

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

January 16, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

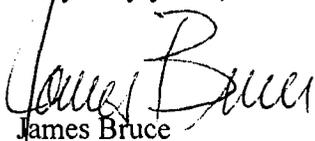
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the NE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 15, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 19, 2009, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rule 1208.B to file a Pre-Hearing Statement no later than Thursday, February 12, 2009. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Cathy J. Jones
P.O. Box 562
Ruidoso Downs, New Mexico 88346

Kenneth Jones
2101 South I Street
Pensacola, Florida 32501

Robert A. Williams
P.O. Box 1811
Ozona, Texas 76943

Robert J. Epperson
P.O. Box 170
Satin, Texas 76685

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

Billy Joe Green
4514 S.W. 169 Place
Ocala, Florida 34473

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

U.S. Postal ServiceTM
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OFFICIAL USE

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



Sent To: **Billy Joe Green**
 Street, Apt. No., or PO Box No.: **4514 S.W. 169 Place**
 City, State, ZIP+4: **Ocala, Florida 34473**

PS Form 3800, August 2006
 See Reverse for Instructions

7008 0500 0001 4522 6774

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:

Cathy J. Jones
 P.O. Box 562
 Ruidoso Downs, New Mexico 88346

2. Article Number
(Transfer from service)

7008 0500 0001 4523 2027
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MPC

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Certified Mail
 Registered
 Insured Mail
 Restricted Delivery? (Extra Fee)
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Yes

B. Received by (Printed Name)
Cathy Jones
 C. Date of Delivery
1/17/09

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

Sent To: **Cathy J. Jones**
 Street, Apt. No., or PO Box No.: **P.O. Box 562**
 City, State, ZIP+4: **Ruidoso Downs, New Mexico 88346**

7008 0500 0001 4523 2027

Domestic Return Receipt

102595-02-M-1540

MPC

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 Ocala, Florida 34473

2. Article Number
(Transfer from service label)

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 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MPC

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A. Signature
 Certified Mail
 Registered
 Insured Mail
 Restricted Delivery? (Extra Fee)
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Yes

B. Received by (Printed Name)
Billy Joe Green
 C. Date of Delivery
1/20/09

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

Sent To: **Cathy J. Jones**
 Street, Apt. No., or PO Box No.: **P.O. Box 562**
 City, State, ZIP+4: **Ruidoso Downs, New Mexico 88346**

7008 0500 0001 4522 6774

Domestic Return Receipt

102595-02-M-1540

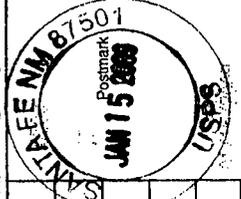
MPC

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OFFICIAL USE

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



Sent To: **Cathy J. Jones**
 Street, Apt. No., or PO Box No.: **P.O. Box 562**
 City, State, ZIP+4: **Ruidoso Downs, New Mexico 88346**

7008 0500 0001 4522 6774

Domestic Return Receipt

102595-02-M-1540

MPC

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service
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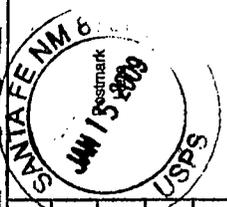
For delivery information visit our website at www.usps.com.

OFFICIAL USE

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

Sent To
 Robert A. Williams
 Street, Apt. No., P.O. Box No. 1811
 City, State, ZIP+4 Ozona, Texas 76943

PS Form 3800, August 2006 See Reverse for Instructions



2008 0500 0001 4523 2041

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:
 Robert J. Epperson
 P.O. Box 170
 Sattin, Texas 76685

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Robert J. Epperson

B. Received by (Printed Name) *ROBERT J. EPPERSON* C. Date of Delivery *1-28-09*

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

2. Article Number (Transfer from service label) **7008 0500 0001 4523 2058**

Domestic Return Receipt *MDC*

PS Form 3811, February 2004 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:
 Robert A. Williams
 P.O. Box 1811
 Ozona, Texas 76943

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Robert A. Williams

B. Received by (Printed Name) *ROBERT A. WILLIAMS* C. Date of Delivery *1-28-09*

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

2. Article Number (Transfer from service label) **7008 0500 0001 4523 2041**

Domestic Return Receipt *MDC*

PS Form 3811, February 2004 102595-02-M-1540

2008 0500 0001 4523 2058

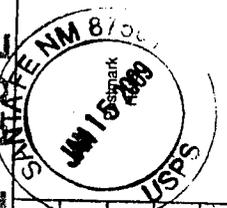
U.S. Postal Service
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OFFICIAL USE

