

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. 15,547

APPLICATION OF MEWBOURNE OIL COMPANY
FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

Case No. 15,548

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

Case No. 15,549

APPLICATION OF MEWBOURNE OIL COMPANY
FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

Case No. 15,550

APPLICATION OF MEWBOURNE OIL COMPANY
FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

Case No. 15,551

APPLICATION OF MEWBOURNE OIL COMPANY
FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

Case No. 15,552

APPLICATION OF MEWBOURNE OIL COMPANY
FOR A NON-STANDARD SPACING AND
PRORATION UNIT, COMPULSORY POOLING, AND
AN UNORTHODOX GAS WELL LOCATION EDDY
COUNTY, NEW MEXICO.

Case No. 15,562

AFFIDAVIT OF NOTICE

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

EXHIBIT 5

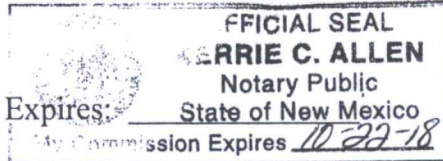
James Bruce, being duly sworn upon his oath, deposes and states:

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 applications filed herein.
4. Notice of the applications was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letters 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 24th day of May, 2017 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

September 8, 2016

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit A

Ladies and gentlemen:

Enclosed are copies of the following seven (7) applications filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company:

1. Case No. 15490, for a non-standard spacing and proration unit, compulsory pooling, and an unorthodox gas well location, regarding the Owl Draw 27/22 W2NC Fed. Com. Well No. 2H, a Wolfcamp well in the W/2 of Section 22 and the W/2 of Section 27, Township 26 South, Range 27 East, NMPM, Eddy County, New Mexico.
2. Case No. 15547, for compulsory pooling and an unorthodox gas well location, regarding the Owl Draw 22 W1AP Fed. Com. Well No. 1H, a Wolfcamp well in the E/2 of Section 22, Township 26 South, Range 27 East, NMPM, Eddy County, New Mexico.
3. Case No. 15548, for a non-standard oil spacing and proration unit and compulsory pooling, regarding the Owl Draw 22/27 B2AP Fed. Com. Well No. 1H, a Bone Spring well in the E/2E/2 of Section 22 and the E/2E/2 of Section 27, Township 26 South, Range 27 East, NMPM, Eddy County, New Mexico.
4. Case No. 15549, for compulsory pooling and an unorthodox gas well location, regarding the Owl Draw 23 DM Fed. Com. Well No. 1H, a Wolfcamp well in the W/2 of Section 23, Township 26 South, Range 27 East, NMPM, Eddy County, New Mexico.
5. Case No. 15550, for a non-standard oil spacing and proration unit and compulsory pooling, regarding the Owl Draw 23 Fed. Com. Well No. 2H, a Bone Spring well in the W/2W/2 of Section 23, Township 26 South, Range 27 East, NMPM, Eddy County, New Mexico.

ATTACHMENT

A


6. Case No. 15551, for a non-standard oil spacing and proration unit and compulsory pooling, regarding the Owl Draw 22/27 B2BO Fed. Com. Well No. 2H, a Bone Spring well in the W/2E/2 of Section 22 and the W/2E/2 of Section 27, Township 26 South, Range 27 East, NMPM, Eddy County, New Mexico.

7. Case No. 15552, for a non-standard oil spacing and proration unit and compulsory pooling, regarding the Owl Draw 27/22 B2MD Fed. Com. Well No. 1H, a Bone Spring well in the W/2W/2 of Section 22 and the W/2W/2 of Section 27, Township 26 South, Range 27 East, NMPM, Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, September 29, 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 (both as mineral interest owners in all of the well units, and as offsetting interest owners in Case Nos. 15490 and 15552) who may be affected by the applications, 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 22, 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 his or her 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

EXHIBIT A

Mr. James Wesley Welch
c/o Harold L. Hensley, Jr.
KELLY HART & HALLMAN, LLP
Suite 444
508 West Wall
Midland, Texas 79701

