

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

**APPLICATION OF MYCO INDUSTRIES, INC.  
FOR COMPULSORY POOLING, CHAVES  
COUNTY, NEW MEXICO.**

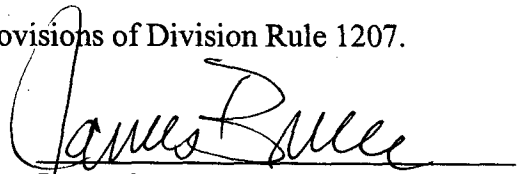
**Case No. 13,854**

**AFFIDAVIT OF NOTICE**

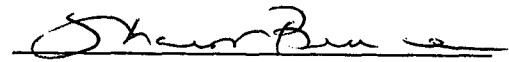
COUNTY OF SANTA FE    )  
                                  ) ss.  
STATE OF NEW MEXICO    )

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 Myco Industries, Inc.
3. Myco Industries, Inc. 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 correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 18th day of January, 2007 by James Bruce.

  
Notary Public

My Commission Expires: 3/14/09

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 2

**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)

December 28, 2006

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

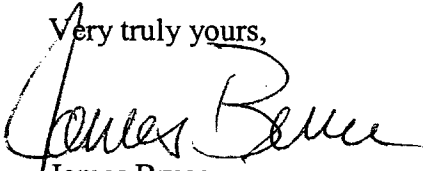
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Myco Industries, Inc., regarding the S½ of Section 32, Township 15 South, Range 25 East, N.M.P.M., Chaves County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 18, 2007, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, January 11, 2006 if you intend to participate in the hearing.

Very truly yours,



James Bruce  
Attorney for Myco Industries, Inc.

EXHIBIT A

EXHIBIT A

Dennis Colclough ✓ P  
1101 Yucca  
Artesia, NM 88210

L.J. Meers, deceased  
Heir:

Joe Meers  
2185 Regents  
Mohave Valley, AZ 86440

NRLL, Inc. ✓  
Attn: Todd Gladis  
1 Mauchly  
Irvine, CA 92618

Elaine B. Flint, deceased ✓  
Western Commerce Bank, Trustee  
P.O. Box 1627  
Lovington, NM 88260

Timothy Bayer ✓  
2501 West Bulla Drive  
Payson, AZ 85541-3409

Margaret Old Carr, deceased  
Heirs:

Raford Augustus Brister ✓  
4802 Avenue P  
Santa Fe, TX 77510

Rique Brister, Md. ✓  
2204 Oak Park Ave.  
Chico, CA 95928

Kerry Brister ✓  
260B East College St.  
Stephenville, TX 76401

Mitzi Brister ✓  
838 CR. 709  
Stephenville, TX 76401

Robin Brister ✓  
6118 Avenue M  
Santa Fe, TX 77510

Dan Darden ✓  
3308 Ferguson Ln.  
Austin, TX 78754

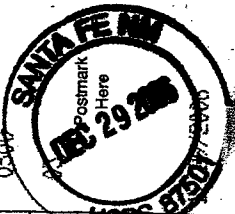
Keith Darden  
2409 Ann Arbor #B1  
Austin, TX 78704

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Postage	\$ 05.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.88

Sent To  
 Dennis Colclough  
 1101 Yucca  
 Artesia, NM 88210  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



0528 1211 0000 0911 5002

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Timothy Bayer  
 2501 West Bulla Drive  
 Payson, AZ 85541-3409

2. Article Number

(Transfer from service label)

7005 1160 0003 1171 8337

PS Form 3811, February 2004

102585-02-M-1540

Domestic Return Receipt *Myco.32*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Dennis Colclough  
 1101 Yucca  
 Artesia, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* *Timothy Bayer* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Timothy Bayer* C. Date of Delivery *2/29/04*

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1160 0003 1171 8290

Domestic Return Receipt

102585-02-M-1540

PS Form 3811, February 2004

*Myco.32*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* *Timothy Bayer* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Timothy Bayer* C. Date of Delivery *2/29/04*

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

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1160 0003 1171 8337

PS Form 3811, February 2004

102585-02-M-1540

Domestic Return Receipt *Myco.32*

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Postage	\$ 05.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.88

Sent To  
 Timothy Bayer  
 2501 West Bulla Drive  
 Payson, AZ 85541-3409  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

0528 1211 0000 0911 5002

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Postage	\$ 05.00
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 09.25</b>

Sent To

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

Dan Darden  
3308 Ferguson Ln.  
Austin, TX 78754

PS Form 3800, June 2002

See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Dan Darden  
3308 Ferguson Ln.  
Austin, TX 78754

2. Article Number

(Transfer from service label)

7005 1160 0003 1171 8399

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

1440-32

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Dan Darden*  
☒ 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  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

NRL, Inc.  
Attn: Todd Gladis  
1 Mauchly  
Irvine, CA 92618

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 1160 0003 1171 8313

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**OFFICIAL USE**

Postage	\$ 03.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 07.88</b>

Sent To

NRL, Inc.  
Attn: Todd Gladis  
1 Mauchly  
Irvine, CA 92618

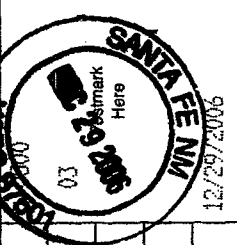
Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

