



**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)

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

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



Sent To  
**Billy Joe Green**  
 4514 S.W. 169 Place  
 Ocala, Florida 34473  
 City, State, ZIP+4

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:

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

*MD*

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:

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

*MD*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
*Cathy J. Jones*
- B. Received by (Printed Name)  Date of Delivery  
*Cathy J. Jones* 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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
*Billy Joe Green*
- B. Received by (Printed Name)  Date of Delivery  
*B. Green* 1/20/09
- 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

2. Article Number

(Transfer from service label) 7008 0500 0001 4522 6774

Domestic Return Receipt

*MD*

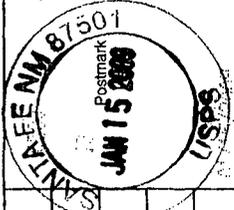
102595-02-M-1540

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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

7008 0500 0001 4523 2027

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

PS Form 3800, August 2006 See Reverse for Instructions

7502 8254 1000 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  
 Satin, Texas 76685

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

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:  
 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 *MOC*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X* *Robert J. Epperson*  
 Agent Addressee

B. Received by (Printed Name)  
*ROBERT J. EPPERSON*  
 C. Date of Delivery  
*1-28-04*

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  
*X* *Beth Williams*  
 Agent Addressee

B. Received by (Printed Name)  
*Beth Williams*  
 C. Date of Delivery  
*1-22-04*

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.

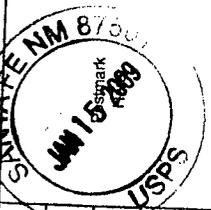
4. Restricted Delivery? (Extra Fee)  Yes

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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  
 Satin, Texas 76685

PS Form 3800, August 2006 See Reverse for Instructions

8502 8254 1000 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 *MCL*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Georgia Needham*

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

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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  
 or PO Box No. Lake Arthur, New Mexico 88253  
 City, State, Zip+4

7008 0500 0001 4523 2072

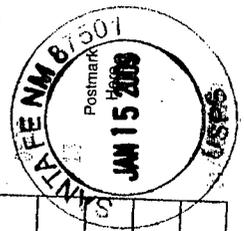
PS Form 3800, August 2006 See Reverse for Instructions

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Postage	\$ 11.17
Certified Fee	\$ 2.00
Return Receipt Fee (Endorsement Required)	\$ 2.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 15.17



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

PS Form 3800, August 2006 See Reverse for Instructions

700B 0500 0000 0050 0002 4E02

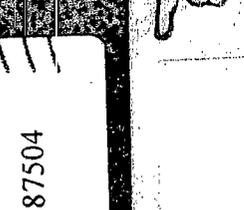
TICKET AT TOP OF ENVELOPE TO THE RIGHT  
RETURN ADDRESS, FOLD AT DOTTED LINE

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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  
1104 South Virginia  
Roswell, New Mexico 88201



PS Form 3800, August 2003. See Reverse for Instructions

7008 0500 0001 4522 6767

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

FROM

To  
My Mailing Address

Ben Richard Green  
1104 South Virginia  
Roswell, New Mexico 88201

**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  
(Transfer from service label)  
7008 0500 0001 4522 6767

PS Form 3811, February 2004

102595-02-M-1540

MOC

Domestic Return Receipt

POSTNET MAIL

MOUNT RUSHMORE

MOUNT RUSHMORE

500 0001 4523 2065

FROM

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

NIXIE

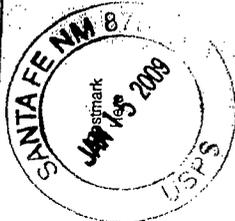
2004 1 03 01/21/09

RETURN TO SENDER

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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

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

PS Form 3800, August 2006 See Reverse for Instructions

5502 2 8254 7000 0050 8002

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

**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:

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 *MDL*

102595-02-M-1540

0001 4522 6781

FROM

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

302

TO

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

**RTS**  
RETURN TO SENDER

**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

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

PS Form 3811, February 2004 Dome.

