

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

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

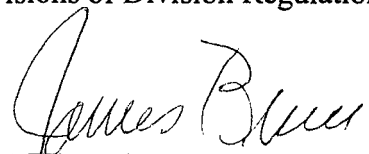
**Case No. 16452**

**AFFIDAVIT OF NOTICE**

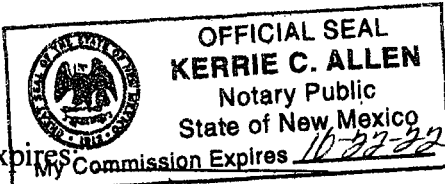
COUNTY OF SANTA FE    )  
                                  ) ss.  
STATE OF NEW MEXICO    )

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

1.     I am over the age of 18, and have personal knowledge of the matters stated herein.
2.     I am an attorney for Matador Production Company.
3.     Matador Production Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4.     Notice of the application was provided to the interest owners, at their 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 Regulations.

  
\_\_\_\_\_  
James Bruce

SUBSCRIBED AND SWORN TO before me this 9<sup>th</sup> day of January, 2019 by  
James Bruce.

My Commission Expires \_\_\_\_\_  
  
OFFICIAL SEAL  
**KERRIE C. ALLEN**  
Notary Public  
State of New Mexico  
My Commission Expires 10-22-22

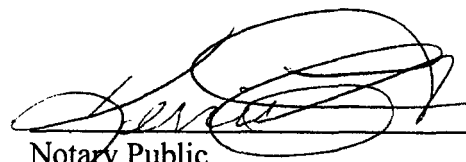
  
\_\_\_\_\_  
Notary Public

  
EXHIBIT A

**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](mailto:jamesbruc@aol.com)

December 20, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

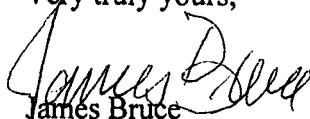
Ladies and gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a Bone Spring well in the E/2W/2 of Section 1 and the E/2W/2 of Section 12, Township 23 South, Range 27 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 10, 2019, 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 Thursday, January 3, 2019. 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 

Belen Hernandez  
1905 Howard Road  
Carlsbad, NM 88220

Estate of Irene Ruiz  
8253 Avenue 304  
Visalia, CA 93277

RKI Exploration & Production, LLC  
3500 Williams Center, MD 35  
Tulsa, OK 74172

Chi Energy, Inc.  
P.O. Box 1799  
Midland, TX 79702

~~Roadrunner Oil & Gas, LLC~~  
~~P.O. Box 101415~~  
~~Fort Worth, TX 76185~~

Raul Arturo Gamboa & Valerie Lara  
6011 Ruiz Road  
Carlsbad, NM 88220

New Mexico Department of Transportation  
P.O. Box 1149  
Santa Fe, NM 87504

**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:

Raul Arturo Gamboa & Valerie Lara  
 6011 Ruiz Road  
 Carlsbad, NM 88220

9590 9402 3866 8060 2386 13

2. Article

7018 1130 0001 5003 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) *Michael Bonafino* C. Date of Delivery *12/24/15*

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

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™  
☐ Signature Confirmation Restricted Delivery

(over \$500) Delivery Domestic Return Receipt

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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 \$

Postage \$  
 Total Postage and Fees \$

Sent To RKI Exploration & Production, LLC  
 3500 Williams Center, MD 35  
 Street and Apt. No., or Tulsa, OK 74172  
 City, State, ZIP+4®

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

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

Postage \$  
 Total Postage and Fees \$

Sent To Raul Arturo Gamboa & Valerie Lara  
 6011 Ruiz Road  
 Street and Apt. No., Carlsbad, NM 88220  
 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:

RKI Exploration & Production, LLC  
 3500 Williams Center, MD 35  
 Tulsa, OK 74172

9590 9402 3866 8060 2385 90

2. Article Number

7018 1130 0001 5003 9498

(over \$500)

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) *DEC 27 2015* C. Date of Delivery

