

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.

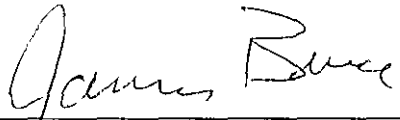
Case No. 15,382

AFFIDAVIT OF NOTICE

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

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

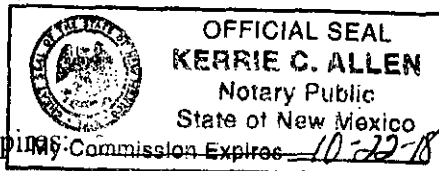
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application 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.

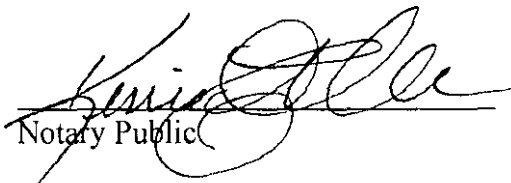


James Bruce

SUBSCRIBED AND SWORN TO before me this 11th day of December, 2015 by
James Bruce.

My Commission Expires 10-22-18





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

September 4, 2015

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

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 N½S½ of Section 5, Township 19 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, October 1, 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 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 24, 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

Western Oil Producers, Inc.
P.O. Box 2800
Midland, Texas 79702
Attn: Mr. K. Jay Reynolds

Estate of Larry Arnold
c/o Lonnie Arnold
1112 Telluride Ct.
Midland, Texas 79705-1906

Emma Lou Evertson
4100 Vinkemulder Road
Coconut Creek, Florida 33073

Robert Michael Evertson
109 Westwood Circle
McKinney, Texas 75070

Sandra S. Atkins
1205 Creekwood Drive
Garland, Texas 75044

Vicki Evertson
4323 Southcrest Road
Dallas, Texas 75229

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:

Western Oil Producers, Inc.
P.O. Box 2800
Midland, Texas 79702
Attn: Mr. K. Jay Reynolds

2. Article Number (Transfer from service label)
7013 3020 0000 4612 3945

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Fred Schwient*

B. Received by (Printed Name)
Fred Schwient

C. Date of Delivery
9/8/15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7013 3020 0000 4612 3945

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: Vicki Evertson
4323 Southcrest Road
Dallas, Texas 75229

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4612 3945

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:

Vicki Evertson
4323 Southcrest Road
Dallas, Texas 75229

2. Article Number (Transfer from service label)
7013 3020 0000 4612 3945

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Vicki Evertson*

B. Received by (Printed Name)
DKAUSTIN

C. Date of Delivery
9/8/15

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7013 3020 0000 4612 3945

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

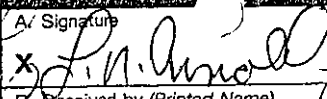

Postmark Here

Sent To: Western Oil Producers, Inc.
P.O. Box 2800
Midland, Texas 79702
Attn: Mr. K. Jay Reynolds

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

PS Form 3800, August 2006 See Reverse for Instructions

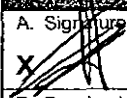
7013 3020 0000 4612 3945

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p></p> <p>Estate of Larry Arnold c/o Lonnie Arnold 1112 Telluride Ct. Midland, Texas 79705-1906</p> | | <p>B. Received by (Printed Name) LONNIE ARNOLD</p> <p>C. Date of Delivery 9-18-15</p> | |
| <p>2. Article Number (Transfer from service label) 7013 3020 0000 4612 3938</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> | | <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>9590 9403 0589 5183 8871 71</p> | | <p>Domestic Return Receipt</p> | |

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

| U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|--|--|
| For delivery information visit our website at www.usps.com | |
| <p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p> | |
| <p>Sent To: Robert Michael Evertson 109 Westwood Circle McKinney, Texas 75070</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p> | |
| <p>PS Form 3800, August 2006 See Reverse for Instructions</p> | |

| U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|---|--|
| For delivery information visit our website at www.usps.com | |
| <p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p> | |
| <p>Sent To: Estate of Larry Arnold c/o Lonnie Arnold 1112 Telluride Ct. Midland, Texas 79705-1906</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p> | |
| <p>PS Form 3800, August 2006 See Reverse for Instructions</p> | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>Robert Michael Evertson 109 Westwood Circle McKinney, Texas 75070</p> | | <p>B. Received by (Printed Name) R. Evertson</p> <p>C. Date of Delivery 9-10-15</p> | |
| <p>2. Article Number (Transfer from service label) 7013 3020 0000 4612 3914</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> | | <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>9590 9403 0589 5183 8871 95</p> | | <p>Domestic Return Receipt</p> | |

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

| | |
|------------------------------------|---|
| Sent To | Emma Lou Evertson |
| Street, Apt. No., or PO Box No. | 4100 Vinkemulder Road Coconut Creek, Florida 33073 |
| City, State, ZIP+4 | |

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4612 3921

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™

uly 9/8/15
752

Emma Lou Evertson
 4100 Vinkemulder Road
 Coconut Creek, Florida 33073

\$6.49⁰⁰
 US POSTAGE
 FIRST-CLASS
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 87501
 000079609

7013 3020 0000 4612 3921

NIXIE 333 DE 2009 0009/25/15

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 87504105656 *0968-08507-04-43

3907933433 RO

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

Sent To: Sandra S. Atkins
 Street, Apt. No., or PO Box No.: 1205 Creekwood Drive
 City, State, ZIP+4: Garland, Texas 75044

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4612 3907

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

ALBUQUERQUE
 NM 870
 04 SEP '15
 PM 2 L

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

\$6.49⁰⁰
 US POSTAGE
 FIRST-CLASS
 071V00607931
 87501
 000079613

7013 3020 0000 4612 3907

Sandra S. Atkins
 1205 Creekwood Drive
 Garland, Texas 75044

NIXIE 750 DE 1 0010/22/15

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 87504105656 *1134-04145-10-12

875041056
 75044-0000

9-11-15