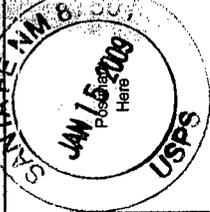
7008 0500 1000 4522 6781

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

For delivery information, visit our website at [www.usps.com](http://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. Himman  
Route 1, Box 138  
Neshanic, New Jersey 08853

PS Form 3800, August 2005

See Reverse for Instructions

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

01 4522 6781

PS Form 3811, February 2004



**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)

January 16, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

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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

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

Ben Richard Green  
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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

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

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



PS Form 3800, August 2006  
 See Reverse for Instructions

2008 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

*MOC*

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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- 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

*MOC*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 Agent Addressed  
 Addressee
- 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

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 Agent Addressed  
 Addressee
- B. Received by (Printed Name)  
 Cathy J. Jones  
 C. Date of Delivery  
 1/20/09
- 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 6774

PS Form 3811, February 2004

Domestic Return Receipt

*MOC*

102595-02-M-1540

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

PS Form 3800, August 2006

See Reverse for Instructions

2002 0254 1000 0050 8002

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

7402 8254 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  
 Satin, Texas 76685

2. Article Number

(Transfer from service label)

7008 0500 0001 4523 2058

PS Form 3811, February 2004

Domestic Return Receipt *MOC*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Robert J. Epperson* Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 (Satin) 1-28-09

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

**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 *MOC*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Robert J. Epperson* Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 (Satin) 1-28-09

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

8502 8254 7000 0050 8002

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(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)	
Total Postage & Fees \$	

Sent To  
 Robert J. Epperson  
 Street, Apt. No., P.O. Box 170  
 or PO Box No. Satin, Texas 76685  
 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:

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

2. Article Number

(Transfer from service label)

7006 0500 0001 4523 2072

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*MOL*

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
*X Lewis R. Needham*  Addressee
- B. Received by (Printed Name) *Lewis R. Needham* C. Date of Delivery *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<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Ins. or C.O.D. 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)	
Total Postage & Fees	\$



Sent To

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

PS Form 3800, August 2006

See Reverse for Instructions

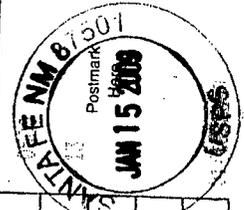
2072 4523 0001 0500 7006

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

**OFFICIAL USE**

Postage	\$ 11.17
Certified Fee	\$ 2.75
Return Receipt Fee (Endorsement Required)	\$ 3.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 17.92</b>



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

PS Form 3800, August 2006 See Reverse for Instructions

2000 0050 0001 2524 0204

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

**CERTIFIED MAIL**

1500 0001 4522 6767

FROM

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

TO  
NO SUCH  
ADDRESS

Ben Richard Green  
1104 South Virginia  
Roswell, New Mexico 88201

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(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)	
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

7008 0500 0001 4522 6767

**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  No  
If YES, enter delivery address below:

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Certified Mail        | <input type="checkbox"/> Express Mail                   |
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail          | <input type="checkbox"/> C.O.D.                         |
4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
(Transfer from service label)  
7008 0500 0001 4522 6767  
PS Form 3811, February 2004

102595-02-M-1540

Domestic Return Receipt **MOC**

500 0001 4523 2065

FROM

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

NIXIE

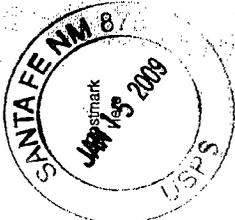
2004 1 03 01/21/09

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](http://www.usps.com)

**OFFICIAL USE**



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

5902 2 6254 7000 0050 8002

To

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

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

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

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

2. Article Number (transfer from service label) 7000 0500 0001 4523 2065

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MDC

0001 4522 6781

FROM

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

7000 0500 0001 2254 2927

TO

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

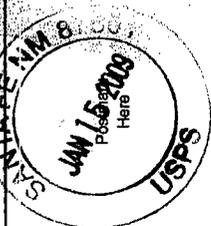
**RTS**  
RETURN TO SENDER

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

For delivery information visit our website at [www.usps.com](http://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  
Route 1, Box 138  
Neshanic, New Jersey 08853

PS Form 3800, August 2005 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:

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

2. Article Number  
(Transfer from service label) 7000 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  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

0001 4522 6781

Domestic



**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 )

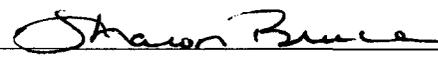
James Bruce, being duly sworn upon his oath, deposes and states:

