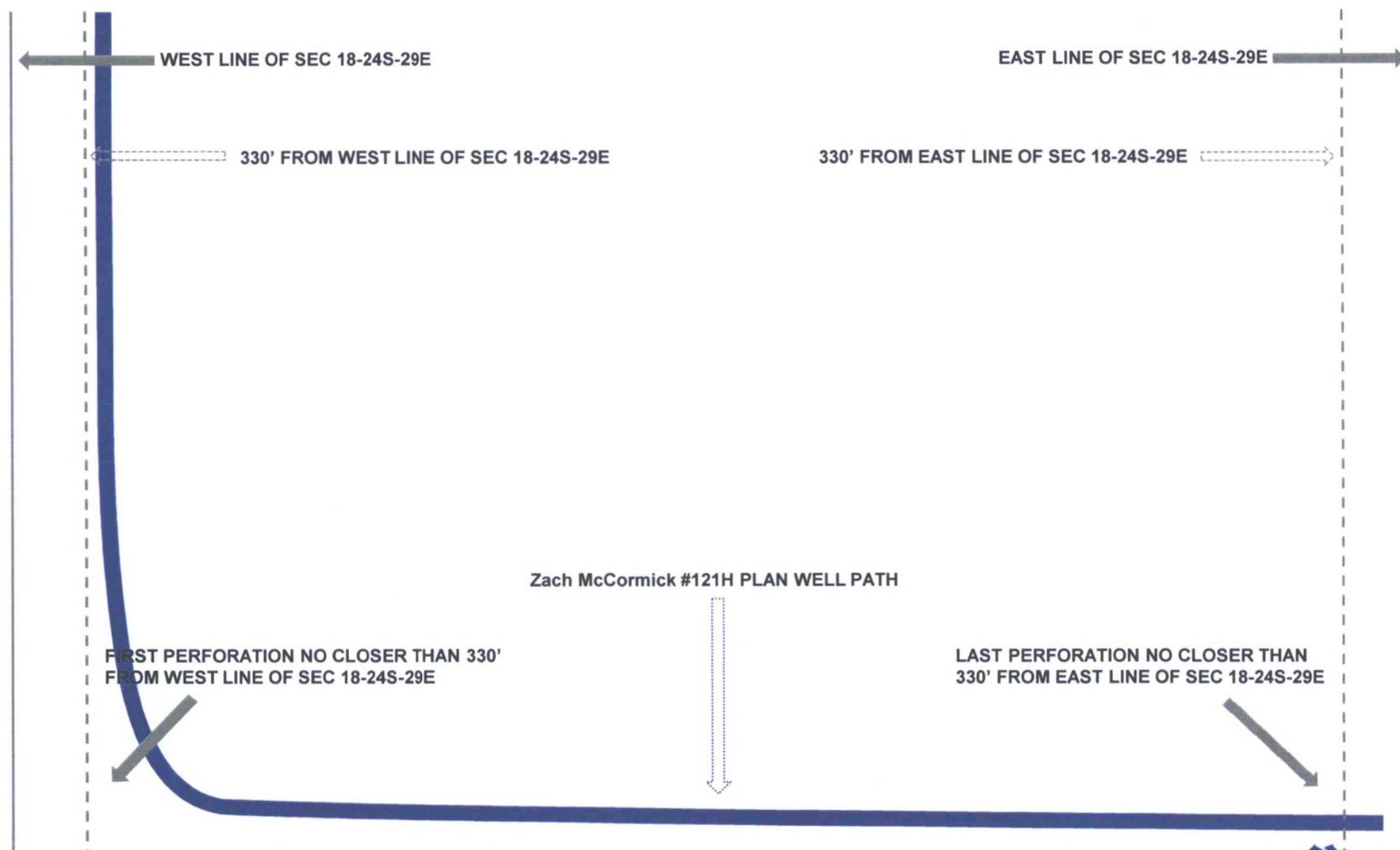
Zach McCormick Fed Com #121H
Zach McCormick Fed Com #122H



Pierce Crossing; Bone Spring (Pool Code 50371) Zach McCormick Fed Com #121H Completion

