BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL COMPANY TO REOPEN CASE NO. 13158 FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.

Case No. 13158 (Reopened)

AFFIDAVIT REGARDING NOTICE

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

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 set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 19th day of January, 2004, by James Bruce.

Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 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) 982-2151 (FAX)

jamesbruc@aol.com

December 31, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the S½ of Section 30, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. The only thing changed is the surface location of the well. This application is re-scheduled to be heard at 8:15 a.m. on Thursday, January 22, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, January 16, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

James Bruce

Attorney for Mewbourne Oil Company

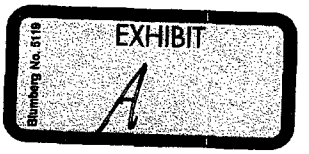


EXHIBIT A

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

Attention: John Chapman

Eland Energy, Inc.
8150 N. Central Espressway, Suite 400
Dallas, TX 75206-1822
Attn: Mr. Craig Nielsen

Mr. & Mrs. Ben C. Cavender
4506 ½ Pasadena Ave.
Wichita Falls, TX 76310-2416

Burlington Northern and
Santa Fe Railway Company
2505 Lakeview, Suite 210
Amarillo, TX 79109
Attn: Mr. Greg Golladay

City of Carlsbad
P.O. Box 1569
Carlsbad, NM 88221-1569
Attn: Mr. Jon R. Tully, City Administrator

Dr. Thomas W. Pendergrass
13410 98th Ave. NE
Kirkland, WA 98034-1906

Mr. Tony Giarratano
P.O. Box 846
Ruidoso, NM 88355

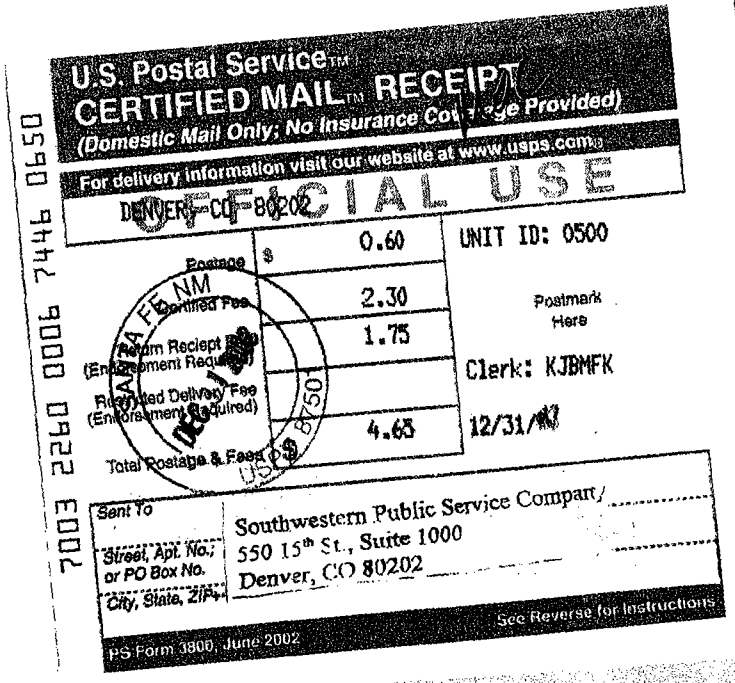
Family Eldercare, Inc.,
Guardian for Martha Leigh Cardwell
2210 Hancock Drive
Austin, TX 78756

J.P. Morgan Chase Bank,
Trustee of the Leigh Cardwell
Irrevocable Trust
P.O. Box 2558
Houston, TX 77252-8033
Attn: Mr. Roy Buckley

Arturo F. Hernandez
110 W. Cherry Lane
Carlsbad, NM 88220

Sarah Jordan
1106 N. Eddy
Carlsbad, NM 88220

Southwestern Public Service Company
550 15th St., Suite 1000
Denver, CO 80202



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CERTIFIED MAIL™ RECEIPT
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DENVER, CO 80202
OFFICIAL USE