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](mailto: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™**  
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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  
 4514 S.W. 169 Place  
 Ocala, Florida 34473  
 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:  
 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 *MDC* 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Cathy Jones*  Agent  Addressee  
 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:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  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:  
 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 *MDC* 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Billy Joe Green*  Agent  Addressee  
 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:

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

**OFFICIAL USE**

Postage \$ 41.17  
 Certified Fee 42.70  
 Return Receipt Fee (Endorsement Required) 42.70  
 Restricted Delivery Fee (Endorsement Required) 46.00  
 Total Postage & Fees \$ 172.57

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

PS Form 3800, August 2006 See Reverse for Instructions

2202 8254 7000 0050 8002

SANTA FE NM 87501  
 Postmark Here  
 JAN 15 2009  
 USPS

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

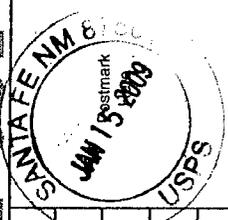
For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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 8254 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  
 Satin, Texas 76685

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

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

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 *MOX*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

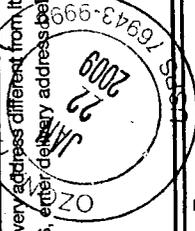
B. Received by (Printed Name)  
 Beth Carroll

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

4. Restricted Delivery? (Extra Fee)  Yes



8502 8254 7000 0050 8002

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Robert J. Epperson

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  
 (Transfer from service label)  
 7008 0500 0001 4523 2058

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

102595-02-M-1540

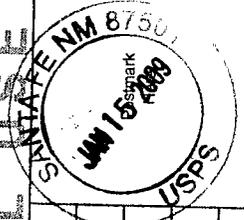
**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance (Coverage Provided))

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)	
Total Postage & Fees	\$

Sent To  
 Robert J. Epperson  
 Street, Apt. No., P.O. Box 170  
 or PO Box No. Satin, Texas 76685  
 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:

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 *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:

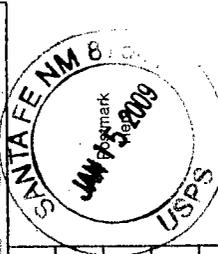
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT  
 (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)  
 Total Postage & Fees U.S.

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 6254 7000 0050 8002

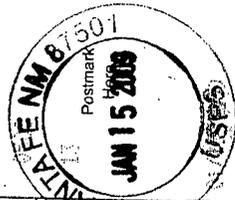
7008 0500 0001 4523 2034

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

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

**NOT FOR OFFICIAL USE**

Postage	\$ 11.17
Certified Fee	\$ 2.70
Return Receipt Fee (Endorsement Required)	\$ 2.20
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 16.07</b>



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

STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS HOLD ON UNTIL DELIVERED

**CERTIFIED MAIL**

1500 0001 4522 6767

FROM

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

BRUCE  
JAN 2

TO  
NO RETURN  
ADDRESS

Ben Richard Green  
1104 South Virginia  
Roswell, New Mexico 88201

INITIALS

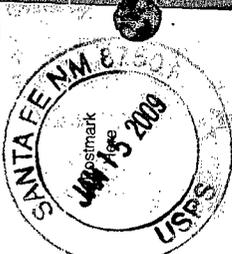
U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Int'l. Coverage Provided)

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)  
Total Postage & Fees \$

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



PS Form 3811, August 2004

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  No

2. Article Number  
(Transfer from service label)

7008 0500 0001 4522 6767

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MOC

500 0001 4523 2065

FROM

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

NIXIE

2004 1 03 01/21/09

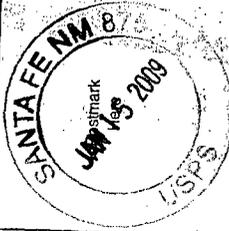
RETURN TO SENDER

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insur. in U.S. 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	\$



4523 2065 7000 0500 8002

TO

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

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

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: \_\_\_\_\_

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)

7000 0500 0001 4523 2065

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*MDC*

500 0001 4522 6781

FROM

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

TO

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

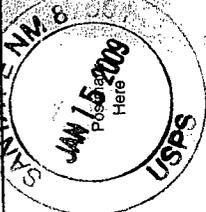


U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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:  
Street, Apt. No.,  
or PO Box 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

7829 2254 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:

Ruth E. Hinman  
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 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 7008 051  
(Transfer from service lat)

PS Form 3811, February 2004 Dome:

7001 4522 6781