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

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™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>Chi Energy, Inc.</b> P.O. Box 1799 Midland, TX 79702</p>		<p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery 12-26-18</p>	
<p>2. Article Number (Transfer from carrier label) 7018 1130 0001 5003 9481</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>	
<p>9590 9402 3866 8060 2386 06</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>Certified Mail Fee \$</p>	
<p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><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 \$</p>	
<p>Postage \$</p>	
<p>Total Postage and Fees \$</p>	
<p>Sent To Belén Hernandez 1905 Howard Road Carlsbad, NM 88220</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>Certified Mail Fee \$</p>	
<p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><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 \$</p>	
<p>Postage \$</p>	
<p>Total Postage and Fees \$</p>	
<p>Sent To Chi Energy, Inc. P.O. Box 1799 Midland, TX 79702</p>	
<p>Street and Apt. No., or PO Box No. 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	
<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 <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>Belén Hernandez</b> 1905 Howard Road Carlsbad, NM 88220</p>		<p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from carrier label) 7018 1130 0001 5003 9511</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 <input type="checkbox"/> Insured Mail</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>	
<p>9590 9402 3866 8060 2385 76</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 <input type="checkbox"/> Insured Mail</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>New Mexico Department of Transportation P.O. Box 1149 Santa Fe, NM 87504</p>		<p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>Mar 14, 2000</i></p>	
<p>2. Article</p> <p>7018 1130 0001 5003 9092</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>Sent To New Mexico Department of Transportation</p> <p>Street and Apt. P.O. Box 1149</p> <p>City, State, ZIP+4® Santa Fe, NM 87504</p>	
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James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

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

**CERTIFIED MAIL®**

7018 1130 0001 5003 9504

NAME  
1st Notice  
2nd Notice  
Return

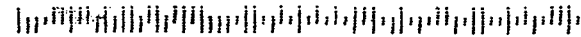
Estate of Irene Ruiz  
8253 Avenue 304  
Visalia, CA 93277

\$6.70<sup>0</sup>  
US POSTAGE  
FIRST-CLASS

071V00607931  
87601  
000111564



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

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No. Estate of Irene Ruiz  
8253 Avenue 304  
City, State, ZIP+4® Visalia, CA 93277

Postmark  
Here

# CARLSBAD CURRENT ARGUS

## AFFIDAVIT OF PUBLICATION

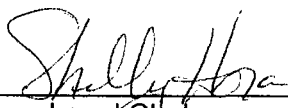
Ad No.  
0001272434

JAMES BRUCE ATTORNEY AT LAW  
PO BOX 1056

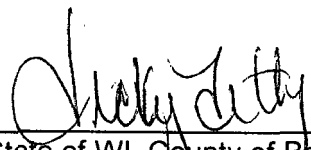
SANTA FE NM 87504

I, a legal clerk 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:

12/25/18

  
Legal Clerk

Subscribed and sworn before me this  
26th of December 2018.

  
State of WI, County of Brown  
NOTARY PUBLIC

9/9/21  
My Commission Expires

Ad#:0001272434  
P O :  
# of Affidavits :0.00

## NOTICE

To: Belen Hernandez, Raul Arturo Gamboa, Valerie Lara, New Mexico Department of Transportation, and Irene Ruiz, or your heirs, devisees, successors, or assigns: Matador Production Company has filed an application with the New Mexico Oil Conservation Division seeking an order pooling all mineral interests in the Bone Spring formation underlying the E/2W/2 of Section 1 and the E/2W/2 of Section 12, Township 23 South, Range 27 East, NMPM. The unit will be dedicated to the Larry Wolfish 1&12-23S-27E RB Well No. 122H, a horizontal well with a surface location in the SE/4SW/4 of Section 36, Township 22 South, Range 27 East, N.M.P.M., a first take point in the NE/4NW/4 of Section 1, and a last take point in the SE/4SW/4 of Section 12. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision; designation of applicant as operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The application is scheduled to be heard at 8:15 a.m. on Thursday, January 10, 2019 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date. The attorney for applicant is James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504. The unit is located approximately 6 miles south-southwest of Carlsbad, New Mexico.

December 25, 2018

