

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

**APPLICATION OF MEWBOURNE OIL
COMPANY FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

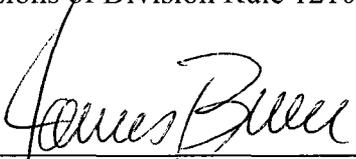
Case No. 14,170

AFFIDAVIT OF NOTICE

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

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

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their 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 1210.



James Bruce

SUBSCRIBED AND SWORN TO before me this 16th day of August, 2008 by James Bruce.

My Commission Expires: 3/14/09



Notary Public

Oil Conservation Division
Case No. 6
Exhibit No. 6

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

August 1, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an **amended** application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding Section 21, Township 20 South, Range 36 East, N.M.P.M., Lea County, New Mexico. **The amended application changes the well location from the NW $\frac{1}{4}$ SW $\frac{1}{4}$, to the SW $\frac{1}{4}$ SW $\frac{1}{4}$, of Section 21.** The amended application will be scheduled for hearing at 8:15 a.m. on Thursday, September 4, 2008, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **However, Mewbourne Oil Company intends to present evidence at the hearing scheduled for 8:15 a.m. on Thursday, August 21, 2008 due to time constraints in the drilling of the proposed well.** 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, August 28, 2008 if you intend to participate at the hearing.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT

A

EXHIBIT A

Chevron U.S.A. Inc.
P.O. Box 36366
Houston, Texas 77236

Attention: Stephanie Magers

ConocoPhillips Company
3WL-14066
600 North Dairy Ashford
Houston, Texas 77079

Attention: Tom J. Scarborough

Richard K. Barr
P.O. Box 847
Boerne, Texas 78006

Scott E. Wilson
4601 Mirador Drive
Austin, Texas 78735

Chesapeake Exploration, LLC
Chesapeake Exploration Limited Partnership
P.O. Box 18496
Oklahoma City, Oklahoma 73154-0496

Attention: Kevin Pfister

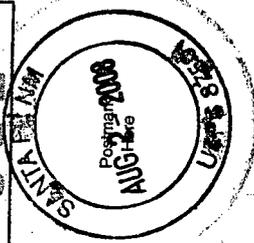
Apache Corporation
Suite 1500
6120 South Yale
Tulsa, Oklahoma 73136

Attention: Michelle Hanson

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

Sent To Apache Corporation
 Suite 1500
 6120 South Yale
 Tulsa, Oklahoma 73136
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4318 0411

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:

Scott E. Wilson
 4601 Mirador Drive
 Austin, Texas 78735

2. Article Number
 (Transfer from service label)
 7006 3450 0001 4318 0435

PS Form 3811, February 2004

Domestic Return Receipt

MOC

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee
 B. Received by (Printed Name) *[Signature]*
 C. Date of Delivery *8508*

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 No

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:

Apache Corporation
 Suite 1500
 6120 South Yale
 Tulsa, Oklahoma 73136

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee
 B. Received by (Printed Name) *[Signature]* 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 No

2. Article Number
 (Transfer from service label)
 7006 3450 0001 4318 0411

PS Form 3811, February 2004

Domestic Return Receipt

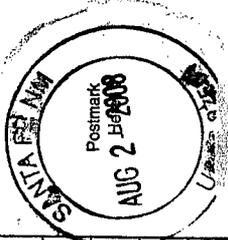
MOC

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

Sent To Scott E. Wilson
 4601 Mirador Drive
 Austin, Texas 78735
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4318 0435

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

Sent to Chesapeake Exploration, LLC
 Street, Apt. No., P.O. Box No. Chesapeake Exploration Limited Partnership
 P.O. Box 18496
 City, State, Zip+4 Oklahoma City, Oklahoma 73154-0496

PS Form 3800, August 2006 See Reverse for Instructions

2006 3450 0001 4318 0428



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:
 Chesapeake Exploration, LLC
 Chesapeake Exploration Limited Partnership
 P.O. Box 18496
 Oklahoma City, Oklahoma 73154-0496

2. Article Number (Transfer from service label) 7006 3450 0001 4318 0428
 PS Form 3811, February 2004 Domestic Return Receipt **MOC**

102595-02-M-1540

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:
 Richard K. Barr
 P.O. Box 847
 Boerne, Texas 78006

2. Article Number (Transfer from service label) 7006 3450 0001 4318 0442
 PS Form 3811, February 2004 Domestic Return Receipt **MOC**

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Beverly Barr
 Agent
 Addressee

B. Received by (Printed Name) Beverly Barr
 C. Date of Delivery 8/2/08

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature XMM
 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

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

Sent to Richard K. Barr
 Street, Apt. No., P.O. Box No. P.O. Box 847
 City, State, Zip+4 Boerne, Texas 78006

PS Form 3800, August 2006 See Reverse for Instructions

2006 3450 0001 4318 0428



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:

Chevron U.S.A. Inc.
P.O. Box 36366
Houston, Texas 77236

2. Article Number

(Transfer from service label)

7006 3450 0001 4318 0404

PS Form 3811, February 2004

Domestic Return Receipt

19399-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by *[Signature]* Printed Name *[Signature]* Date of Delivery *8-6*

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



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

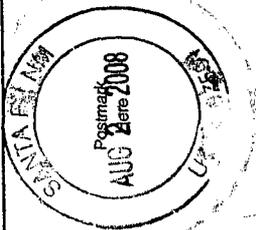
4. Restricted Delivery? (Extra Fee) Yes

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OFFICIAL USE

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



Sent To: Chevron U.S.A. Inc.
P.O. Box 36366
Houston, Texas 77236
Street, Apt. No., or P.O. Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7006 3450 0001 4318 0404

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:

ConocoPhillips Company
 3WL-14066
 600 North Dairy Ashford
 Houston, Texas 77079

2. Article Number
 (Transfer from service label)

7006 3450 0001 4318 0459

PS Form 3811, February 2004

Domestic Return Receipt *ROC*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. Tom Sankovick

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 8-7-08

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.

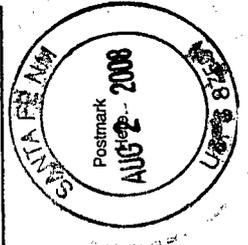
4. Restricted Delivery? (Extra Fee) Yes

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



Sent To

ConocoPhillips Company
 3WL-14066
 Street, Apt. No., or PO Box No.
 Houston, Texas 77079
 City, State, ZIP+4

PS Form 3800 August 2006

See Reverse for Instructions

6540 8734 1000 054E 9002