

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

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

Case No. 16185

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

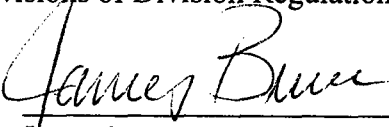
Case No. 16186

AFFIDAVIT OF NOTICE

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

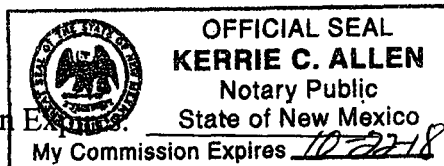
James Bruce, being duly sworn upon his oath, deposes and states:

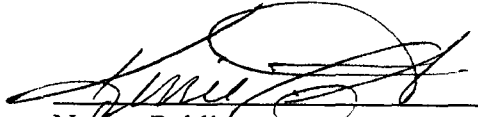
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications was provided to the offsets by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Regulations..


James Bruce

SUBSCRIBED AND SWORN TO before me this 11th day of July, 2018 by James Bruce.

My Commission Expires




Notary Public

EXHIBIT

6B

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 19, 2018

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed are copies of the following applications filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company:

1. Case No. 16185, for a non-standard unit and compulsory pooling, regarding the Pavo Frio 29/20 B2CD Fed. Com. Well No. 1H, a Bone Spring well in the N/2NW/4 of Section 29 and N/2N/2 of Section 30; and
2. Case No. 16186, for a non-standard unit and compulsory pooling, regarding the Pavo Frio 29/20 B2FE Fed. Com. Well No. 1H, a Bone Spring well in the S/2NW/4 of Section 29 and S/2N/2 of Section 30,

both in Township 18 South, Range 29 East, NMPM, Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, July 12, 2018, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but **as an offset operator or working interest owner** who may be affected by the applications, 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.

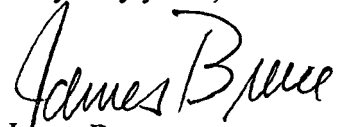
A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, July 5, 2018. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and his or her attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of

ATTACHMENT

A

any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

A handwritten signature in cursive script that reads "James Bruce". The signature is written in dark ink and is positioned above the printed name.

James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Matador Production Company
Suite 1500
5400 LBJ Freeway
Dallas, Texas 75240



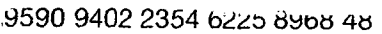
OXY USA Inc.
Suite 110
5 Greenway Plaza
Houston, Texas 77046

Cimarex Energy Co.
Suite 600
600 North Marienfeld
Midland, Texas 79701

Chisholm Energy Operating, LLC
Suite 1200 – Unit 20
801 Cherry Street
Fort Worth, Texas 76102


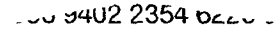
Read & Stevens, Inc.
P.O. Box 1518
Roswell, New Mexico 88202

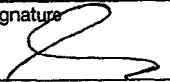
COG Operating LLC
600 West Illinois Avenue
Midland, Texas 79701

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Read & Stevens, Inc. P.O. Box 1518 Roswell, New Mexico 88202</p>		<p>B. Received by (Printed Name) M. NOVAK</p> <p>C. Date of Delivery </p>	
<p>2. A.  9590 9402 2354 6225 8968 48</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <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</p>		<p>Postmark Here</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>Postage \$</p> <p>Total Postage and Fees \$</p>	
<p>Sent To Cimarex Energy Co. Suite 600 600 North Marienfeld Midland, Texas 79701</p>	
<p>Street and Apt. No., or PO Box City, State, ZIP+4®</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

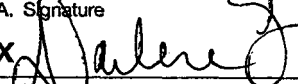
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<p>Street and Apt. No., City, State, ZIP+4®</p>	
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<p>1. Article Addressed to:</p> <p>Cimarex Energy Co. Suite 600 600 North Marienfeld Midland, Texas 79701</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. A.  9590 9402 2354 6225 8968 48</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <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</p>		<p>Postmark Here</p>	
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<p>1. Article Addressed to:</p> <p>Matador Production Company Suite 1500 5400 LBJ Freeway Dallas, Texas 75240</p>		<p>B. Received by (Printed Name) <u> </u></p> <p>C. Date of Delivery <u>6/25/18</u></p>	
<p>2. Article Number (Transfer from service label) 7017 2680 0000 1763 4956</p>		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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<p>Sent To <u>Chisholm Energy Operating, LLC</u></p> <p>Street and Apt. No., or P.O. <u>Suite 1200 - Unit 20</u></p> <p>City, State, ZIP+4® <u>801 Cherry Street Fort Worth, Texas 76102</u></p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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<p>Sent To <u>Matador Production Company</u></p> <p>Street and Apt. No., or P.O. <u>Suite 1500</u></p> <p>City, State, ZIP+4® <u>5400 LBJ Freeway Dallas, Texas 75240</u></p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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<p>1. Article Addressed to:</p> <p>Chisholm Energy Operating, LLC Suite 1200 - Unit 20 801 Cherry Street Fort Worth, Texas 76102</p>		<p>B. Received by (Printed Name) <u> </u></p> <p>C. Date of Delivery <u>6/25/18</u></p>	
<p>2. Article Number (Transfer from service label) 7017 2680 0000 1763 4987</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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1. Article Addressed to:

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

9590 9402 2354 6225 8968 17

2. Article

7017 2680 0000 1763 4963

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

James E Beard
 JAMES BEARD

Service Type
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
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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
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 COG Operating LLC
 600 West Illinois Avenue
 Midland, Texas 79701

Street and Apt. No., or P.O.
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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 \$

Postage
 \$

Total Postage and Fees
 \$

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

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

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

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1. Article Addressed to:

COG Operating LLC
 600 West Illinois Avenue
 Midland, Texas 79701

9590 9402 3866 8060

2. Article

7017 2680 0000 1763 5007

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

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

Domestic Return Receipt