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

Sent To
 Robert J. Epperson
 Street, Apt. No., P.O. Box No. 170
 City, State, ZIP+4 Sattin, Texas 76685



PS Form 3800, August 2006 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:

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

2. Article Number

(Transfer from service label)

7008 0500 0001 4523 2072

PS Form 3811, February 2004

Domestic Return Receipt

MRC

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Georgia Needham* Agent Addressee
 B. Received by (Printed Name) *Georgia Needham* C. Date of Delivery *1/17/09*
 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

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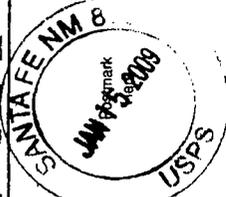
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent to Georgia Needham

c/o Lewis R. Needham
 8345 Cherokee Road
 Lake Arthur, New Mexico 88253



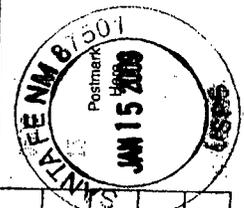
2202 8254 7000 0500 0001 4523 2072

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Postage	\$ 4.17
Certified Fee	2.75
Return Receipt Fee (Endorsement Required)	3.20
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 10.12



Sent To: **Kenneth Jones**
 Street, Apt. No.: **2101 South I Street**
 or PO Box No.: **Pensacola, Florida 32501**
 City, State, ZIP+4

4502 2254 1000 0050 8002

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

CERTIFIED MAIL

7008 0500 0001 4522 6767

FROM

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

5228

TO
NO SUCH
ADDRESS

~~Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201~~

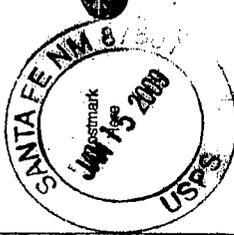
U.S. Postal Service
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To
Ben Richard Green
Street, Apt. No.: 1104 South Virginia
or PO Box No. Roswell, New Mexico 88201
City, State, ZIP+4



7008 0500 0001 4522 6767

PS Form 3800, August 2006 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:

~~Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201~~

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7008 0500 0001 4522 6767

PS Form 3811, February 2004

Domestic Return Receipt **MDC**

102595-02-M-1540

500 0001 4523 2065

FROM

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

NIXIE

2004 1 03 01/21/09

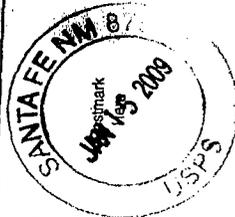
RETURN TO SENDER

U.S. Postal ServiceTM
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



5902 2254 1000 0001 4523 2065

To

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

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:

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

2. Article Number
(Transfer from service label)

7008 0500 0001 4523 2065

PS Form 3811, February 2004

Domestic Return Receipt

MOL

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature /
- 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
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes
- No

Sent To

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346
City, State, Zip+4

PS Form 3800, August 2005

See Reverse for Instructions

0001 4522 6781

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

923

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853



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:

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

2. Article Number
(Transfer from service label) 7008 051

PS Form 3811, February 2004

Domestic

7029 2254 7000 0050 8002

U.S. Postal Service

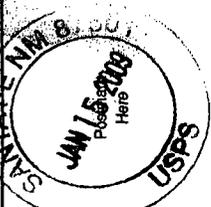
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our Web site at www.usps.com

OFFICIAL USE

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



Serial No.

Street Zip No.: Ruth E. Hinman
Route 1, Box 138
City, State, ZIP+4: Neshanic, New Jersey 08853

PS Form 3800, August 2006

See Reverse for Instructions

A. Signature Agent
X 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 Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

701 4522 6781

PS Form 3800, August 2006

JAMES BRUCE
ATTORNEY AT LAW

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SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

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(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

January 16, 2009

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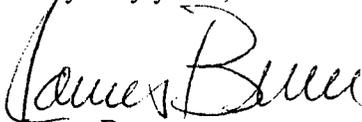
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Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

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Ozona, Texas 76943

Robert J. Epperson
P.O. Box 170
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P.O. Box 7343
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Restricted Delivery Fee (Endorsement Required)	
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 City, State, ZIP+4