Mr. Joe Michael Welch
c/o Harold L. Hensley, Jr.
KELLY HART & HALLMAN, LLP
Suite 444
508 West Wall
Midland, Texas 79701

Ms. Barbara Grace Parker
c/o Harold L. Hensley, Jr.
KELLY HART & HALLMAN, LLP
Suite 444
508 West Wall
Midland, Texas 79701

Mr. Fred Walter Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Mr. Steven Lee Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Mr. Waylon Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Ms. Amanda Marie Walker
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Mr. Blair Seaton Crooke
c/o Mr. Scott S. Morgan
CAVIN & INGRAM, PC
P. O. Box 1216
Albuquerque, NM 87103

Mr. Forest Ashley Crooke
261 Lakeview Lane
Englewood, FL 34223-3023

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:

Mr. Steven Lee Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

9590 9402 1933 6123 6389 26

2.

7014 0510 0000 9535 0787

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Joei Tabata

C. Date of Delivery

9-12-16

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Mr. Waylon Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Mr. Steven Lee Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

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.
- 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. Waylon Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

9590 9402 1933 6123 6389 19

2. Article Number (Transfer from service label)

7014 0510 0000 9535 0770

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Joei Tabata

C. Date of Delivery

9-12-16

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

Mail
Restricted Delivery
(0)

Domestic Return Receipt

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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. Forest Ashley Crooke 261 Lakeview Lane Englewood, FL 34223-3023</p>		<p>B. Received by (Printed Name) <i>Forest Ashley Crooke</i></p> <p>C. Date of Delivery <i>9-20-16</i></p>	
<p>2. Article Number (Transfer from service label) 7014 0510 0000 9535 0749</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 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	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Mr. Blair Seaton Crooke c/o Mr. Scott S. Morgan CAVIN & INGRAM, PC P. O. Box 1216 Albuquerque, NM 87103
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Mr. Forest Ashley Crooke 261 Lakeview Lane Englewood, FL 34223-3023
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 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. Blair Seaton Crooke c/o Mr. Scott S. Morgan CAVIN & INGRAM, PC P. O. Box 1216 Albuquerque, NM 87103</p>		<p>B. Received by (Printed Name) <i>A. Williamson</i></p> <p>C. Date of Delivery <i>9/13/16</i></p>	
<p>2. Article Number (Transfer from service label) 7014 0510 0000 9535 0756</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

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 <input checked="" type="checkbox"/> <i>Jaci Iny</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. Fred Walter Raether c/o Mr. Norman McDonald NORMAN MCDONALD, PA P. O. Box 949 Belen, NM 87002</p>		<p>B. Received by (Printed Name) <i>Jaci Tator</i></p> <p>C. Date of Delivery <i>9-12-16</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 1933 6123 6389 40</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</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>7014 0510 0000 9535 0794</p>		<p>Restricted Delivery</p>	

PS Form 3811, July 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	
OFFICIAL USE	
<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>Postmark Here</p>
<p>Sent To</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>Ms. Barbara Grace Parker c/o Harold L. Hensley, Jr. KELLY HART & HALLMAN, LLP Suite 444 508 West Wall Midland, Texas 79701</p>	
<p>PS Form 3800, August 2005</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	
OFFICIAL USE	
<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>Postmark Here</p>
<p>Sent To</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>Mr. Fred Walter Raether c/o Mr. Norman McDonald NORMAN MCDONALD, PA P. O. Box 949 Belen, NM 87002</p>	
<p>PS Form 3800, August 2006</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 <input checked="" type="checkbox"/> <i>V.A.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Ms. Barbara Grace Parker c/o Harold L. Hensley, Jr. KELLY HART & HALLMAN, LLP Suite 444 508 West Wall Midland, Texas 79701</p>		<p>B. Received by (Printed Name) <i>Jaci Tator</i></p> <p>C. Date of Delivery <i>9-12</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 1933 6123 6389 33</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</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>7014 0510 0000 9535 2514</p>		<p>Restricted Delivery</p>	