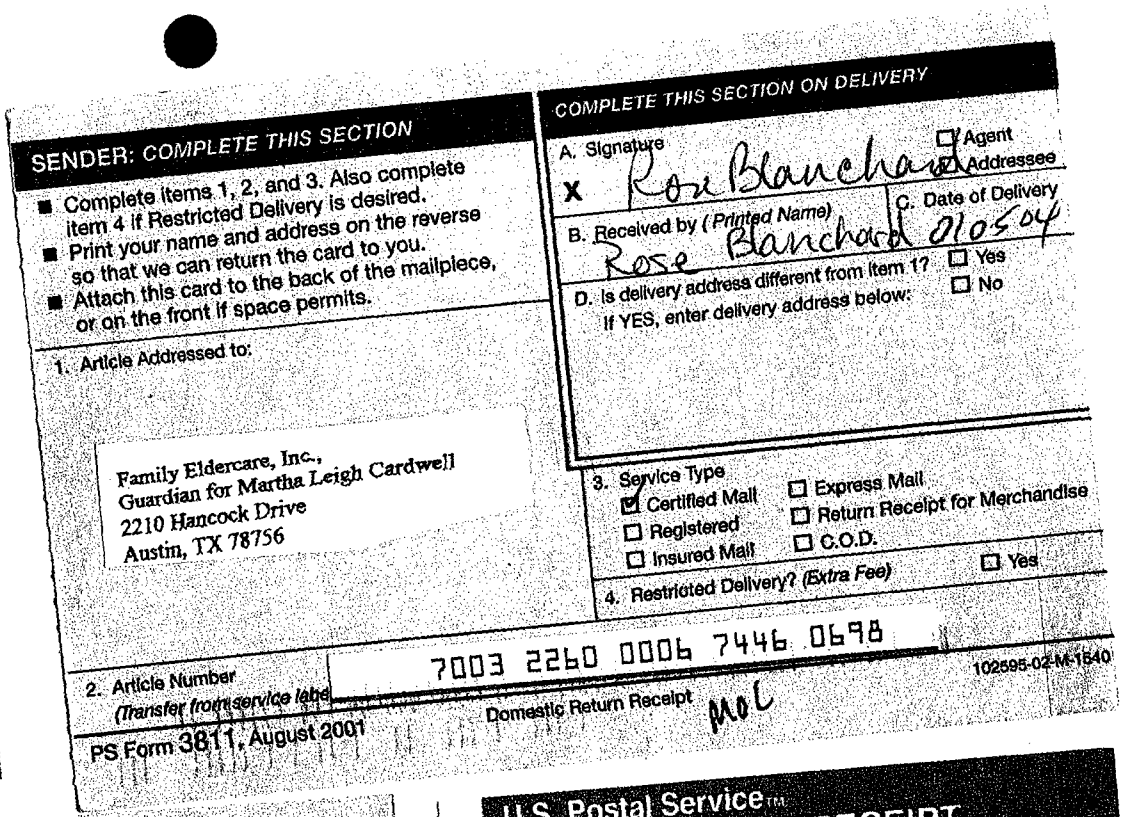
Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
Postmark Here
Clerk: KJBMFK
12/31/03

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Southwestern Public Service Company
550 15th St., Suite 1000
Denver, CO 80202

