

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

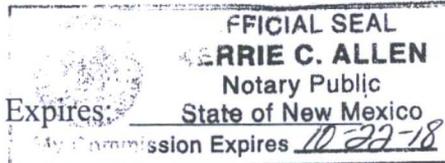
James Bruce, being duly sworn upon his oath, deposes and states:

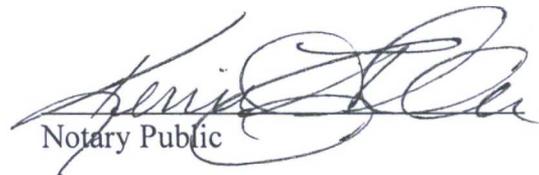
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the applications 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 24<sup>th</sup> 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](mailto: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

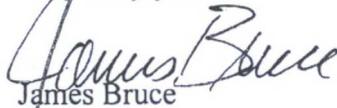
6. Case No. 15551, for a non-standard oil spacing and proration unit and compulsory pooling, regarding the Owl Draw 22/27 B2BO Fed. Com. Well No. 2H, a Bone Spring well in the W/2E/2 of Section 22 and the W/2E/2 of Section 27, Township 26 South, Range 27 East, NMPM, Eddy County, New Mexico.

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

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

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 City, State, ZIP+4

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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 Restricted Delivery

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

X *Joei Tabara*

B. Received by (Printed Name) *Joei Tabara*

C. Date of Delivery *9-12-16*

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
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OD Domestic Return Receipt

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

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 Addressee

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B. Received by (Printed Name) *Joei Tabara*

C. Date of Delivery *9-12-16*

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

OD Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>																	
1. Article Addressed to:  <p style="text-align: center;">Mr. Forest Ashley Crooke            261 Lakeview Lane            Englewood, FL 34223-3023</p>	<p>B. Received by (Printed Name)            - Forest Ash</p>	<p>C. Date of Delivery            9-20-16</p>																
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> NO</p>																	
2. Article Number (Transfer from service label) 7014 0510 0000 9535 0749	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>		<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	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Mail Restricted Delivery	
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<input type="checkbox"/> Mail Restricted Delivery																		
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1. Article Addressed to:  <p style="text-align: center;">Mr. Blair Seaton Crooke            c/o Mr. Scott S. Morgan            CAVIN &amp; INGRAM, PC            P. O. Box 1216            Albuquerque, NM 87103</p>	<p>B. Received by (Printed Name)            A. Williams</p>	<p>C. Date of Delivery            9/13/16</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>													
2. Article Number (Transfer from service label) 7014 0510 0000 9535 0756	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<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
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1. Article Addressed to:

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

2. Article Number (Transfer from service label)

7014 0510 0000 9535 0794

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A. Signature  
 *Jaci Taylor*  Agent  Addressee

B. Received by (Printed Name) *Jaci Taylor* C. Date of Delivery *9-12-16*

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

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- |  |   |
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| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
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| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
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Ms. Barbara Grace Parker  
c/o Harold L. Hensley, Jr.  
KELLY HART & HALLMAN, LLP  
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Mr. Fred Walter Raether  
c/o Mr. Norman McDonald  
NORMAN MCDONALD, PA  
P. O. Box 949  
Belen, NM 87002

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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

2. Article Number

7014 0510 0000 9535 2514

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *V.A.*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery *9-12*

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

3. Service Type
- |  |   |
|--|---|
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| <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 |

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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

2. Article Number (Transfer from service label)

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A. Signature  
X *[Signature]*  Agent  Addressee

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

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

3. Service Type
- |  |   |
|--|---|
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| <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 |

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c/o Harold L. Hensley, Jr.  
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1. Article Addressed to:

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

2. A 7014 0510 0000 9535 2538

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) C. Date of Delivery  
SJK

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 |

**U.S. Postal Service™**  
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**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

7014 0510 0000 9535 2521

OD

**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 1933 6123 6389 02

2. **7014 0510 0000 9535 0763**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *Joei Talap*

- Agent
- Addressee

B. Received by (Printed Name)

*Joei Talap*

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

(over \$500)

00

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**OFFICIAL USE**

7014 0510 0000 9535 0763

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

Postmark  
Here

Sent To **Ms. Amanda Marie Walker**  
 c/o Mr. Norman McDonald  
 NORMAN MCDONALD, PA  
 Street, Apt. No. or PO Box No **P. O. Box 949**  
 City, State, ZIP+4 **Belen, NM 87002**

**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)

October 6, 2016

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

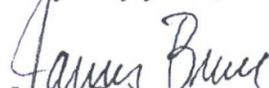
Ladies and gentlemen:

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 type="checkbox"/> Agent <b>X</b> <i>Joi S. Raether</i> <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) <i>Joi Raether</i> C. Date of Delivery</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>		<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. Article Number <b>7014 0510 0000 9539 6341</b></p>		<p><b>OCT 11 2016</b></p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 **0D 2** Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
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	

7014 0510 0000 9539 6358

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
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	

7014 0510 0000 9539 6341

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 type="checkbox"/> Agent <b>X</b> <i>Joi S. Raether</i> <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) <i>Joi Raether</i> C. Date of Delivery</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>		<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. Article Number <b>7014 0510 0000 9539 6358</b></p>		<p><b>OCT 11 2016</b></p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 **0D 2** Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>A Williams</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>Mr. Blair Seaton Crooke          c/o Mr. Scott S. Morgan          CAVIN &amp; INGRAM, PC          P. O. Box 1216          Albuquerque, NM 87103</p>		<p>3. Service Type</p> <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	
<p>2. Article Number (Transfer from service label)</p> <p>7014 0510 0000 9539 6327</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	
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	

002  
7014 0510 0000 9539 6327



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	

002  
7014 0510 0000 9539 6327

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>Forest Crooke</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>Crooke          261 Lakeview Ln          Englewood FL 34223</p>		<p>3. Service Type</p> <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	
<p>2. Article Number (Transfer from service label)</p> <p>7014 0510 0000 9539 6327</p>			



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 *Joe Tator*

- Agent
- Addressee

B. Received by (Printed Name)

*Joe Tator*

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

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**OFFICIAL USE**

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

Postmark Here

Total Postage & Fees: Mr. Fred Walter Raether  
c/o Mr. Norman McDonald

Sent To: NORMAN MCDONALD, PA

Street, Apt. No., or PO Box No. P. O. Box 949

City, State, ZIP+4 Belen, NM 87002

PS Form 3800, August 2006

See Reverse for Instructions

9539 6334 0000 0510 1470

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**OFFICIAL USE**

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

Postmark Here

Total Postage & Fees: Ms. Amanda Marie Walker  
c/o Mr. Norman McDonald

Sent To: NORMAN MCDONALD, PA

Street, Apt. No., or PO Box No. P. O. Box 949

City, State, ZIP+4 Belen, NM 87002

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. 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 *Joe Tator*

- Agent
- Addressee

B. Received by (Printed Name)

*Joe Tator*

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

Domestic Return Receipt

9539 6334 0000 0510 1470

0 D 2

**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 Number: 7014 0510 0000 9539 6372

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  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) Restricted Delivery

Domestic Return Receipt

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Postmark Here

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

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9539 6372

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**OFFICIAL USE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Postmark Here

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

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9539 6372

**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: *[Signature]*  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

0D2

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:

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

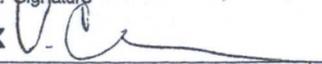
9590 9402 1676 6053 6393 29

2. Article



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

(over \$500)

PS Form 3800, July 2006 PSN 7509-02-000-9058

Domestic Return Receipt

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total Postage & Fees  
 Mr. James Wesley Welch  
 c/o Harold L. Hensley, Jr.  
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