

JAMES BRUCE
ATTORNEY AT LAW

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SANTA FE, NEW MEXICO 87504

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jamesbruc@aol.com

July 23, 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 W½W½ of Section 35, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 23, 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 this 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, August 16, 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

7010 3090 0000 2336 5995

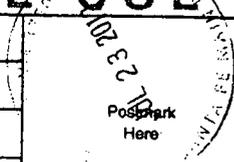
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Sent To Shannon C. Leonard, Trustee
 of the S.C. Leonard Child's Trust
 Street, Apt. No., or PO Box No. 1018 Sunset Canyon Drive North
 Dripping Springs, TX 78620
 City, State, ZIP+4

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.
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1. Article Addressed to:

Boys Club of America
 1275 Peachtree Street N.E.
 Atlanta, GA 30309

2. Article Number
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7010 3090 0000 2336 6008

PS Form 3811, February 2004

Domestic Return Receipt

10-235-1

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Eddie Rose* Agent Addressee

B. Received by (Printed Name) *Eddie Rose* C. Date of Delivery *7/25/12*

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

3. Service Type
 Certified Mail Express Mail
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4. Restricted Delivery? (Extra Fee) Yes

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:

Shannon C. Leonard, Trustee
 of the S.C. Leonard Child's Trust
 1018 Sunset Canyon Drive North
 Dripping Springs, TX 78620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Shannon Leonard* Agent Addressee

B. Received by (Printed Name) *Shannon Leonard* C. Date of Delivery *7/25*

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 2336 5995

PS Form 3811, February 2004

Domestic Return Receipt

10-235-1

102595-02-M-1540

7010 3090 0000 2336 6008

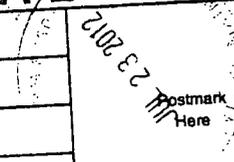
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Sent To Boys Club of America
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 Atlanta, GA 30309
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Article Addressed to:

Myrna Joyce Bradford
2404 Van Winkle Court
Modesta, CA 95356

Article Number: 7010 3090 0000 2336 6022
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Myrna Bradford* Agent Addressee

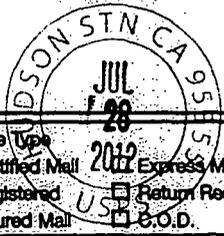
B. Received by (Printed Name): *Myrna Bradford*

C. Date of Delivery: *Jul 28 2012*

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



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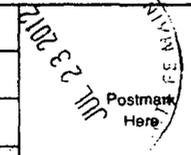
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Total Postage & Fees	\$

Sent To: Willis A. Paschal Trust No. 1
Street, Apt. No., or PO Box No.: P.O. Box 98
City, State, ZIP+4: Luray, KS 67649

5709 9EE2 0000 060E 0102



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

Sent To: Myrna Joyce Bradford
2404 Van Winkle Court
Modesta, CA 95356
Street, Apt. No., or PO Box No.:
City, State, ZIP+4:

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Willis A. Paschal Trust No. 1
P.O. Box 98
Luray, KS 67649

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Willis A. Paschal* Agent Addressee

B. Received by (Printed Name):

C. Date of Delivery:

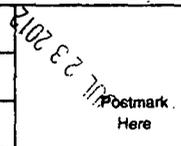
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7010 3090 0000 2336 6015
(Transfer from service label)

22010 3090 0000 060E 0102



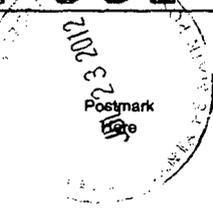
985 2336 5988
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3090
7010

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



Sent To: Bill C. Ruiz
 Street, Apt. No., or PO Box No.: P.O. Box 161
 City, State, ZIP+4: Sultana, CA 93666

PS Form 3800, August 2006 See Reverse for instructions

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:

Bill C. Ruiz
 P.O. Box 161
 Sultana, CA 93666

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 8-3-12

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 2336 5988

English

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Manage Your Mail

Shop

Business Solutions

Track & Confirm

GET EMAIL UPDATES PRINT DETAILS

YOUR LABEL NUMBER
7010309000023365971

SERVICE

STATUS OF YOUR ITEM

DATE & TIME

LOCATION

FEATURES

Unclaimed	August 14, 2012, 1:54 pm	FRESNO, CA	Certified Mail™
Notice Left	August 02, 2012, 2:20 pm	FRESNO, CA 93703	
Notice Left	July 28, 2012, 2:40 pm	FRESNO, CA 93728	
Depart USPS Sort Facility	July 27, 2012	FRESNO, CA 93706	
Processed through USPS Sort Facility	July 26, 2012, 10:58 pm	FRESNO, CA 93706	

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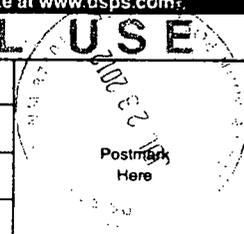
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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



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Sent To: **Juan G. Ruiz**

c/o Mike A. Padilla

Street, Apt. No., or PO Box No.: **1225 North Thorne Avenue**

City, State, ZIP+4: **Fresno, CA 93728**

PS Form 3800, August 2006 See Reverse for Instructions