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

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 X <i>V.C.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. Joe Michael Welch c/o Harold L. Hensley, Jr. KELLY HART & HALLMAN, LLP Suite 444 508 West Wall Midland, Texas 79701</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 9/12</p>
<p>2. Article Number (Transfer from service label) 7014 0510 0000 9535 2521</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>9590 9402 1933 6123 6389 57</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 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	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	Mr. James Wesley Welch c/o Harold L. Hensley, Jr. KELLY HART & HALLMAN, LLP Suite 444 508 West Wall Midland, Texas 79701
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	Mr. Joe Michael Welch c/o Harold L. Hensley, Jr. KELLY HART & HALLMAN, LLP Suite 444 508 West Wall Midland, Texas 79701
Sent To	
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 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 X <i>V.C.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. James Wesley Welch c/o Harold L. Hensley, Jr. KELLY HART & HALLMAN, LLP Suite 444 508 West Wall Midland, Texas 79701</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 9/12</p>
<p>2. A</p> <p>7014 0510 0000 9535 2538</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>9590 9402 1933 6123 6389 64</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

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>1. Article Addressed to:</p> <p style="margin-left: 40px;">Ms. Amanda Marie Walker c/o Mr. Norman McDonald NORMAN MCDONALD, PA P. O. Box 949 Belen, NM 87002</p> <p style="text-align: center; margin-top: 20px;">9590 9402 1933 6123 6389 02</p>	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Joei Lopez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <i>Joei Lopez</i> C. Date of Delivery <i>9-12-16</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>2. <i>7014 0510 0000 9535 0763</i></p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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 </div> </div>

PS Form 3811, July 2015 PSN 7530-02-000-9053 00 Domestic Return Receipt

7014 0510 0000 9535 0763

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To *Ms. Amanda Marie Walker*

c/o Mr. Norman McDonald

NORMAN MCDONALD, PA

P. O. Box 949

Belen, NM 87002

Street, Apt. No. or PO Box No

City, State, ZIP

PS Form 3800, August 2006
See Reverse for Instructions

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 6, 2016

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

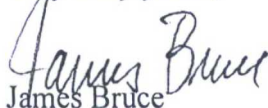
Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, compulsory pooling, and an unorthodox well location, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a Wolfcamp well in the W/2 of Section 22 and the W/2 of Section 27, Township 26 South, Range 27 East, NMPM, Eddy County, New Mexico. **This application is a substitute application for Case No. 15490, of which you were previously notified. Case No. 15490 was dismissed in order to comply with Division procedural requirements.**

This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 27, 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 who 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, October 20, 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 his or her 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

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

cc: J. Scott Hall & Ernest L. Padilla

EXHIBIT A

Mr. James Wesley Welch
c/o Harold L. Hensley, Jr.
KELLY HART & HALLMAN, LLP
Suite 444
508 West Wall
Midland, Texas 79701

Mr. Joe Michael Welch
c/o Harold L. Hensley, Jr.
KELLY HART & HALLMAN, LLP
Suite 444
508 West Wall
Midland, Texas 79701

Ms. Barbara Grace Parker
c/o Harold L. Hensley, Jr.
KELLY HART & HALLMAN, LLP
Suite 444
508 West Wall
Midland, Texas 79701

Mr. Fred Walter Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Mr. Steven Lee Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Mr. Waylon Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Ms. Amanda Marie Walker
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Mr. Blair Seaton Crooke
c/o Mr. Scott S. Morgan
CAVIN & INGRAM, PC
P. O. Box 1216
Albuquerque, NM 87103

Mr. Forest Ashley Crooke
261 Lakeview Lane
Englewood, FL 34223-3023

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. Waylon Raether c/o Mr. Norman McDonald NORMAN MCDONALD, PA P. O. Box 949 Belen, NM 87002</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number</p> <p>7014 0510 0000 9539 6341</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</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>	

