

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. 15,194

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 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 29th day of October, 2014 by James Bruce.

My Commission Expires




Notary Public

Oil Conservation Division
Case No. 3 15194
Exhibit No. 3

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

August 28, 2014

To: Persons on Exhibit A

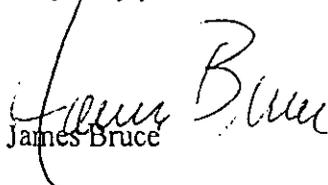
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a well in the S½N½ of Section 17, 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 18, 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, September 11, 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

Patricia A. McMillan
1104 Constant Spring Road
Austin, Texas 78746

Westway Petroleum
6440 N. Central Expressway, Suite 308
Dallas, TX 75206
Attn: Mr. Benjamin H. Read

Joanne M. Cains
6091 Gleneagles Ct.
Redding, CA 96003-9794

Mr. T. Grover Swift, Jr.
749 North Main St.
Fort Worth, TX 76164

Mr. Lewis F. Holmes
1109 SC Highway 191
Trenton, SC 29847

Ms. Marcia Kamph,
Successor Trustee of Trust 454F
1320 E. Ocean Front
Newport Beach, CA 92661

Mr. Anthony Hawe
2724 American Sadler Dr.
Park City, Utah 84060

Estate of Athur A. Ostmann
c/o The Frahm Law Firm, LLC
5770 Mexico Road, Suite A
St. Peters, MO 63376
Attn: Lorna L. Frahm

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:

Estate of Arthur A. Ostmann
 c/o The Frahm Law Firm, LLC
 5770 Mexico Road, Suite A
 St. Peters, MO 63376
 Attn: Lorna L. Frahm

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rebecca Veladiz* Agent Addressee

B. Received by (Printed Name)
Rebecca Veladiz

C. Date of Delivery
9/2

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

7013 3020 0000 4636 0050

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

Postmark Here

Sent to Westway Petroleum
 6440 N. Central Expressway, Suite 308
 Dallas, TX 75206
 Attn: Mr. Benjamin H. Read

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4636 0050

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

Postmark Here

Sent to Estate of Arthur A. Ostmann
 c/o The Frahm Law Firm, LLC
 5770 Mexico Road, Suite A
 St. Peters, MO 63376
 Attn: Lorna L. Frahm

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4636 0050

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:

Westway Petroleum
 6440 N. Central Expressway, Suite 308
 Dallas, TX 75206
 Attn: Mr. Benjamin H. Read

2. Article Number
 (Transfer from service label)

7013 3020 0000 4636 0111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Deborah James* Agent Addressee

B. Received by (Printed Name)
Deborah James

C. Date of Delivery
9/1/14

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

M-GR

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.

A. Signature Agent
 Addressee

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

1. Article Addressed to:

Joanne M. Cains
 6091 Gleneagles Ct.
 Redding, CA 96003-9794

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) **7013 3020 0000 4636 0104**

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

Postmark Here

Sent To: Ms. Marcia Kamph, Successor Trustee of Trust 454F
 Street, Apt. No., or PO Box No.: 1320 E. Ocean Front
 City, State, ZIP+4: Newport Beach, CA 92661

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4636 0074

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
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Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To: Joanne M. Cains
 6091 Gleneagles Ct.
 Street, Apt. No., or PO Box No.: Redding, CA 96003-9794
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4636 0074

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:

Ms. Marcia Kamph, Successor Trustee of Trust 454F
 1320 E. Ocean Front
 Newport Beach, CA 92661

2. Article Number (Transfer from service label) **7013 3020 0000 4636 0074**

PS Form 3811, July 2013 Domestic Return Receipt *MOC*

COMPLETE THIS SECTION ON DELIVERY

A. 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® 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:

Mr. Anthony Hawe
 2724 American Sadler Dr.
 Park City, Utah 84060

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) _____ C. Date of Delivery 9/2

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

Article Number 7013 3020 0000 4636 0067
 Transfer from service label
 Form 3811, July 2013 Domestic Return Receipt *MOC*

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7013 3020 0000 020E ETOL

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) 1.07
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here

Sent To: Mr. T. Grover Swift, Jr.
 749 North Main St.
 Fort Worth, TX 76164

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:

Mr. T. Grover Swift, Jr.
 749 North Main St.
 Fort Worth, TX 76164

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) _____ C. Date of Delivery 9-2-14

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

2. Article Number 7013 3020 0000 4636 0098
 (Transfer from service label)
 PS Form 3811, July 2013 Domestic Return Receipt *M-6C*

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7900 9E9H 0000 020E ETOL

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

Postmark Here

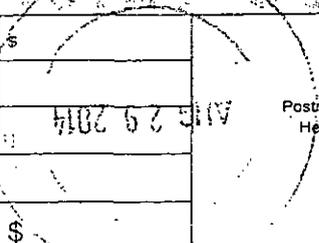
Sent To: Mr. Anthony Hawe
 2724 American Sadler Dr.
 Park City, Utah 84060

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4636 0128

U.S. Postal Service™
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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Patricia A. McMillan
 1104 Constant Spring Road
 Austin, Texas 78746

PS Form 3800, August 2006 See Reverse for Instructions

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

10/02/2014

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

Patricia A. McMillan
 1104 Constant Spring Road
 Austin, Texas 78746

7013 3020 0000 4636 0128



9.7.14

NIXIE 787 5E 1009 0009/25/14

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 87504105655 0668-01326-29-37

8750401056

7013 3020 0000 4636 0001

U.S. Postal Service™
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1007 67 50

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	1007 67 50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To	Mr. Lewis F. Holmes
Street, Apt. No., or PO Box No.	1109 SC Highway 191 Trenton, SC 29847
City, State, ZIP+4	