

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

**APPLICATION OF MESQUITE SWD, INC. TO  
RE-OPEN CASE NO. 14979 TO AMEND ORDER  
NO. R-13735 TO ALLOW A NEW WELL AND  
NEW WELL LOCATION FOR A SALT WATER  
DISPOSAL WELL, LEA COUNTY, NEW MEXICO.**

**Case No. 14979 (Re-opened)**

**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 Mesquite SWD, Inc.
3. Mesquite SWD, Inc. 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 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 31<sup>st</sup> day of December, 2014 by James Bruce.

My Commission Expires



  
\_\_\_\_\_  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 2

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

December 19, 2014

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

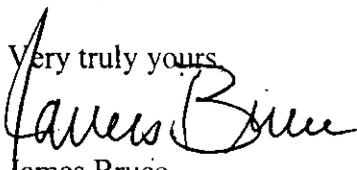
Ladies and gentlemen:

Enclosed is a copy of an application for approval of a substitute salt water disposal well, filed with the New Mexico Oil Conservation Division by Mesquite SWD, Inc., regarding a well in the NE¼NW¼ of Section 23, Township 25 South, Range 32 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 8, 2015, 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date. **In the absence of objection this matter will be taken under advisement.**

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Wednesday, December 30, 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 Mesquite SWD, Inc.

Attachment 1

EXHIBIT A

Bureau of Land Management  
620 East Greene Street  
Carlsbad, New Mexico 88220

OXY Y-1 Company  
P.O. Box 27570  
Houston, Texas 77210

Matador Petroleum Corp.  
Suite 1500  
5400 LBJ Freeway  
Dallas, Texas 75240

Abo Petroleum Corporation  
Myco Industries, Inc.  
105 South Fourth Street  
Artesia, New Mexico 88210

O'Neill Properties, Ltd.  
P.O. Box 2840  
Midland, Texas 797-2

Limerock Resources  
Suite 4600  
1111 Bagby Street  
Houston, Texas 77002

ExxonMobil Corporation  
c/o XTO Energy Inc.  
714 Main Street  
Fort Worth, Texas 76102

7956 2094 0000 0000 0000 0000 4607 9426

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|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To: Limerock Resources  
Suite 4600  
1111 Bagby Street  
Houston, Texas 77002

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:  
 Matador Petroleum Corp.  
 Suite 1500  
 5400 LBJ Freeway  
 Dallas, Texas 75240

2. Article Number  
 (Transfer from service label)  
 7013 3020 0000 4607 9426

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
 X *A. Patel*

B. Received by (Printed Name)  
*A. Patel*

C. Date of Delivery  
*12-11-14*

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

Domestic Return Receipt *M.R.*

**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:  
 Limerock Resources  
 Suite 4600  
 1111 Bagby Street  
 Houston, Texas 77002

2. Article Number  
 (Transfer from service label)  
 7013 3020 0000 4607 9396

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
 X *Justin Adams*

B. Received by (Printed Name)  
*Justin Adams*

C. Date of Delivery  
*12/29/2014*

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

Domestic Return Receipt *M.G.*

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

Postmark Here  
 7013-10928  
 DEC 28 2014  
 SAN ANTONIO, TX

Sent To: Matador Petroleum Corp.  
Suite 1500  
5400 LBJ Freeway  
Dallas, Texas 75240

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

PS Form 3800, August 2006 See Reverse for Instructions

7956 2094 0000 0000 0000 0000 4607 9426

7013 3020 0000 4607 9402

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| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To: O'Neill Properties, Ltd.  
 P.O. Box 2840  
 Midland, Texas 797-2

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:  
 Bureau of Land Management  
 620 East Greene Street  
 Carlsbad, New Mexico 88220

2. Article Number (Transfer from service label)  
 7008 3230 0000 2437 4799

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  
 C. Date of Delivery  
 12/22/14

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

**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:  
 O'Neill Properties, Ltd.  
 P.O. Box 2840  
 Midland, Texas 797-2

2. Article Number (Transfer from service label)  
 7013 3020 0000 4607 9402

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  
 C. Date of Delivery  
 FRANK WASSON 12-29-14

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

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| Postage   | \$ 40.49 | 0500             |
| Certified Fee                                     | \$ 3.30  | 03               |
| Return Receipt Fee<br>(Endorsement Required)      | \$ 2.70  | Postmark<br>Here |
| Restricted Delivery Fee<br>(Endorsement Required) | \$ 0.00  |                  |
| Total Postage & Fees                              | \$ 46.49 | 12/20/2014       |

Sent To: Bureau of Land Management  
 620 East Greene Street  
 Carlsbad, New Mexico 88220

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

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2437 4799

7013 3020 0000 4607 9389 ETO1

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|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To: ExxonMobil Corporation  
 c/o XTO Energy Inc.  
 714 Main Street  
 Fort Worth, Texas 76102

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:  
 Abo Petroleum Corporation  
 Myco Industries, Inc.  
 105 South Fourth Street  
 Artesia, New Mexico 88210

2. Article Number  
 (Transfer from service label) 7013 3020 0000 4607 9419

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *S. Huarte*  Agent  Addressee

B. Received by (Printed Name) *S. Huarte* 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®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

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:  
 ExxonMobil Corporation  
 c/o XTO Energy Inc.  
 714 Main Street  
 Fort Worth, Texas 76102

2. Article Number  
 (Transfer from service label) 7013 3020 0000 4607 9389

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jeanne Croft*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 DEC 26 2014

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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| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To: Abo Petroleum Corporation  
 Myco Industries, Inc.  
 105 South Fourth Street  
 Artesia, New Mexico 88210

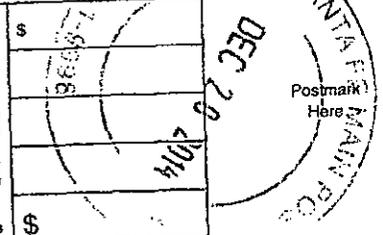
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7008 3230 0000 2437 4805

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

Sent To: OXY Y-1 Company  
 P.O. Box 27570  
 Houston, Texas 77210

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

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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:

OXY Y-1 Company  
 P.O. Box 27570  
 Houston, Texas 77210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

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

*[Signature]*

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) 7008 3230 0000 2437 4805