

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

APPLICATION OF MEWBOURNE OIL COMPANY
FOR APPROVAL OF A NON-STANDARD OIL SPACING
AND PRORATION UNIT, AN UNORTHODOX OIL
WELL LOCATION AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

Case No. 14,587

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 offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets 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 5th day of January, 2011 by James Bruce.

My Commission Expires: 3/14/13



Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 6

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

December 8, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, unorthodox well location, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the N $\frac{1}{2}$ N $\frac{1}{2}$ of Section 29, Township 18 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 6, 2011, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** The surface location of the well is unorthodox, but the producing interval of the well will be at an orthodox location. As an offset operator or lessee, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, December 30, 2010 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT

A

EXHIBIT A

Chesapeake Operating, Inc.
Chesapeake Exploration, L.L.C.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

Attention: Justin Zerkle

Chevron U.S.A. Inc.
P.O. Box 2100
Houston, Texas 77252

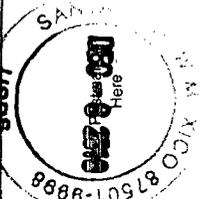
Attention: Kevin C. Stubbs

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OFFICIAL USE

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



Sent To
Chevron U.S.A. Inc.
P.O. Box 2100
Houston, Texas 77252
City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions

8008 0500 0001 4683 9638
2008 0500 0001 4683 9638

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to

Chevron U.S.A. Inc.
P.O. Box 2100
Houston, Texas 77252

2. Article Number
(Transfer from service label)

7008 0500 0001 4683 9638

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

noc-3 1924

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

C. Date of Delivery *DEC 13 2000*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7008 0500 0001 4683 9638

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

noc-3 1924

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chesapeake Operating, Inc.
Chesapeake Exploration, L.L.C.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

2. Article Number
(Transfer from service label)

7008 0500 0001 4683 9645

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

noc-3 29-4

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:



3. Service Type

4. Restricted Delivery? (Extra Fee) Yes

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Postage	\$
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Restricted Delivery Fee (Endorsement Required)	
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