

**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. 16451**

**AFFIDAVIT OF NOTICE**

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

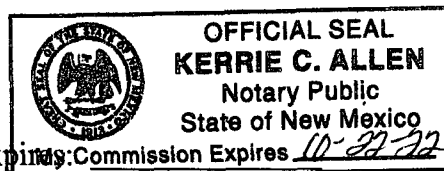
James Bruce, being duly sworn upon his oath, deposes and states:


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



  
Notary Public

1/10/19



**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

December 20, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

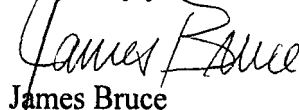
Ladies and gentlemen:

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 W/2W/2 of Section 1 and the W/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 

EXHIBIT A

Belen Hernandez  
1905 Howard Road  
Carlsbad, NM 88220

Estate of Irene Ruiz  
8253 Avenue 304  
Visalia, CA 93277

Rachel G. Martin  
207 Polk Street  
Whiteface, TX 79379

Robert Rodriguez  
1101 Callaway Dr., Apt. 3304  
Carlsbad, NM 88220

Ruben G. Rodriguez  
4203 East Derrick Road  
Carlsbad, NM 88220

Rosemary G. Zapata  
4312 Hillshire Court  
Plano, TX 75023

Rodolfo G. Rodriguez  
816 Caballo Road  
Carlsbad, NM 88220

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

## 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 2384 91

## 2. Article Number (Transfer from service label)

7018 2290 0001 5021 1632

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Rodolfo G. Rodriguez*

- ☒ 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 2018

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Delivery

Domestic Return Receipt

U.S. Postal Service™

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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

Rodolfo G. Rodriguez  
816 Caballo Road  
Carlsbad, NM 88220

## Street and Apt. No., or PO

## City, State, ZIP+4®

Postmark  
Here

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

See Reverse for Instructions

7018 2290 0001 5021 1571

## 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:

Rodolfo G. Rodriguez  
816 Caballo Road  
Carlsbad, NM 88220

9590 9402 3866 8060 2385 07

## 2. A

7018 2290 0001 5021 1571

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Rodolfo G. Rodriguez*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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

## 3. Service Type

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

(over \$500) Restricted Delivery

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

Domestic Return Receipt

Net 121

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Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com)®

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 \$

## Sent To

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

## Street and Apt. No., or P.O. Box



## City, State, ZIP+4®

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

See Reverse for Instructions

Postmark  
Here

7018 2290 0001 5021 1632

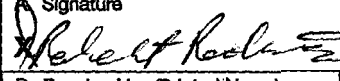
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature   <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Ruben G. Rodriguez            4203 East Derrick Road            Carlsbad, NM 88220</p>		<p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery            12/28/18</p>	
<p>2. Article Number (Transfer from service label)            9590 9402 3866 8060 2385 21</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" 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>	

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

Mat 121

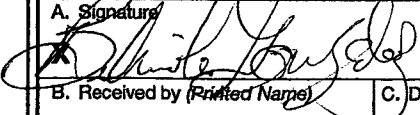
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return 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>	Postmark Here
<p>Postage \$</p> <p>Total Postage and Fees \$</p>	
<p>Sent To Robert Rodriguez            1101 Callaway Dr., Apt. 3304            Street and Apt. No., or PO Box Carlsbad, NM 88220</p> <p>City, State, ZIP+4*</p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
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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) \$</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>	Postmark Here
<p>Postage \$</p> <p>Total Postage and Fees \$</p>	
<p>Sent To Ruben G. Rodriguez            4203 East Derrick Road            Street and Apt. No., or PO Box No. Carlsbad, NM 88220</p> <p>City, State, ZIP+4*</p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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 type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Robert Rodriguez            1101 Callaway Dr., Apt. 3304            Carlsbad, NM 88220</p>		<p>B. Received by (Printed Name)            Robert Rodriguez</p> <p>C. Date of Delivery            DEC 26 2018</p>	
<p>2. Article Number (Transfer from service label)            9590 9402 3866 8060 2385 38</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" 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>	

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

Mat 121

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 </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Belen Hernandez 1905 Howard Road Carlsbad, NM 88220</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number: 7018 2290 0001 5021 1649</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>9590 9402 3866 8060 2385 69</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"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

7018 2290 0001 5021 1649

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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) \$ _____</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 Belen Hernandez 1905 Howard Road Street and Apt. No., or Carlsbad, NM 88220 City, State, ZIP+4® _____</p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7018 2290 0001 5021 1618

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<b>OFFICIAL USE</b>	
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 \$ _____	
<b>Total Postage and Fees</b> \$ _____	
Sent To <b>Rachel G. Martin</b> 207 Polk Street Whiteface, TX 79379	
Street and Apt. No., or P.O. Box No. _____	
City, State, ZIP+4® _____	
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<b>OFFICIAL USE</b>	
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 \$ _____	
<b>Total Postage and Fees</b> \$ _____	
Sent To <b>Rosemary G. Zapata</b> 4312 Hillshire Court Plano, TX 75023	
Street and Apt. No., or P.O. Box No. _____	
City, State, ZIP+4® _____	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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*Domestic Mail Only*

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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

\$

Sent To

Street and Apt. No., or PO

City, State, ZIP+4®

Estate of Irene Ruiz  
 8253 Avenue 304  
 Visalia, CA 93277

Postmark  
 Here

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

**CERTIFIED MAIL®**

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

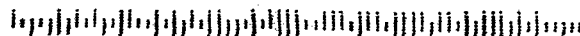
071V00607931  
 87501  
 000111561



Estate of Irene Ruiz  
 8253 Avenue 304  
 Visalia, CA 93277

NSN

93291 87501 1625





# CARLSBAD CURRENT ARGUS

## AFFIDAVIT OF PUBLICATION

Ad No.  
0001272433

JAMES BRUCE ATTORNEY AT LAW  
PO BOX 1056

SANTA FE NM 87504

## NOTICE

To: Belen Hernandez, Rachel G. Martin, Rosemary G. Zapata, Rodolfo G. Rodriguez, Robert G. Rodriguez, Ruben G. Rodriguez, 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 W/2W/2 of Section 1 and W/2W/2 of Section 12, Township 23 South, Range 27 East, NMPM, Eddy County, New Mexico. The unit will be dedicated to the Larry Wolfish 1&12-23S-27E RB Well No. 121H, a horizontal well with a surface location in the SW/4SW/4 of Section 36, Township 22 South, Range 27

East, NMPM., a first take point in the NW/4NW/4 of Section 1, and a last take point in the SW/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 southwest of Carlsbad, New Mexico.

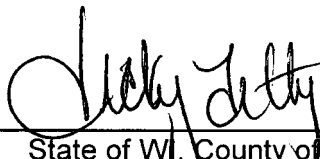
December 25, 2018

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:

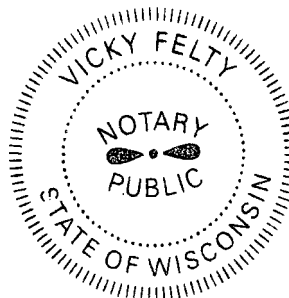
12/25/18

  
Legal Clerk

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

  
State of WI, County of Brown  
NOTARY PUBLIC

9-19-21  
My Commission Expires



Case  
16451  
1/10/19