

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

**APPLICATION OF MEWBOURNE OIL COMPANY
FOR COMPULSORY POOLING AND AN UNORTHODOX
GAS WELL LOCATION, EDDY COUNTY, NEW MEXICO.**

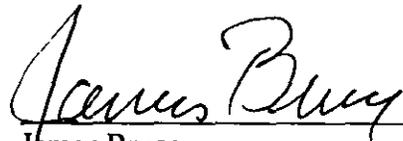
Case No. 15,508

AFFIDAVIT OF NOTICE

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

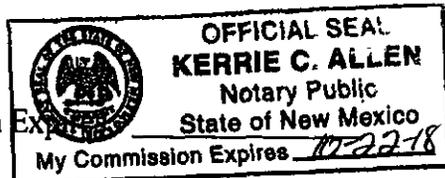
James Bruce, being duly sworn upon his oath, deposes and states:

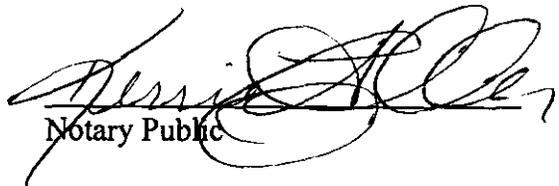
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known address, 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 20th day of July, 2016 by James Bruce.

My Commission Expires




Notary Public



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

June 29, 2016

To: Persons on Exhibit A

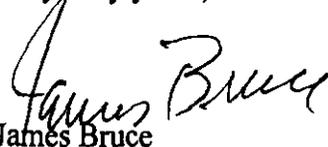
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Wolfcamp well in the W $\frac{1}{2}$ of Section 27, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, July 21, 2016, 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, July 14, 2016. 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

- 1) James H. Qualls, Trustee of the Maze C. Qualls Living Trust
3230 Cool Branch Road
Churchville, Maryland 21028-1110
- 2) Current Trustee of the Maze Captola Qualls Trust dated October 27, 1999
3230 Cool Branch Road
Churchville, Maryland 21028-1110
- 3) James Harold Qualls, dealing in his sole and separate property
3230 Cool Branch Road
Churchville, Maryland 21028-1110
- 4) Reba N. Robertson
108 Elm Court SE
Rio Rancho, New Mexico 87124-8213
- 5) The Estate of Frederick K. Batchelor
Address Unknown

Or the heirs and devisees of Frederick K. Batchelor, who may be:

Elverta Alyce Batchelor Quinn
2485 Acadia Court
Kannapolis, North Carolina 28083

Milton Doyle Batchelor
204 S. Gold Canyon St.
Ridgecrest, California 93555

Judy Rae Batchelor Shinnall
1703 Corbin St.
Jacksonville, Arkansas 72076

- 6) Alice Batchelor, or the heirs and devisees of Alice Batchelor
Address Unknown
- 7) The Estate of Elverta L. Rannells,
Address Unknown

Or the heirs or devisees of Elverta L. Rannells, who may be:

Gwenda L. Taft
411 E, Spruce Street
Iola, Kansas 66749-3442

- 8) Western Commerce Bank, Trustee of the Corrine B. Grace Trust
P.O. Box 1358
Carlsbad, New Mexico 88221

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:

Judy Rae Batchelor Shinnall
1703 Corbin St.
Jacksonville, Arkansas 72076

9590 9402 1676 6053 7896 28

2. Article N 7015 0640 0001 6338 0325

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Judy Shinnall

B. Received by (Printed Name) _____ C. Date of Delivery 7-5-16

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Delivery

7015 0640 0001 6338 0325

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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Sent Western Commerce Bank, Trustee of the Corrine B. Grace Trust
P.O. Box 1358

Street Carlsbad, New Mexico 88221

City, State, ZIP+4® _____

7015 0640 0001 6338 0325

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Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Sent To Judy Rae Batchelor Shinnall
1703 Corbin St.
Jacksonville, Arkansas 72076

Street and Apt. No., c
City, State, ZIP+4® _____

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 Commerce Bank, Trustee of the Corrine B. Grace Trust
P.O. Box 1358
Carlsbad, New Mexico 88221

9590 9402 1676 6053 7896 04

2. Article 7015 0640 0001 6338 0349

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Julie Forte

B. Received by (Printed Name) Julie Forte C. Date of Delivery 7/5/16

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Delivery

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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 checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <u>J. Qualls</u></p> <p>C. Date of Delivery <u>7-6-16</u></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>1. Article Addressed to:</p> <p>Current Trustee of the Maze Captola Qualls Trust dated October 27, 1999 3230 Cool Branch Road Churchville, Maryland 21028-1110</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number</p> <p>7015 0640 0001 6338 0271</p>		<p>(over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		2 Domestic Return Receipt	

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<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p>	Postmark Here
<p>Postage \$</p> <p>Total Postage and Fees \$</p>	
<p>Sent To: James H. Qualls, Trustee of the Maze C. Qualls Living Trust</p> <p>Street: 3230 Cool Branch Road</p> <p>Churchville, Maryland 21028-1110</p> <p>City, State, ZIP+4®</p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p>	Postmark Here
<p>Postage \$</p> <p>Total Postage and Fees \$</p>	
<p>Sent To: Current Trustee of the Maze Captola Qualls Trust dated October 27, 1999</p> <p>Street: 3230 Cool Branch Road</p> <p>Churchville, Maryland 21028-1110</p> <p>City, State, ZIP+4®</p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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 checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <u>J. Qualls</u></p> <p>C. Date of Delivery <u>7-6-16</u></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>1. Article Addressed to:</p> <p>James H. Qualls, Trustee of the Maze C. Qualls Living Trust 3230 Cool Branch Road Churchville, Maryland 21028-1110</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0001 6338 0264</p>		<p>(over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		2 Domestic Return Receipt	

7015 0640 0001 6338 0332

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Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Elverta Alyce Batchelor Quinn 2485 Acadia Court Kannapolis, North Carolina 28083	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Gwenda L. Taft 411 E. Spruce Street Iola, Kansas 66749-3442	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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 X <i>Elverta Quinn</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Elverta Quinn</i></p> <p>C. Date of Delivery <i>7-6-16</i></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>1. Article Addressed to:</p> <p>Elverta Alyce Batchelor Quinn 2485 Acadia Court Kannapolis, North Carolina 28083</p>	<p>3. Service Type</p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery
<p>2. Article Number (Transfer from carrier label)</p> <p>9590 9402 1676 6053 7896 42</p> <p>7015 0640 0001 6338 0301 y</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Reba N. Robertson 108 Elm Court SE Rio Rancho, New Mexico 87124-8213	
City, State, ZIP+4®	

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