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 P.O. Box 562
 Ruidoso Downs, New Mexico 88346

2. Article Number
(Transfer from service label) 7008 0500 0001 4523 2027

PS Form 3811, February 2004 Domestic Return Receipt *MPC* 102595-02-M-1540

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 4514 S.W. 169 Place
 Ocala, Florida 34473

2. Article Number
(Transfer from service label) 7008 0500 0001 4522 6774

PS Form 3811, February 2004 Domestic Return Receipt *MPC* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed
 B. Received by (Printed Name) B Green C. Date of Delivery 1/20/08
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed
 B. Received by (Printed Name) Cathy J Jones C. Date of Delivery 1/17/09
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

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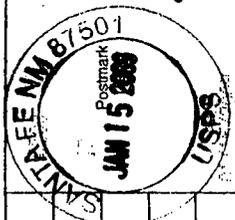
2. Article Number
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Domestic Return Receipt *MPC* 102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM 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 \$	



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OFFICIAL USE

Postage \$	
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Restricted Delivery Fee (Endorsement Required)	
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 Robert A. Williams
 Street, Apt. No., P.O. Box 1811
 City, State, ZIP+4
 Ozona, Texas 76943

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Robert J. Epperson
 P.O. Box 170
 Sartin, Texas 76685

2. Article Number
 (Transfer from service label)

7008 0500 0001 4523 2058
 Domestic Return Receipt *MX*

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Robert J. Epperson

B. Received by (Printed Name)
 ROBERT J. EPPERSON 1-28-04

C. Date of Delivery
 JAN 15 2004

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:

Robert A. Williams
 P.O. Box 1811
 Ozona, Texas 76943

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7008 0500 0001 4523 2041
 Domestic Return Receipt *MX*

PS Form 3811, February 2004

102595-02-M-1540

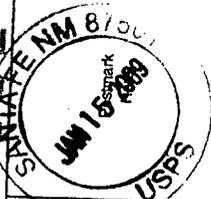
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No InsuranceTM or Package Provided)

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
 Robert J. Epperson
 Street, Apt. No., P.O. Box 170
 City, State, ZIP+4
 Sartin, Texas 76685



7008 0500 0001 4523 2058

See Reverse for Instructions

PS Form 3800, August 2006

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:

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

2. Article Number
(Transfer from service label)

7008 0500 000J 4523 2072

PS Form 3811, February 2004

Domestic Return Receipt

MRL

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Georgia Needham Addressee
B. Received by (Printed Name) *Georgia Needham* C. Date of Delivery *1/17/09*
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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No InsurTMANCE 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 Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

2202 8254 1000 0050 8002

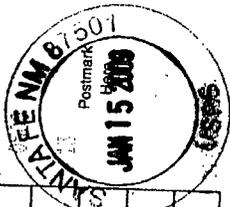
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

7008 0500 0001 4534 2034

Postage	\$ 4.77
Certified Fee	\$ 2.70
Return Receipt Fee (Endorsement Required)	\$ 3.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 10.47



Sent To
 Kenneth Jones
 Street, Apt. No. 2101 South I Street
 or PO Box No. Pensacola, Florida 32501
 City, State, ZIP+4

TICKET AT TOP OF ENVELOPE TO THE RIGHT
 RETURN ADDRESS: FOLD AT DOTTED LINE
 REGISTERED MAIL

7008 0001 4522 6767

FROM
 James Bruce
 P.O. Box 1056
 Santa Fe, New Mexico 87504

TO
 Ben Richard Green
 1104 South Virginia
 Roswell, New Mexico 88201

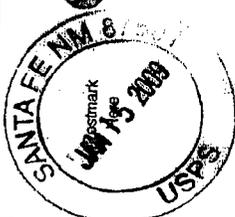
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No First-Class Coverage Provided)

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
 Ben Richard Green
 Street, Apt. No., 1104 South Virginia
 or PO Box No. Roswell, New Mexico 88201
 City, State, ZIP+4



PS Form 3800, August 2006

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:
 Ben Richard Green
 1104 South Virginia
 Roswell, New Mexico 88201

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
 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

