

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL
COMPANY FOR A WATERFLOOD PROJECT
AND QUALIFICATION FOR THE RECOVERED
OIL TAX RATE, LEA COUNTY, NEW MEXICO.

No. 10,762

AFFIDAVIT REGARDING NOTICE

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

Kevin Mayes, 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 employee of Applicant herein.

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

4. Notice of the Application was provided to the interest owners at their correct addresses by mailing each of them, by certified mail, a copy of the Form C-108. Copies of the certified return receipts are attached hereto.

5. The notice provisions of Form C-108 and Rule 1207 have been complied with.

Kevin Mayes
Kevin Mayes

SUBSCRIBED AND SWORN TO before me this 30th day of June, 1993, by Kevin Mayes.

Frances R. Sowers
Notary Public

My commission expires:
September 25, 1994.

JGB5\93247.d

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 31
CASE NO. 10761/10762

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

| | |
|--|--|
| 3. Article Addressed to: BLM P. O. Box 1397 Roswell, NM 88220 | 4. Article Number P 814 262 883 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>[Signature]</i> | |
| 7. Date of Delivery <i>6/3/93</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: Herschel & Gary Caviness, d/b/a Caviness Cattle Company East Star Route Maljamar, NM 88264 | 4. Article Number P 814 262 880 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address X <i>[Signature]</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X | |
| 7. Date of Delivery <i>6-3-93 P. Brown</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

| | |
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| 3. Article Addressed to: James Virgil Linam Estate P. O. Box 743 Hobbs, NM 88240 <i>United NM Trust Co Managing Trustee for Linam Estate</i> | 4. Article Number P 814 262 881 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) <i>Husband of one of Linam children.</i> |
| 6. Signature - Agent X <i>[Signature]</i> | |
| 7. Date of Delivery <i>6-3-93 Joy Bullock</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: Williams & Son Cattle Co. P. O. Box 30 Maljamar, NM 88264 | 4. Article Number P 814 262 882 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature - Address X <i>Billy Williams</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>[Signature]</i> | |
| 7. Date of Delivery <i>6-7-93 PB</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

| | |
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| 3. Article Addressed to: Manzano Oil Corp. 1801 W. Second Roswell, NM 88201 | 4. Article Number P 814 262 864 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>[Signature]</i> | |
| 7. Date of Delivery <i>6/23/93</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

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|---|--|
| 3. Article Addressed to: Santa Fe Energy 500 West Illinois, Suite 500 Midland, Texas 79701 | 4. Article Number P 814 262 866 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>H. Waller</i> | |
| 7. Date of Delivery <i>6-3-93</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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|--|---|
| 3. Article Addressed to: Anadarko Petroleum Corp. P. O. Drawer 130 Artesia, NM 88211-0130 | 4. Article Number P 814 262 863 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . | |
| 5. Signature — Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>Bruce Wainwright</i> | |
| 7. Date of Delivery <i>6-3-93</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: Anadarko Petroleum Corp. P. O. Box 1330 Houston, Texas 77251-1330 Att: Mike Bridges | 4. Article Number P 503 635 857 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . | |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X <i>[Signature]</i> | |
| 7. Date of Delivery JUN 03 1993 | |

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: C. W. Stumhoffer Suite 1007, Ridglea Bank Bldg. Fort Worth, Texas 76116 | 4. Article Number P 503 635 858 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . | |
| 5. Signature — Address X <i>C. W. Stumhoffer</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature — Agent X | |
| 7. Date of Delivery <i>6-5-93</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: Enron Oil & Gas Corp. P. O. Box 2267 Midland, TX 79702 | 4. Article Number P 814 262 867 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . | |
| 5. Signature - Address X <i>Mano R. Quintola</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X | |
| 7. Date of Delivery JUN - 3 1993 | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: BTA 104 South Pecos Midland, TX 79701 | 4. Article Number P 814 262 879 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . | |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>[Signature]</i> | |
| 7. Date of Delivery JUN - 9 1993 | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: Siete Oil & Gas Corp. P. O. Box 2523 Roswell, NM 88202-2523 | 4. Article Number P 814 262 865 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> . | |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>Michelle Zechman</i> | |
| 7. Date of Delivery 6-3-93 | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: Meridian Oil, Incorporated 21 Desta Drive Midland, TX 79705 | 4. Article Number P 174 147 380 |
| <i>rec'd</i> MERIDIAN OIL 6-14-93 | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address X <i>Leslyn Swiere</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X | |
| 7. Date of Delivery 6-14-93 | |

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: Mack Energy Corp. P. O. Box 276 Artesia, NM 88210 | 4. Article Number P 174 147 381 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>Star Sanders</i> | |
| 7. Date of Delivery 6-3-93 | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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|---|---|
| 3. Article Addressed to: Yates Petroleum Corp. 207 S. 4th Street Artesia, NM 88210 | 4. Article Number P 503 635 859 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| | Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address X <i>[Signature]</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X | |
| 7. Date of Delivery 6-3-93 | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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| 3. Article Addressed to: Hanley Petroleum, Inc. 415 W. Wall, Suite 1500 Midland, TX 79701 | 4. Article Number P 814 262 878 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature - Addressee X <i>M. Wilson</i> | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X | |
| 7. Date of Delivery <i>6-3-93</i> | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

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|--|---|
| 3. Article Addressed to: Oxy USA, Inc. P. O. Box 50250 Midland, Texas 79710 Att: Terry Lundquist | 4. Article Number P 503 635 860 |
| | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature - Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent X <i>K. Woodard</i> | |
| 7. Date of Delivery <i>6-4-93</i> | |

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