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7446 0650



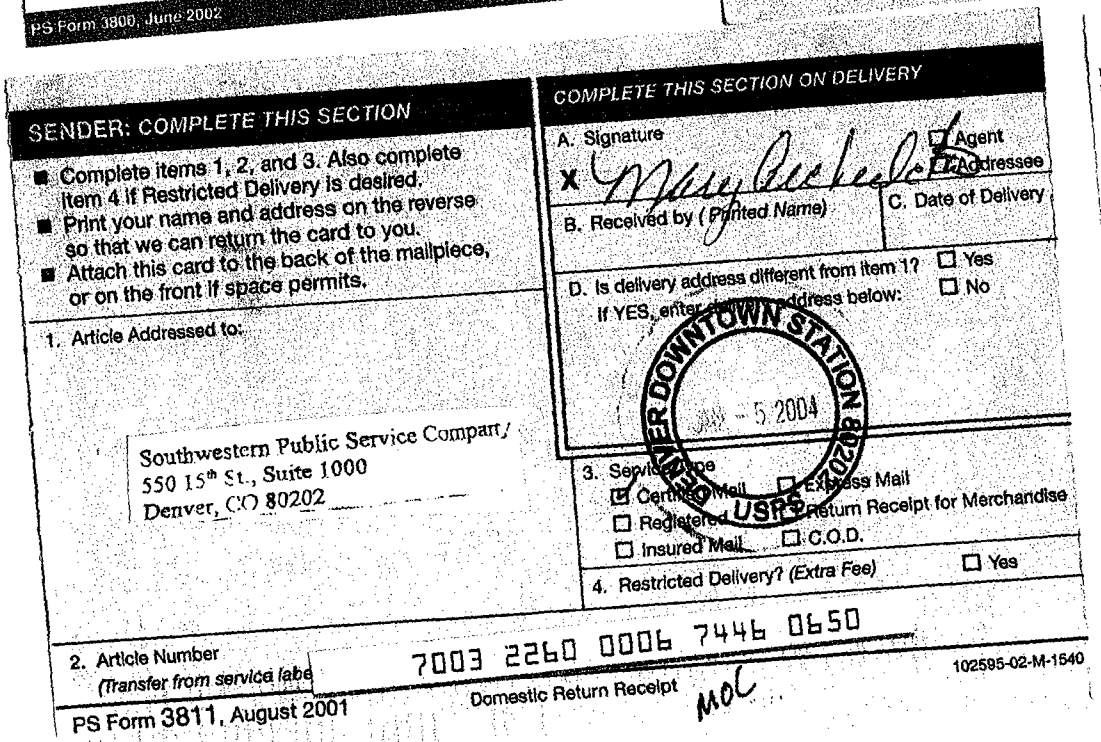
SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Family Eldercare, Inc.,
Guardian for Martha Leigh Cardwell
2210 Hancock Drive
Austin, TX 78756

COMPLETE THIS SECTION ON DELIVERY
A. Signature X Rose Blanchard ☐ Agent ☑ Addressee
B. Received by (Printed Name) Rose Blanchard C. Date of Delivery 01-05-04
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

2. Article Number (Transfer from service label) 7003 2260 0006 7446 0698
PS Form 3811, August 2001 Domestic Return Receipt 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.

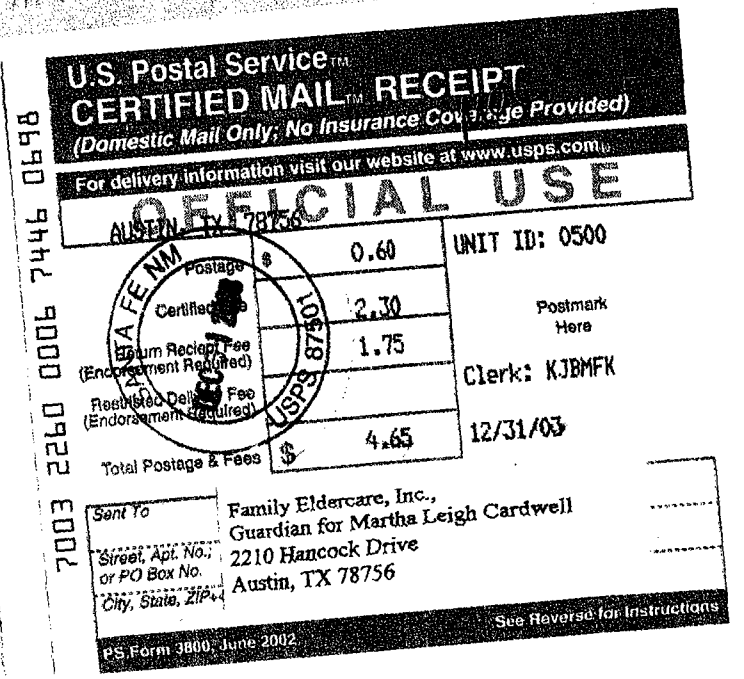
1. Article Addressed to:
Southwestern Public Service Company
550 15th St., Suite 1000
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY
A. Signature X ☐ 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

