

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.

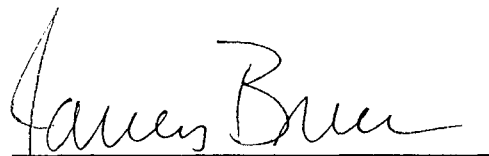
Case No. 14,892

AFFIDAVIT OF NOTICE

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

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

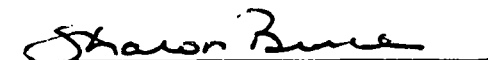
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets by certified mail. Copies of the notice letter 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 4th day of September, 2012 by James Bruce.

My Commission Expires:

3/14/13


Notary Public

Oil Conservation Division
Case No. 
Exhibit No.  8

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

August 16, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

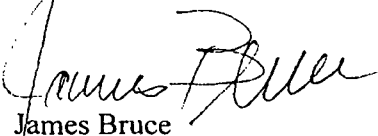
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the S½N½ of Section 4, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 6, 2012, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset operator or lessee, 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.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, August 30, 2012 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT 1

EXHIBIT A

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

Endurance Resources LLC
P.O. Box 1466
Artesia, New Mexico 88211

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

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:

Laughlin Living Trust
13505 McCall Ct. NE
Albuquerque, New Mexico 87123
Attn: Teresa Laughlin McCaslin, Trustee

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
T. Laughlin

B. Received by (Printed Name) *T. Laughlin* C. Date of Delivery *8-17-12*

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 2337 6519

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

MOC-BY-4

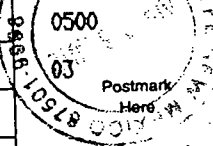
102595-02-M-1540

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 0.65
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.95



08/16/2012

Sent To Craig W. Barr
Street, Apt. No.: 1031 NW 43rd Ave.
or PO Box No. Camas, Washington 98607-4209
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 0.65	0500
Certified Fee	\$2.95	03
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	

Total Postage & Fees \$5.95 08/16/2012

Sent To Laughlin Living Trust
13505 McCall Ct. NE
Albuquerque, New Mexico 87123
Attn: Teresa Laughlin McCaslin, Trustee

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:

Craig W. Barr
1031 NW 43rd Ave.
Camas, Washington 98607-4209

2. Article Number 7010 3090 0000 2337 6540

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

MOC-BY-4

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Craig W. Barr

B. Received by (Printed Name) *Craig W. Barr* C. Date of Delivery *8-20-12*

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 2337 6533

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 0.65	0500
Certified Fee	\$2.95	03
Return Receipt Fee (Endorsement Required)	\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$5.95	08/16/2012

Sent To: Thomas R. Barr
 P.O. Box 505
 Midland, Texas 79702
 Street, Apt. 1
 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:

Thomas R. Barr
 P.O. Box 505
 Midland, Texas 79702

2. Article Number
 (Transfer from service label) 7010 3090 0000 2337 6533

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Wm. Lys* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Don Sipe* C. Date of Delivery: *8-21-12*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7010 3090 0000 2337 6526

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 0.65	0500
Certified Fee	\$2.95	03
Return Receipt Fee (Endorsement Required)	\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$5.95	08/16/2012

Sent To: Thomas R. Barr
 c/o Christy Motycka
 Street, Apt. 11 Flycatcher Way, Unit #102
 or PO Box 1 Arden, North Carolina 28704
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions