

**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.**

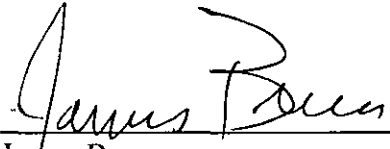
**Case No. 15,107**

**AFFIDAVIT OF NOTICE**

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

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

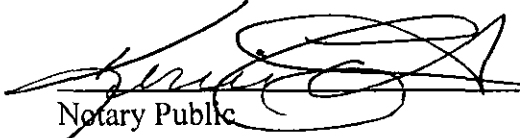
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled 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 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 2<sup>nd</sup> day of April, 2014 by James Bruce.

My Commission Expires:



  
Notary Public

Oil Conservation Division  
Case No. 5  
Exhibit No. 5

**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](mailto:jamesbruce@aol.com)

March 11, 2014

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 N $\frac{1}{2}$ N $\frac{1}{2}$  of Section 27, 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, April 3, 2014, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset operator, lessee, or mineral owner to 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.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, March 27, 2014 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

Attachment

A

EXHIBIT A

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

Chevron U.S.A. Inc.  
1400 Smith Street  
Houston, Texas 77002

Devon Energy Production Company, L.P.  
333 West Sheridan  
Oklahoma City, Oklahoma 73102

Yates Petroleum Corp.  
1095 South Fourth Street  
Artesia, New Mexico 88210

COG Operating LLC  
One Concho Center  
600 West Illinois  
Midland, Texas 79701

OXY USA WTP Ltd.  
P.O. Box 4294  
Houston, Texas 77210

Paul and Patricia Slayton  
P.O. Box 2035  
Roswell, New Mexico 88202

Charmer, L.L.C.  
4815 Vista Del Oso Court N.E.  
Albuquerque, New Mexico 87109

Arloma Corp.  
2337 State Route 821  
Marietta, Ohio 45750

7012 3050 0001 2934 9004

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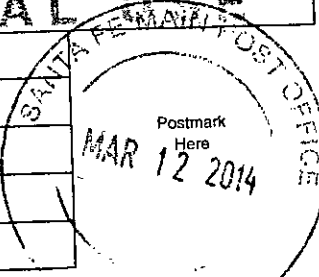
**OFFICIAL USE**

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

Sent To: **OXY USA WTP Ltd.**  
**P.O. Box 4294**  
**Houston, Texas 77210**

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:

**COG Operating LLC**  
**One Concho Center**  
**600 West Illinois**  
**Midland, Texas 79701**

2. Article Number (Transfer from service label): **7012 3050 0001 2934 8991**

PS Form 3811, July 2013 Domestic Return Receipt

**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 ☒ No  
 If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

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:

**OXY USA WTP Ltd.**  
**P.O. Box 4294**  
**Houston, Texas 77210**

2. Article Number (Transfer from service label): **7012 3050 0001 2934 9004**

PS Form 3811, July 2013 Domestic Return Receipt

**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 ☒ No  
 If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes



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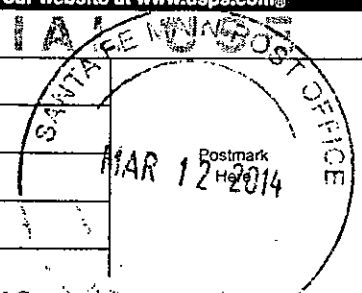
**OFFICIAL USE**

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

Sent To: **COG Operating LLC**  
**One Concho Center**  
**600 West Illinois**  
**Midland, Texas 79701**

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7012 3050 0001 2934 8953

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

Sent To: **EOG Resources, Inc.**  
 P.O. Box 2267  
 Midland, Texas 79702

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:  
**Devon Energy Production Company, L.P.**  
**333 West Sheridan**  
**Oklahoma City, Oklahoma 73102**

2. Article Number: **7012 3050 0001 2934 8977**  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name): **R. Force**

C. Date of Delivery: **3-18-14**

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

3. Service Type:  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

PS Form 3811, July 2013 Domestic Return Receipt

**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: **7012 3050 0001 2934 8953**  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name): **R. Force**

C. Date of Delivery: **3-18-14**

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

3. Service Type:  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

PS Form 3811, July 2013 Domestic Return Receipt

7012 3050 0001 2934 8977

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**OFFICIAL USE**

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

Sent To: **Devon Energy Production Company, L.P.**  
 333 West Sheridan  
 Oklahoma City, Oklahoma 73102

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 2934 8984

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**OFFICIAL MAIL**

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

Postmark  
 MAR 12 2014

Sent to: Yates Petroleum Corp.  
 Street: 1095 South Fourth Street  
 or PO Artesia, New Mexico 88210  
 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:

Charmer, L.L.C.  
 4815 Vista Del Oso Court N.E.  
 Albuquerque, New Mexico 87109

2. Article Number

(Transfer from service label)

7012 3050 0001 2934 9028

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Randy Hicks

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Randy Hicks

C. Date of Delivery

3/13/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

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:

Yates Petroleum Corp.  
 1095 South Fourth Street  
 Artesia, New Mexico 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Randy Hicks

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Randy Hicks

C. Date of Delivery

3/14/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7012 3050 0001 2934 8984

PS Form 3811, July 2013

Domestic Return Receipt

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**OFFICIAL MAIL**

Postage \$

Certified Fee

Return Receipt Fee  
 (Endorsement Required)

Restricted Delivery Fee  
 (Endorsement Required)

Total Postage & Fees \$

Postmark  
 MAR 12 2014

Sent To: Charmer, L.L.C.  
 4815 Vista Del Oso Court N.E.  
 Street, Apt. No., or PO Box No. Albuquerque, New Mexico 87109  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 3050 0001 2934 9028

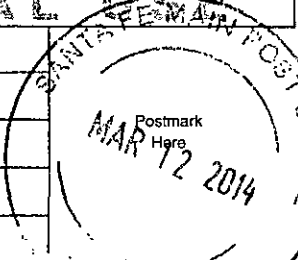
7012 3050 0001 2934 9035

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



Sent To Paul and Patricia Slayton  
 P.O. Box 2035  
 Roswell, New Mexico 88202  
 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:

Arloma Corp.  
 2337 State Route 821  
 Marietta, Ohio 45750

2. Article Number  
 (Transfer from service label)

7012 3050 0001 2934 9035

PS Form 3811, July 2013

Domestic Return Receipt

## **COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Christine M. Waple  
☐ Agent  
☒ Addressee

B. Received by (Printed Name)  
 Christine M. Waple  
 C. Date of Delivery  
 3/12/14

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

## **SENDER: COMPLETE THIS SECTION**

## **COMPLETE THIS SECTION ON DELIVERY**

- 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:

Paul and Patricia Slayton  
 P.O. Box 2035  
 Roswell, New Mexico 88202

A. Signature  
 Joann LeSonne  
☐ Agent  
☒ Addressee  
 B. Received by (Printed Name)  
 Joann LeSonne  
 C. Date of Delivery  
 MAR 12 2014  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7012 3050 0001 2934 9011

PS Form 3811, July 2013

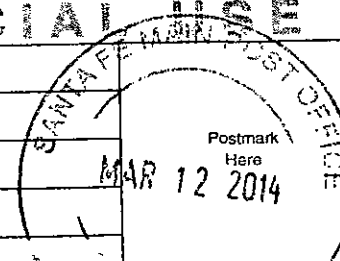
Domestic Return Receipt

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



Sent To Arloma Corp.  
 2337 State Route 821  
 Marietta, Ohio 45750  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 3050 0001 2934 9035

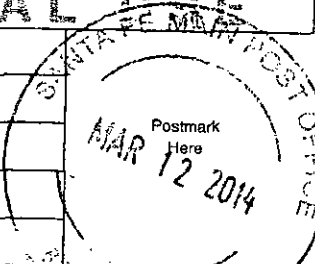


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**OFFICIAL USE**

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



Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

Chevron U.S.A. Inc.  
 1400 Smith Street  
 Houston, Texas 77002

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:

Chevron U.S.A. Inc.  
 1400 Smith Street  
 Houston, Texas 77002

2. Article Number (Transfer from service lab)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
 3-19-14

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express®  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7012 3050 0001 2934 8960

PS Form 3811 July 2013 Domestic Return Receipt M-C