12/29/2006

PS Form 3800, June 2002

See Reverse for Instructions



6669 1171 8000 0911 5002

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**STANDARD USE**

Postage \$ \$0.63  
 Certified Fee \$2.40  
 Return Receipt Fee (Endorsement Required) \$1.85  
 Restricted Delivery Fee (Endorsement Required) \$0.00  
 Total Postage & Fees \$ \$4.88

Sent To  
 Street, Apt. No., or PO Box No. Mitzi Brister 838 CR. 709  
 City, State, ZIP+4 Stephenville, TX 76401

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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:

2. Article Number (Transfer from service label) 7005 1160 0003 1171 8368

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt *Myco-32* 102595-02-M-1540

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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:

2. Article Number (Transfer from service label) 7005 1160 0003 1171 8375

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt *Myco-32* 102595-02-M-1540

PS Form 3811, February 2004

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**STANDARD USE**

Postage \$ \$0.63  
 Certified Fee \$2.40  
 Return Receipt Fee (Endorsement Required) \$1.85  
 Restricted Delivery Fee (Endorsement Required) \$0.00  
 Total Postage & Fees \$ \$4.88

Sent To  
 Street, Apt. No., or PO Box No. Kerry Brister 2608 East College St.  
 City, State, ZIP+4 Stephenville, TX 76401

PS Form 3800, June 2002 See Reverse for Instructions

**U.S. Postal Service<sup>TM</sup>**  
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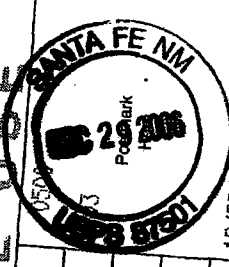
**OFFICIAL USE**

Postage	\$ 0.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.88

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

Robin Bristler  
 6118 Avenue M  
 Santa Fe, TX 77510

PS Form 3800, June 2002 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

2. Article Number  
 (Transfer from service label)

7005 1160 0003 1171 8344

Domestic Return Receipt

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

2. Article Number  
 (Transfer from service label)

7005 1160 0003 1171 8382

Domestic Return Receipt

PS Form 3811, February 2004

Robin Bristler  
 6118 Avenue M  
 Santa Fe, TX 77510

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Robin Bristler

B. Received by (Printed Name)  
 ROBIN BRISTLER

C. Date of Delivery  
 1-5-07

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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Barbara Bristler

B. Received by (Printed Name)  
 Barbara Bristler

C. Date of Delivery  
 12/29/2006

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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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Postage	\$ 0.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.88

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

Rafael A. Bristler  
 4802 Avenue P  
 Santa Fe, TX 77510

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Postage	\$	\$0.63
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$4.88



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

Elaine B. Flint, deceased  
 Western Commerce Bank, Trustee  
 P.O. Box 1627  
 Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

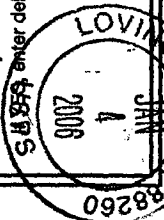
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elaine B. Flint, deceased  
 Western Commerce Bank, Trustee  
 P.O. Box 1627  
 Lovington, NM 88260

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Raymond Ward C. Date of Delivery 12/29/2004
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- Is ~~16355~~ enter delivery address below: ☐ Yes ☐ No



- Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D. ☐
- Return Receipt for Merchandise ☐
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number 9007 DEC 29 2005 1160 0003 1171 8320

(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt MYCO-3

102595-02-M-1540



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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

NOT DELIVERABLE  
AS ADDRESSED,  
UNABLE TO FORWARD

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 1160 0003 1171 8405

Domestic Return Receipt MyCo 32

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

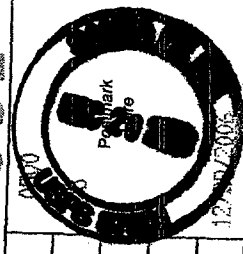
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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Postage	\$	\$0.63
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.88

Sent To

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

Keith Darden  
2409 Ann Arbor #31  
Austin, TX 78704

PS Form 3811, February 2004 See Reverse for Instructions

7005 1160 0003 1171 8405

[Home](#) | [Help](#)[Track & Confirm](#)

## Track & Confirm

### Search Results

Label/Receipt Number: 7005 1160 0003 1171 8306  
Status: Notice Left

We attempted to deliver your item at 9:47 AM on January 4, 2007 in MOHAVE VALLEY, AZ 86440 and a notice was left. It can be redelivered or picked up at the Post Office. If the item is unclaimed, it will be returned to the sender. Information, if available, is updated every evening. Please check again later.

### Track & Confirm

Enter Label/Receipt Number.

[Additional Details >](#)[Return to USPS.com Home >](#)

### Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

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BULK HEAD C MOHAVE VALLEY AZ 86440	
<b>OFFICIAL USE</b>	
Postage	\$ 0.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.88
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
JOE MEERS 2185 Regents Mohave Valley, AZ 86440	
PS Form 3800, June 2002	
See Reverse for Instructions	


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[Track & Confirm](#)

## Track & Confirm

### Search Results

Label/Receipt Number: 7005 1160 0003 1171 8351  
Status: **Delivered**

Your item was delivered at 2:06 PM on January 5, 2007 in CHICO, CA 95928.

### Track & Confirm

Enter Label/Receipt Number.

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### Notification Options

#### Track & Confirm by email

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Postage	\$ 0.63
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 4.88</b>
<div style="float: right;"> </div>	
Sent To <i>Rigue Briston</i>	
Street, Apt. No., or PO Box No. 2204 Oak Park Ave.	
City, State, ZIP+4 Chico, CA 95928	
PS Form 3800, June 2002 See Reverse for Instructions	