

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

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

**Case No. 14,877**

**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 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 Exhibit 1.
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 11th day of July, 2012 by James Bruce.

My Commission Expires: 3/14/13

  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 10

**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)

June 21, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the E½W½ of Section 5, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, July 12, 2012, 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 the application, 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, 2012. 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 Mewbourne Oil Company

EXHIBIT 1

EXHIBIT

A

Louis Berney  
1797 15<sup>th</sup> Avenue  
Star Prairie, Wisconsin 54026

David A. Metts  
2609 Hodges Street  
Midland, Texas 79705

Henry Holding Corporation  
3525 Andrews Highway, Ste. 200  
Midland, Texas 79703

Howard Y. Williams, Jr.  
3500 Glenarden Road  
Saint Paul, MN 55112

James S. Henry and Marion Henry  
5687 Silverthorn  
Shoreview, MN 55126

Joan L. Ingram  
P.O. Box 1757  
Roswell, NM 88202

Claire E. Peper, a widow and the  
heirs or devisees of Martin C. Peper  
9050 Spring Run Boulevard, Unit #307  
Bonita Springs, FL 34135

Terry Christianson  
1330 Natchez Avenue South  
Golden Valley, MN 55416

Richard Kiene and Rita A. Kiene  
2349 W. 1900 N  
Farr West, Utah 84404

Unicon Producing Company  
P.O. Box 85236  
Dallas, Texas 75285

F.F. Zdenck and Anusaya Zdenck  
3510 Siems Court  
Saint Paul, Minnesota 55112

Robert Urista and Jere Urista  
2116 SW Third Avenue  
Grand Rapids, MN 55744-4142

Leslea Ingram Cole  
6336 N. Oracle Road, Ste. 326-331  
Tucson, Arizona 85704

LSN  
2214 IDS Center  
Minneapolis, MN 55402

Pauline Melichar, Trustee  
5512 Brook Drive  
Edina, MN 55439

0899 2E22 0000 0606 0700

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To: Claire E. Peper, a widow and the heirs or devisees of Martin C. Peper 9050 Spring Run Boulevard, Unit #307 Bonita Springs, FL 34135		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

J. Ingram  
 POB 577  
 888202

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6875

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Joan L. Ingram* ☐ 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

- ☒ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt *u drawn*

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Claire E. Peper, a widow and the  
 heirs or devisees of Martin C. Peper  
 9050 Spring Run Boulevard, Unit #307  
 Bonita Springs, FL 34135

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6880

PS Form 3811, February 2004

Domestic Return Receipt *MWD*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Claire Peper* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Claire Peper* *7/5/12*

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To: Joan L. Ingram P.O. Box 1757 Roswell, NM 88202		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

PS Form 3800, August 2006 See Reverse for Instructions

0899 2E22 0000 0606 0700

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Henry Holding Corporation  
3525 Andrews Highway, Ste. 200  
Midland, Texas 79703

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6842

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Leigh Collier

☐ Agent☐ Addressee

B. Received by (Printed Name)

Leigh Collier

C. Date of Delivery

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage

\$

Certified Fee

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

Total Postage &amp; Fees

\$

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

Louis Berney

1797 15<sup>th</sup> Avenue

Star Prairie, Wisconsin 54026

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

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

OFFICIAL USE

Postage

\$

Certified Fee

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

Total Postage &amp; Fees

\$

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

Henry Holding Corporation

3525 Andrews Highway, Ste. 200

Midland, Texas 79703

PS Form 3800, August 2006

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Louis Berney  
1797 15<sup>th</sup> Avenue  
Star Prairie, Wisconsin 54026

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6699

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Louis Berney

☐ Agent☐ Addressee

B. Received by (Printed Name)

Louis Berney

C. Date of Delivery

6-25

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

David A. Metts  
2609 Hodges Street  
Midland, Texas 79705

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6835

PS Form 3811, February 2004

Domestic Return Receipt

MC-WD

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

MRS. D.A. Metts 6/26/12

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

Sent To

Richard Kiene and Rita A. Kiene

Street, Apt. No., or PO Box No. 2349 W. 1900 N  
Farr West, Utah 84404

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

Sent To

David A. Metts  
2609 Hodges Street  
Midland, Texas 79705

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Richard Kiene and Rita A. Kiene  
2349 W. 1900 N  
Farr West, Utah 84404

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6903

PS Form 3811, February 2004

Domestic Return Receipt

MC-WD

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7010 3090 0000 2332 6934

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**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Robert Urista and Jere Urista  
 2116 SW Third Avenue  
 Grand Rapids, MN 55744-4142

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James S. Henry and Marion Henry  
 5687 Silverthorn  
 Shoreview, MN 55126

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Marion Henry* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7010 3090 0000 2332 6866

Domestic Return Receipt *M-WD*

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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:

