

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,
LEA COUNTY, NEW MEXICO.

Case No. 15,406

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 11th day of December, 2015 by James Bruce.



My Commission Expires: _____


Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 7

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

October 21, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

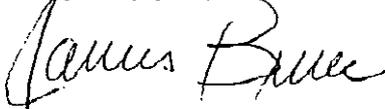
Ladies and gentlemen:

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 a well in the W $\frac{1}{2}$ W $\frac{1}{2}$ of Section 9, Township 26 South, Range 33 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 12, 2015, 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 offset owner or operator** who 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.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, November 5, 2015. 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



EXHIBIT A

Endeavor Energy Resources LP
Suite 200
110 North Marienfeld
Midland, Texas 79701

Daniel P. Schuman and Vida K. Schuman,
Trustees of the Daniel P. Vida K. Schuman
Revocable Trust
4401 South Lewis Place
Tulsa, Oklahoma 74105

Occidental Permian L.P.
Suite 110
5 East Greenway Plaza
Houston, Texas 77046

Cimarex Energy Co. of Colorado
Suite 600
600 North Marienfeld
Midland, Texas 79702

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 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.

Article Addressed to:
 Occidental Permian L.P.
 Suite 110
 5 East Greenway Plaza
 Houston, Texas 77046

9590 9403 0764 5196 3278 30

Article Number (Transfer from service label)
 7012 0470 0001 5962 2725

Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) 10-26-15 Sadik Kurcua C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Mail Signature Confirmation Restricted Delivery (over \$500)

M - Seal Draw Domestic Return Receipt

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

Sent To Daniel P. Schuman and Vida K. Schuman,
 Trustees of the Daniel P. Vida K. Schuman
 Revocable Trust
 Street, Apt. No. or PO Box No. 4401 South Lewis Place
 City, State, ZIP+4 Tulsa, Oklahoma 74105

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5962 2732

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

Sent To Occidental Permian L.P.
 Suite 110
 5 East Greenway Plaza
 Houston, Texas 77046
 Street, Apt. No. or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0001 5962 2725

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 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:
 Daniel P. Schuman and Vida K. Schuman,
 Trustees of the Daniel P. Vida K. Schuman
 Revocable Trust
 4401 South Lewis Place
 Tulsa, Oklahoma 74105

9590 9403 0764 5196 3278 47

Article Number (Transfer from service label)
 7012 0470 0001 5962 2732

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Daniel Schuman C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery (over \$500)

M - Seal DV Domestic Return Receipt



| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
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| <ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. | | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>1. Article Addressed to:</p> <p>Cimarex Energy Co. of Colorado Suite 600 600 North Marienfeld Midland, Texas 79702</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7012 0470 0001 5962 2718</p> | | <p>9590 9403 0764 5196 3278 54</p> <p>PS Form 3811, April 2015 PSN 7530-02-000-9053 <i>M - Sol Draw</i> Domestic Return Receipt</p> | |

| U.S. Postal Service™ | | COMPLETE THIS SECTION ON DELIVERY | |
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| <p>CERTIFIED MAIL™ RECEIPT</p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p> <p>For delivery information visit our website at www.usps.com</p> <p>OFFICIAL USE</p> | | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>1. Article Addressed to:</p> <p>Endeavor Energy Resources LP Suite 200 110 North Marienfeld Midland, Texas 79701</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7012 0470 0001 5962 2718</p> | | <p>9590 9403 0764 5196 3278 54</p> <p>PS Form 3800, August 2006 See Reverse for Instructions</p> | |

| U.S. Postal Service™ | | COMPLETE THIS SECTION ON DELIVERY | |
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| <p>2. Article Number (Transfer from service label)</p> <p>7012 0470 0001 5962 2718</p> | | <p>9590 9403 0764 5196 3278 54</p> <p>PS Form 3800, August 2006 See Reverse for Instructions</p> | |

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| <p>2. Article Number (Transfer from service label)</p> <p>7012 0470 0001 5962 2749</p> | | <p>9590 9403 0764 5196 3278 23</p> <p>PS Form 3811, April 2015 PSN 7530-02-000-9053 <i>M - Sol Dr</i> Domestic Return Receipt</p> | |