9590 9402 1689 6053 5249 26

PS Form 3811, July 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	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Mr. Steven Lee Raether c/o Mr. Norman McDonald NORMAN MCDONALD, PA P. O. Box 949 Belen, NM 87002
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Mr. Waylon Raether c/o Mr. Norman McDonald NORMAN MCDONALD, PA P. O. Box 949 Belen, NM 87002
Sent To	
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 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. Steven Lee Raether c/o Mr. Norman McDonald NORMAN MCDONALD, PA P. O. Box 949 Belen, NM 87002</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number</p> <p>7014 0510 0000 9539 6358</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</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>	

9590 9402 1689 6053 5249 33

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

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:

Mr. Blair Seaton Crooke
c/o Mr. Scott S. Morgan
CAVIN & INGRAM, PC
P. O. Box 1216
Albuquerque, NM 87103

9590 9402 1689 6053 5249 02

2. Article Number (Transfer from service label)

7014 0510 0000 9539 6327

(over \$500)

very

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

A. Williams

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

OCT 07 2016

87103

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Mr. Forest Ashley Crooke

261 Lakeview Lane

Englewood, FL 34223-3023

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Mr. Blair Seaton Crooke
c/o Mr. Scott S. Morgan
CAVIN & INGRAM, PC
P. O. Box 1216
Albuquerque, NM 87103

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.
- 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:

Crooke
261 Lakeview Ln
Englewood FL 34223

9590 9402 2021 6123 1076 38

2. Article Number (Transfer from service label)

7014 0510 0000 9539 6310

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Forest Crooke

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

☒ Yes☐ No

OCT 13 2016

34295-0008

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

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:

Ms. Amanda Marie Walker
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

9590 9402 1689 6053 5249 19

2. Article Number (Transfer from service label)

7014 0510 0000 9539 6334

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

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

Restricted Delivery

(over \$500)

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & F.

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Mr. Fred Walter Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Postmark
Here

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9539 6365

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & F.

Ms. Amanda Marie Walker
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

Postmark
Here

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:

Mr. Fred Walter Raether
c/o Mr. Norman McDonald
NORMAN MCDONALD, PA
P. O. Box 949
Belen, NM 87002

9590 9402 1676 6053 6392 99

2. Article Number (Transfer from service label)

7014 0510 0000 9539 6365

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

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

0 D 2

Domestic Return Receipt

7014 0510 0000 9539 6365

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
 Ms. Barbara Grace Parker
 c/o Harold L. Hensley, Jr.
 KELLY HART & HALLMAN, LLP
 Suite 444
 508 West Wall
 Midland, Texas 79701

9590 9402 1676 6053 6393 05

2. Article

7014 0510 0000 9539 6372

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/11

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

 U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Mr. Joe Michael Welch
 c/o Harold L. Hensley, Jr.
 KELLY HART & HALLMAN, LLP
 Suite 444
 508 West Wall
 Midland, Texas 79701

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Postmark
Here

PS Form 3800, August 2006

See Reverse for Instructions

 U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Ms. Barbara Grace Parker
 c/o Harold L. Hensley, Jr.
 KELLY HART & HALLMAN, LLP
 Suite 444
 508 West Wall
 Midland, Texas 79701

Sent To

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.
- 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. Joe Michael Welch
 c/o Harold L. Hensley, Jr.
 KELLY HART & HALLMAN, LLP
 Suite 444
 508 West Wall
 Midland, Texas 79701

9590 9402 1676 6053 6393 12

2. Article Number

7014 0510 0000 9539 6389

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/11

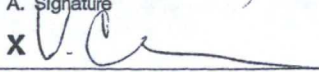
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

/ery

Domestic Return Receipt

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 <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. James Wesley Welch c/o Harold L. Hensley, Jr. KELLY HART & HALLMAN, LLP Suite 444 508 West Wall Midland, Texas 79701</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 10-11</p>
<p>2. Article Description</p> <p>9590 9402 1676 6053 6393 29</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</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>PS Form 3811, July 2013 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

7014 0510 0000 9539 6396

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	Mr. James Wesley Welch c/o Harold L. Hensley, Jr. KELLY HART & HALLMAN, LLP Suite 444 508 West Wall Midland, Texas 79701
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	