Zach McCormick Fed Com #121H
SURFACE HOLE 712' FNL 351' FWL OF SEC 18-24S-29E

DIAGRAM NOT DRAWN TO SCALE



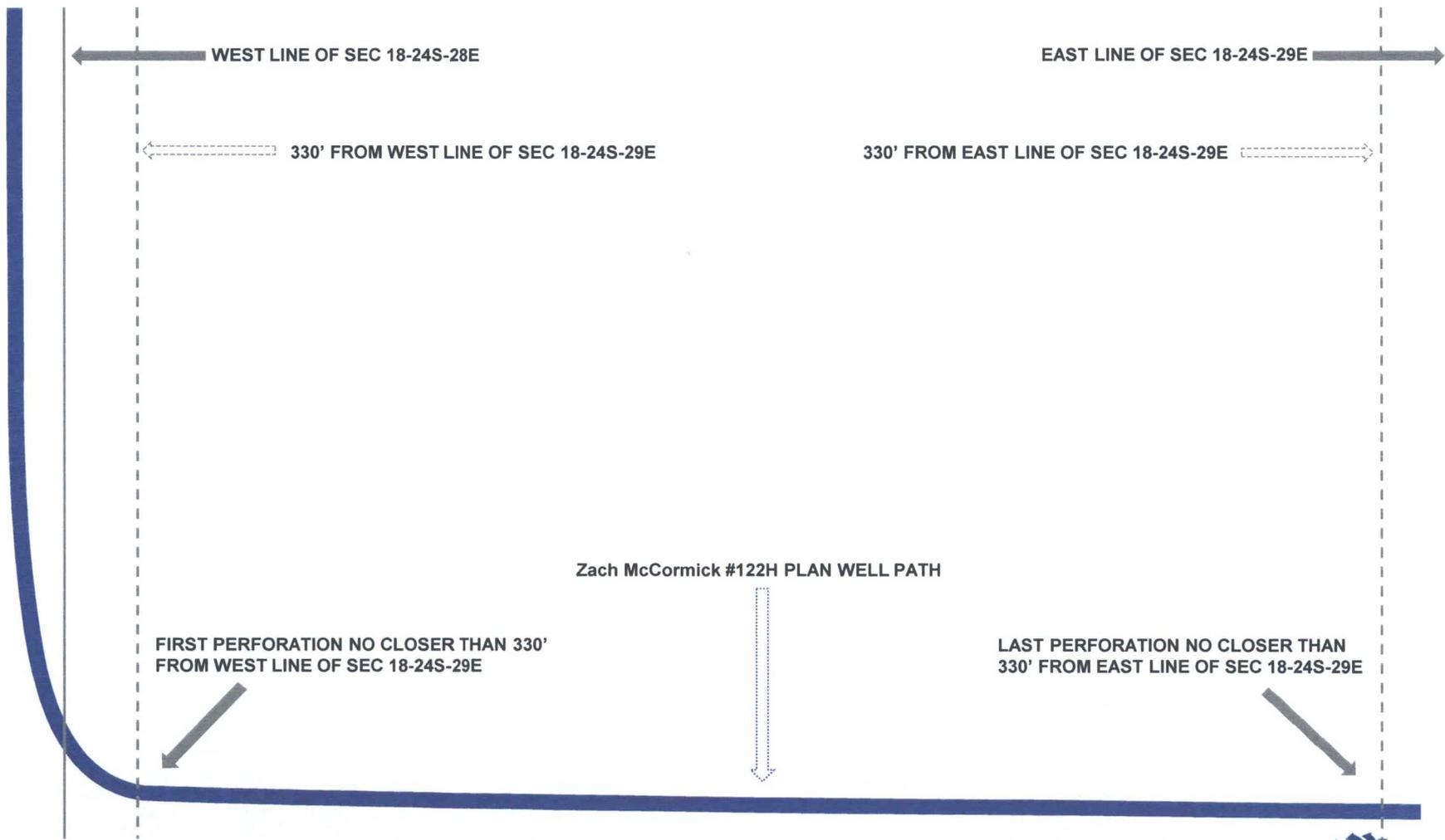
Zach McCormick Fed Com #121H



Pierce Crossing; Bone Spring (Pool Code 50371) Zach McCormick Fed Com #122H Completion

Zach McCormick Fed Com #122H
SURFACE HOLE 2348' FNL 311' FEL OF SEC 13-24S-28E

DIAGRAM NOT DRAWN TO SCALE



Zach McCormick Fed Com #122H