Robert Urista and Jere Urista  
 2116 SW Third Avenue  
 Grand Rapids, MN 55744-4142

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Robert Urista* ☐ Agent ☐ Addressee

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

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6934

PS Form 3811, February 2004

Domestic Return Receipt

*M-WD*

102595-02-M-1540

7010 3090 0000 2332 6866

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: James S. Henry and Marion Henry  
 5687 Silverthorn  
 Shoreview, MN 55126

PS Form 3800, August 2006

See Reverse for Instructions

7010 3090 0000 2332 6941

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To: Leslea Ingram Cole  
 6336 N. Oracle Road, Ste. 326-331  
 Street, Apt. No., or PO Box No. Tucson, Arizona 85704  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

LSN  
 2214 IDS Center  
 Minneapolis, MN 55402

2. Article Number  
 (Transfer from service label)

7010 3090 0000 2332 6958

PS Form 3811, February 2004

Domestic Return Receipt *M-UD*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Matthew Coleman* ☐ 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  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Leslea Ingram Cole  
 6336 N. Oracle Road, Ste. 326-331  
 Tucson, Arizona 85704

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Elizabeth R. Barnes* ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Elizabeth R. Barnes* *6/25/12*

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label) 7010 3090 0000 2332 6941

PS Form 3811, February 2004

Domestic Return Receipt *M-UD*

102595-02-M-1540

7010 3090 0000 2332 6958

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To: LSN  
 2214 IDS Center  
 Street, Apt. No., or PO Box No. Minneapolis, MN 55402  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions



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

1ST NOTICE 06-30-12  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

**CERTIFIED MAIL™**

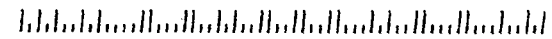
7010 3090 0000 2332 6859



Howard Y. Williams, Jr.  
3500 Glenarden Road  
Saint Paul, MN 55112

*move order expired*  
*1226*  
*PL* UTF

8750401056  
551123326859



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<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Howard Y. Williams, Jr.	
Street, Apt. No., or PO Box No. 3500 Glenarden Road	
City, State, ZIP+4 Saint Paul, MN 55112	

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0000 2332 6859

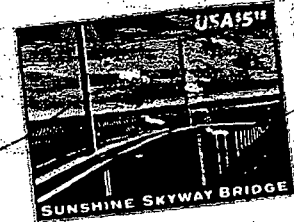
James Bruce  
P.O. Box 1056  
Santa Fe, New Mexico 87504

1ST NOTICE 06-29-12  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

Scanned  
RTS  
NSH  
NDS

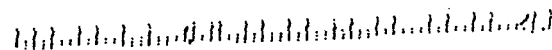
7010 3090 0000 2332 6897

Terry Christianson  
1330 Natchez Avenue South  
Golden Valley, MN 55416



NSN

554 10 554 056



7010 3090 0000 2332 6897

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OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Terry Christianson	
1330 Natchez Avenue South	
Golden Valley, MN 55416	
City, State, ZIP+4	

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0000 2332 6910

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> .	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To <u>Unicon Producing Company</u> <u>P.O. Box 85236</u> Street, Apt. No., or PO Box No. <u>Dallas, Texas 75285</u> City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7010 3090 0000 2332 6927

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> .	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To <u>F.F. Zdenek and Anusaya Zdenek</u> <u>3510 Siems Court</u> Street, Apt. No., or PO Box No. <u>Saint Paul, Minnesota 55112</u> City, State, ZIP+4	
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**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)

June 21, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A


Ladies and gentlemen:

Enclosed is an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the E½W½ of Section 5, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico. **You may be the successor-in-interest to Unicon Producing Company.**

These matters are scheduled for hearing at 8:15 a.m. on Thursday, July 12, 2012, 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 the application, 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, 2012. 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 Mewbourne Oil Company

EXHIBIT A

EOG Resources, Inc.  
P.O. Box 2267  
Midland, Texas 79702

ConocoPhillips Company  
Burlington Resources Oil & Gas Company L.P.  
P.O. Box 2197  
Houston, TX 77252

7010 3090 0000 2332 6972

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**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: ConocoPhillips Company  
 Burlington Resources Oil & Gas Company L.P.  
 Street, Apt. No. or PO Box No. P.O. Box 2197  
 City, State, ZIP+4 Houston, TX 77252

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

EOG Resources, Inc.  
 P.O. Box 2267  
 Midland, Texas 79702

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6989

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt *M - WD*

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ConocoPhillips Company  
 Burlington Resources Oil & Gas Company L.P.  
 P.O. Box 2197  
 Houston, TX 77252

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6/26/12*

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7010 3090 0000 2332 6972

PS Form 3811, February 2004

Domestic Return Receipt

*M - WD*

102595-02-M-1540

7010 3090 0000 2332 6989

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