

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

**CASE #: 14306**

**EXHIBIT 2**

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. 14,306

AFFIDAVIT OF NOTICE

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

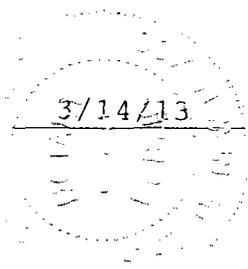
James Bruce, being duly sworn upon his oath, deposes and states:

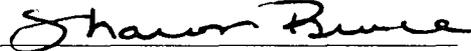
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

  
\_\_\_\_\_  
James Bruce

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup> day of April, 2009 by James Bruce.

My Commission Expires:

  
3/14/13

  
\_\_\_\_\_  
Notary Public

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

**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)

March 18, 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 NW¼SE¼ 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, April 16, 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 Rules to file a Pre-Hearing Statement no later than Thursday, April 9, 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

EXHIBIT A

- 1) Nadel and Gussman Capitan, LLC  
Suite 508  
601 N. Marienfeld  
Midland, Texas 79701  
  
Attn: Scott Germann, General Manager
- 2) OXY USA WTP Limited Partnership  
P.O. Box 4294  
Houston, Texas 77210  
  
Attn: Pat Sparks
- 3) James H. Yates, Inc.  
P.O. Box 189  
Roswell, NM 88202  
  
Attn: Carolyn B. Yates
- 4) Explorers Petroleum Corp.  
P.O. Box 1933  
Roswell, New Mexico 88202  
  
Attn: Melissa Randle
- 5) Spiral, Inc.  
P.O. Box 1933  
Roswell, New Mexico 88202  
  
Attn: Melissa Randle
- 6) Harvey E. Yates Company  
P.O. Box 1933  
Roswell, New Mexico 88202-1933  
  
Attn: Melissa Randle
- 7) Colkelan Corp.  
5836 South Pecos Road  
Las Vegas, Nevada 89120-3419

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Sent To: **Colkelan Corp.**  
 Street, Apt. #: **36 South Pecos Road**  
 City, State, ZIP+4: **Las Vegas, Nevada 89120-3419**

Postmark Here

102595-02-M-1540  
See Reverse for Instructions

7000 0500 0001 4882 5202

**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:

James H. Yates, Inc.  
 P.O. Box 189  
 Roswell, NM 88202

2. Article Number  
 (Transfer from service label)

7000 0500 0001 4882 5240

PS Form 3811, February 2004

Domestic Return Receipt **MAC 15T**  
 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Charles B. Yates*

B. Received by (Printed Name): **Charles B. Yates**  
 Address: **James H. Yates, Inc.**  
**P.O. Box 189**  
**Roswell, NM 88202**

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  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:

Colkelan Corp.  
 36 South Pecos Road  
 Las Vegas, Nevada 89120-3419

2. Article Number  
 (Transfer from service label)

7000 0500 0001 4882 5202

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Charles B. Yates*

B. Received by (Printed Name): **Charles B. Yates**  
 Date of Delivery: **2/19/04**

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  No

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**OFFICIAL USE**

Sent To: **James H. Yates, Inc.**  
 Street, Apt. #: **P.O. Box 189**  
 City, State, ZIP+4: **Roswell, NM 88202**

Postmark Here

102595-02-M-1540  
See Reverse for Instructions

7000 0500 0001 4882 5240

PS Form 3800, August 2006

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

Postage  
 Certified Fee  
 Return Receipt Fee  
 Restricted Delivery Fee  
 Restricted Delivery Fee  
 Restricted Delivery Fee

Total Postage and Fees \$

Sent To  
 OXY USA WTP Limited Partnership  
 P.O. Box 4294  
 Houston, Texas 77210

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

PS Form 3800, August 2006 See Reverse for Instructions

2525 2884 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:  
 Spiral, Inc.  
 P.O. Box 1933  
 Roswell, New Mexico 88202