DENVER DOWNTOWN STATION 80202
JAN - 5 2004
USPS

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) 7003 2260 0006 7446 0650
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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AUSTIN, TX 78756
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Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500
Postmark Here
Clerk: KJBMFK
12/31/03

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Family Eldercare, Inc.,
Guardian for Martha Leigh Cardwell
2210 Hancock Drive
Austin, TX 78756

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0006 7446 0698

7003 2260 0006 7446 0681

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OFFICIAL USE

HOUSTON, TX 77252

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500

Postmark Here

Clerk: KJBMFK

12/31/03

Sent To: J.P. Morgan Chase Bank, Trustee of the Leigh Cardwell Irrevocable Trust
Street, Apt. No.; or PO Box No.: P.O. Box 2558
City, State, ZIP+4: Houston, TX 77252-8033
Attn: Mr. Roy Buckley

PS Form 3800, June 2002 — 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:

Sarah Jordan
1106 N. Eddy
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Sarah Jordan ☐ 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) 7003 2260 0006 7446 0687

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

MOC

THIS SECTION

, and 3. Also complete
Delivery is desired.
d address on the reverse
urn the card to you.
o the back of the mailpiece,
l space permits.

d to:

J.P. Morgan Chase Bank,
Trustee of the Leigh Cardwell
Irrevocable Trust
P.O. Box 2558
Houston, TX 77252-8033

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name) JAN 05 2004 | 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 lab) 7003 2260 0006 7446 0681

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

MOC

7003 2260 0006 7446 0694

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CARLSBAD, NM 88220

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500

Postmark Here

Clerk: KJBMFK

12/31/03

Sent To: Sarah Jordan
Street, Apt. No.; or PO Box No.: 1106 N. Eddy
City, State, ZIP+4: Carlsbad, NM 88220

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CARLSBAD, NM 88220

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KJBMFK
Total Postage & Fees	$ 4.65	12/31/03

Sent To: Arturo F. Hernandez
Street, Apt. No.; or PO Box No.: 110 W. Cherry Lane
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7446 0674

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:

Burlington Northern and
Santa Fe Railway Company
2505 Lakeview, Suite 210
Amarillo, TX 79109
Attn: Mr. Greg Golladay

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Michael Benedict — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Michael Benedict — C. Date of Delivery: 1/4/03

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): 7003 2260 0006 7446 0728

PS Form 3811, August 2001 — Domestic Return Receipt — 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:

Arturo F. Hernandez
110 W. Cherry Lane
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: x Beverly Hernandez — ☐ Agent ☐ Addressee

B. Received by (Printed Name): Beverly Hernandez — C. Date of Delivery: 1/3/4

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): 7003 2260 0006 7446 0674

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

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AMARILLO, TX 79109

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KJBMFK
Total Postage & Fees	$ 4.65	12/31/03

Sent To: Burlington Northern and
Street, Apt. No.; or PO Box No.: Santa Fe Railway Company
City, State, ZIP+4: 2505 Lakeview, Suite 210
Amarillo, TX 79109
Attn: Mr. Greg Golladay

PS Form 3800, June — See Reverse for Instructions

7003 2260 0006 7446 0728

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MIDLAND, TX 79702

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KJBMFK
Total Postage & Fees	$ 4.65	12/31/03

USPS 10618 NM

Sent To: Marathon Oil Company

Street, Apt. No., or PO Box No.: P.O. Box 552

City, State, ZIP+4: Midland, Texas 79702

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7446 0759

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:

City of Carlsbad
P.O. Box 1569
Carlsbad, NM 88221-1569
Attn: Mr. Jon R. Tully, City Administrator

CARLSBAD NM JAN 2 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 1-5-04

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

RECEIVED JAN - 6 2004

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): 7003 2260 0006 7446 0711

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1640

MOC

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:

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): STEVE BENSON | C. Date of Delivery: 1-5-04