2. Article Number (Transfer from service label)
 7008 0500 0001 4522 6767

PS Form 3811, February 2004 Domestic Return Receipt *MCC* 102595-02-M-1540

500 0001 4523 2065

FROM

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

NIXIE

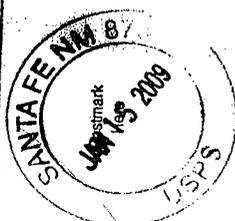
2004 1 03 01/21/09

RETURN TO SENDER

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	\$

7008 0500 0001 4523 2065

To

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

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:

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

2. Article Number
(Transfer from service label)

7008 0500 0001 4523 2065

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature /
- 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
 - Restricted Delivery? (Extra Fee)
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

102585-02-M-1540

PS Form 3800, August 2006

See Reverse for Instructions

0001 4522 6781

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

B2
N

To
Ruth E. Himman
Route 1, Box 138
Neshanic, New Jersey 08857

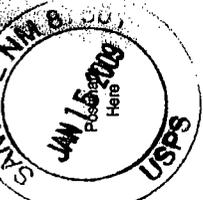
RTS
RETURN TO SENDER

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 \$



Street Apt. No., or P.O. Box No. City, State, ZIP+4
Ruth E. Himman
Route 1, Box 138
Neshanic, New Jersey 08853

PS Form 3800, August 2005 See Reverse for Instructions

7000 0500 0001 4522 6781

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:

Ruth E. Himman
Route 1, Box 138
Neshanic, New Jersey 08853.

A. Signature Agent Addressee

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

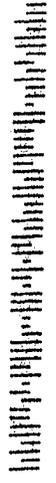
D. Is delivery address different from item 17? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7000 0500

PS Form 3811, February 2004 Date: 01 15 2008



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

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

Case No. 14276

AFFIDAVIT OF NOTICE

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

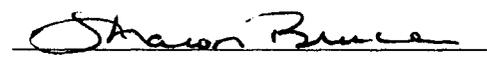
James Bruce, being duly sworn upon his oath, deposes and states:

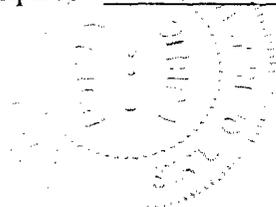
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules.


James Bruce

SUBSCRIBED AND SWORN TO before me this 17th day of January, 2009 by
James Bruce.

My Commission Expires: 3/14/09


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

January 16, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

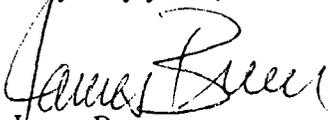
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the SE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 15, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 19, 2009, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rule 1208.B to file a Pre-Hearing Statement no later than Thursday, February 12, 2009. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Cathy J. Jones
P.O. Box 562
Ruidoso Downs, New Mexico 88346

Kenneth Jones
2101 South I Street
Pensacola, Florida 32501

Robert A. Williams
P.O. Box 1811
Ozona, Texas 76943

Robert J. Epperson
P.O. Box 170
Satin, Texas 76685

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

Billy Joe Green
4514 S.W. 169 Place
Ocala, Florida 34473

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

**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 **Billy Joe Green**
 Street, Apt. No.: **4514 S.W. 169 Place**
 or PO Box No. **Ocala, Florida 34473**
 City, State, ZIP+4



PS Form 3800, August 2006 See Reverse for Instructions

7208 0500 0001 4522 6774

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:

Billy Joe Green
 4514 S.W. 169 Place
 Ocala, Florida 34473

2. Article Number

(Transfer from service label) **7008 0500 0001 4522 6774**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MOC

COMPLETE THIS SECTION ON DELIVERY:

A. Signature Agent Addressee
X Billy Joe Green

B. Received by (Printed Name) **B. Green** C. Date of Delivery **1/20/09**

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:

Cathy J. Jones
 P.O. Box 562
 Ruidoso Downs, New Mexico 88346

2. Article Number
 (Transfer from service label) **7008 0500 0001 4523 2027**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MOC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Cathy J. Jones

B. Received by (Printed Name) **Cathy J. Jones** C. Date of Delivery **1/17/09**

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

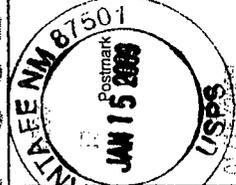
7208 0500 0001 4523 2027

**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 **Cathy J. Jones**
 P.O. Box 562
 Ruidoso Downs, New Mexico 88346

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM 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
 Robert A. Williams
 Street, Apt. No., P.O. Box 1811
 or PO Box No. Ozona, Texas 76943
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7502 6255 7000 0050 8002

