

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

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

Case No. 15,079

AFFIDAVIT OF NOTICE

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

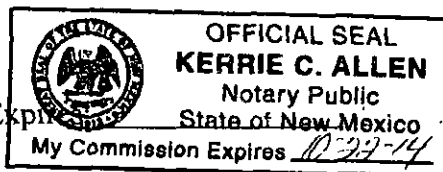
James Bruce, being duly sworn upon his oath, deposes and states:

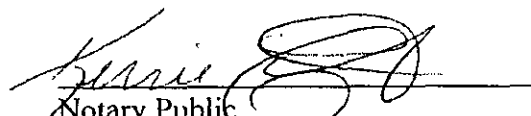
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application 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 letter and certified return receipt are attached hereto as Attachment A.
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 22nd day of January, 2014 by James Bruce.

My Commission Expires




Notary Public

Oil Conservation Division
Case No. 1
Exhibit No. 1

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)

jamesbruce@aol.com

December 26, 2013

To: Persons on Exhibit A

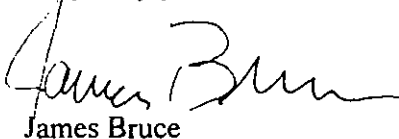
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the N $\frac{1}{2}$ N $\frac{1}{2}$ of Section 34, Township 18 South, Range 30 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 23, 2014, 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, January 16, 2014. 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

Attachment A

EXHIBIT A

Richard D. Hughes Trust
2321 Candelaria Rd. NW
Albuquerque, NM 87107

Bira M. Wells Trust
21 Chaparral Rd.
Carmel Valley, CA 93924

Bira M. Wells Trust
P.O. Box 951
Carmel Valley, CA 93924

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
CARMEL VALLEY CA 93924

Postage	\$ 0.66	0500
Certified Fee	\$3.10	16 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	12/26/2013

Sent To: Bira M. Wells Trust
P.O. Box 951
Carmel Valley, CA 93924
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:

Bira M. Wells Trust
21 Chaparral Rd.
Carmel Valley, CA 93924

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7012 3050 0001 7057 2024

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☒ Addressee
B. Received by (Printed Name): *Bira M. Wells*
C. Date of Delivery: *12/30/13*
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

102595-02-M-1540

M 34 DA

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:

Bira M. Wells Trust
P.O. Box 951
Carmel Valley, CA 93924

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☒ Addressee
B. Received by (Printed Name): *Bira M. Wells*
C. Date of Delivery: *1-3-14*
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)

7012 3050 0001 7057 2048

PS Form 3811, February 2004

Domestic Return Receipt

M 34 DA

102595-02-M-1540

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
CARMEL VALLEY CA 93924

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	12/26/2013

Sent To: Bira M. Wells Trust
Street, Apt. No., or PO Box No.: 21 Chaparral Rd.
City, State, ZIP+4: Carmel Valley, CA 93924

PS Form 3800, August 2006

See Reverse for Instructions

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

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

ALBUQUERQUE NM 87107 **OFFICIAL USE**

Postage	\$ 0.66	0500
Certified Fee	\$3.10	16 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 46.31	12/26/2013

Sent To **Richard D. Hughes Trust**
 Street, Apt. No., or PO Box No. **2321 Candelaria Rd. NW**
 City, State, ZIP+4 **Albuquerque, NM 87107**

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:

Richard D. Hughes Trust
2321 Candelaria Rd. NW
Albuquerque, NM 87107

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee
 B. Received by (Printed Name) **Richard D. Hughes** C. Date of Delivery **12/14**
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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 **7012 3050 0001 7057 2031**
 (Transfer from service label)

M34DA