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

2. Article Number (Transfer from service label): 7003 2260 0006 7446 0759

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

MOC

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CARLSBAD, NM 88220

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KJBMFK
Total Postage & Fees	$ 4.65	12/31/03

USPS 10618 NM

Sent To: City of Carlsbad

Street, Apt. No., or PO Box No.: P.O. Box 1569

City, State, ZIP+4: Carlsbad, NM 88221-1569
Attn: Mr. Jon R. Tully, City Administrator

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7446 0711

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:

Eland Energy, Inc.
8150 N. Central Espressway, Suite 400
Dallas, TX 75206-1822
Attn: Mr. Craig Nielsen

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) BOXENREITER C. Date of Delivery 1.7.04

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
13455 Noel #2000
Dallas, Tx 75240

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) 7003 2260 0006 7446 0742

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

MOC

7003 2260 0006 7446 0742

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DALLAS TX 75206-1822

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.65

UNIT ID: 0500

Postmark Here

Clerk: KJBMFK

12/31/03

USPS NEW MEXICO FEE 87501

Sent To: Eland Energy, Inc.
Street, Apt. or PO Box: 8150 N. Central Espressway, Suite 400
City, State: Dallas, TX 75206-1822
Attn: Mr. Craig Nielsen

PS Form 3800, June 2002 See Reverse for Instructions

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

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:

Mr. & Mrs. Ben C. Cavender
4506 ½ Pasadena Ave.
Wichita Falls, TX 76310-2416

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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) 7003 2260 0006 7446 0735

PS Form 3811, August 2001 Domestic Return Receipt MOL 102595-02-M-1540

7003 2260 0006 7446 0735

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WICHITA FALLS TX 76310

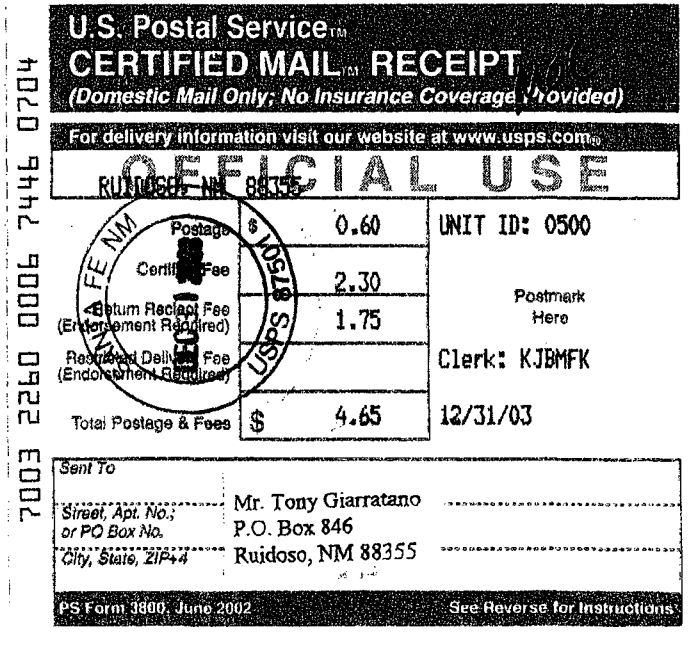
OFFICIAL USE

Postage	$ 0.60	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KJBMFK
Total Postage & Fees	$ 4.65	12/31/03

USPS 87501 DEC 31 2003

Sent To
Mr. & Mrs. Ben C. Cavender
Street, Apt. No.; or PO Box No. 4506 ½ Pasadena Ave.
City, State, ZIP+4 Wichita Falls, TX 76310-2416

PS Form 3800, June 2002 See Reverse for Instructions



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RUIDOSO NM 88355

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.65

UNIT ID: 0500

Postmark Here

Clerk: KJBMFK

12/31/03

Sent To: Mr. Tony Giarratano

Street, Apt. No.; or PO Box No.: P.O. Box 846

City, State, ZIP+4: Ruidoso, NM 88355

PS Form 3800, June 2002 — See Reverse for Instructions

7003 2260 0006 7446 0704