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:

Robert J. Epperson
 P.O. Box 170
 Sattin, Texas 76685

2. Article Number
(Transfer from service label)
 7008 0500 0001 4523 2058

PS Form 3811, February 2004 Domestic Return Receipt *MX*

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:

Robert A. Williams
 P.O. Box 1811
 Ozona, Texas 76943

2. Article Number
(Transfer from service label)
 7008 0500 0001 4523 2041

PS Form 3811, February 2004 Domestic Return Receipt *MX*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Received by (Printed Name)
 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:

Signature: *Robert J. Epperson*
 Received by (Printed Name): *ROBERT J. EPPERSON*
 Date of Delivery: *1-28-07*

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number
 7008 0500 0001 4523 2058

Domestic Return Receipt *MX*

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Received by (Printed Name)
 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:

Signature: *Robert A. Williams*
 Received by (Printed Name): *ROBERT A. WILLIAMS*
 Date of Delivery: *2/22/06*

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

4. Restricted Delivery? (Extra Fee) Yes

Article Number
 7008 0500 0001 4523 2041

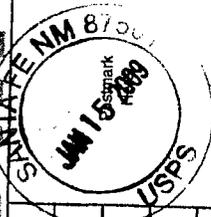
Domestic Return Receipt *MX*

U.S. Postal ServiceTM
CERTIFIED MAILTM 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
 Robert J. Epperson
 Street, Apt. No., P.O. Box 170
 or PO Box No. Sattin, Texas 76685
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7502 6255 7000 0050 8002

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:

Georgia Needham
 c/o Lewis R. Needham
 8345 Cherokee Road
 Lake Arthur, New Mexico 88253

2. Article Number
 (Transfer from service label)

7008 0500 0001 4523 2072

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Georgia Needham Addressee
 B. Received by (Printed Name) C. Date of Delivery
Georgia Needham *1/17/09*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service™
 CERTIFIED MAIL™ RECEIPT**
 (Domestic Mail Only; No Ins. Value 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 Georgia Needham
 c/o Lewis R. Needham
 Street, Apt. No., PO Box No. 8345 Cherokee Road
 Lake Arthur, New Mexico 88253
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

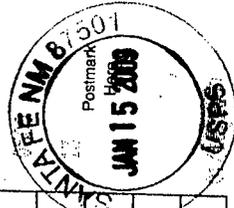
2202 6254 7000 0050 8002

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	\$ 4.17
Certified Fee	\$ 2.75
Return Receipt Fee (Endorsement Required)	\$ 3.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 10.92



Sent To: **Kenneth Jones**
 Street, Apt. No.: **2101 South I Street**
 or PO Box No.: **Pensacola, Florida 32501**
 City, State, ZIP+4

7200B 0500 0001 45223 2034

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

CERTIFIED MAIL

000 0001 4522 6767

7008 0500 0001 4522 6767

FROM

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

To
NO RETURN
ADDRESS

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Ins. or Int'l. 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
Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201
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. 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:

~~Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201~~

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
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7008 0500 0001 4522 6767
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

500 0001 4523 2065

FROM

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

NIXIE

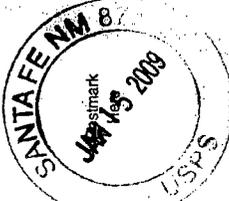
2004 1 03 01/21/09

RETURN TO SENDER

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
Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346
City, State, ZIP+4

PS Form 3800, August 2005

See Reverse for Instructions

5902 8254 7000 0050 0001



To
Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

COMPLETE THIS SECTION ON DELIVERY

- A. Signature /
- 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:

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:
Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

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) 7008 0500 0001 4523 2065

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

MOL

600 0001 4522 6781

FROM

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

BZ
N

TO

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

RTS
RETURN TO SENDER

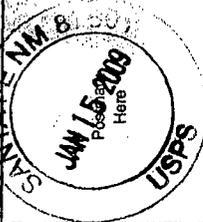
7006 0500 0001 4522 6781

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

Ruth E. Hinman
Street, Apt. No.,
or PO Box No. Route 1, Box 138
City, State, ZIP+4 Neshanic, New Jersey 08853

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:

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

2. Article Number (Transfer from service label) **7006 0500**

PS Form 3811, February 2004

A. Signature

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

7006 0500 0001 4522 6781

PS Form 3800, August 2005