2. Article Number  
 (Transfer from service label)  
 7008 0500 0001 4882 5226

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  
 B. Received by (Printed Name)  
 [Signature]  
 C. Date of Delivery  
 3-25-09  
 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.  
 Restricted Delivery? (Extra Fee)  Yes

4. Article Number  
 7008 0500 0001 4882 5226

Domestic Return Receipt *ROC 15J*

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:  
 OXY USA WTP Limited Partnership  
 P.O. Box 4294  
 Houston, Texas 77210

2. Article Number  
 (Transfer from service label)  
 7008 0500 0001 4882 5257

Domestic Return Receipt *ROC 15J*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  
 B. Received by (Printed Name)  
 SAME SBOB  
 C. Date of Delivery  
 MAR 26 2009  
 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.  
 Restricted Delivery? (Extra Fee)  Yes

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Postage  
 Certified Fee  
 Return Receipt Fee  
 Restricted Delivery Fee  
 Restricted Delivery Fee  
 Restricted Delivery Fee

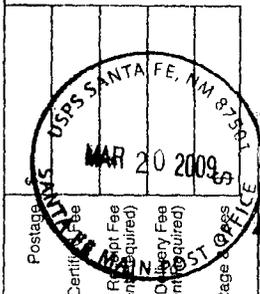
Total Postage and Fees \$

Sent To  
 Spiral, Inc.  
 P.O. Box 1933  
 Roswell, New Mexico 88202

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

PS Form 3800, August 2006 See Reverse for Instructions

2525 2884 1000 0050 8002



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Postage \$ 20.00

Postmark Here

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage and Fees 20.00

Sent To  
 Harvey E. Yates Company  
 P.O. Box 1933  
 Roswell, New Mexico 88202-1933  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

5125 2884 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:  
 Explorers Petroleum Corp.  
 P.O. Box 1933  
 Roswell, New Mexico 88202

2. Article Number  
 (Transfer from service label)  
 7008 0500 0001 4882 5233

PS Form 3811, February 2004 Domestic Return Receipt *MOC 15J* 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:  
 Harvey E. Yates Company  
 P.O. Box 1933  
 Roswell, New Mexico 88202-1933

2. Article Number  
 (Transfer from service label)  
 7008 0500 0001 4882 5219

PS Form 3811, February 2004 Domestic Return Receipt *MOC 15J* 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Harvey E. Yates  Agent  Addressee

B. Received by (Printed Name) Harvey E. Yates C. Date of Delivery 3-25-09

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

Domestic Return Receipt *MOC 15J* 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Harvey E. Yates  Agent  Addressee

B. Received by (Printed Name) Harvey E. Yates C. Date of Delivery 3-25-09

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 \$ 20.00

Postmark Here

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage and Fees 20.00

Sent To  
 Explorers Petroleum Corp.  
 P.O. Box 1933  
 Roswell, New Mexico 88202  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

5125 2884 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:

Nadel and Gussman Capitan, LLC  
 Suite 508  
 601 N. Marienfeld  
 Midland, Texas 79701

**COMPLETE THIS SECTION ON DELIVERY**

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

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 4882 5264

(Transfer from service label)

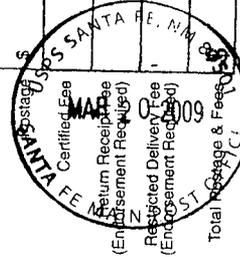
PS Form 3811, February 2004

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4925 2884 7000 0050 8002

Postage  
 Certified Mail  
 Return Receipt Fee  
 Registered Delivery Fee  
 Total Postage & Fees  
 \$0.00  
 \$0.00  
 \$0.00  
 \$0.00



Postmark Here

Sent to  
 Nadel and Gussman Capitan, LLC  
 Street, Apt. No., Suite, or PO Box 508  
 City, State, ZIP+4 601 N. Marienfeld  
 Midland, Texas 79701

PS Form 3800, August 2006 See Reverse for Instructions.