

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL
COMPANY FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

Case No. 13276

AFFIDAVIT REGARDING NOTICE

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

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

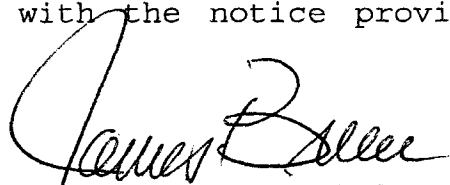
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

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.

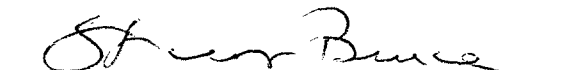
4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

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



James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of May, 2004, by James Bruce.



Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION

CASE NUMBER

EXHIBIT NUMBER 5

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

May 5, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on attached list

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 S½ of Section 32, Township 20 South, Range 28 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, May 27, 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, May 21, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company



PARTIES BEING POOLED

William R. Bergman
P.O. Box 1799
Midland, Texas 79702

Charles Cline Moore
138 Harvard Ave.
Mill Valley, CA 94941

Estate of Helen G. Harrison
Foy W. Harrison, Administrator
P.O. Box 11636
Spring, TX 77391-1636

Dolores C. McCall
P.O. Box 2206
Midland, TX 79702

Axis Energy Corporation
P.O. Box 219303
Houston, TX 77218-9303
Attn: Mr. Gary Giles

Bilberry Exploration, Inc.
10120 N.W. Freeway, Suite 231
Houston, TX 77092
Attn: Mr. Michael C. Bilberry

Rock Eagle Ranch Corporation
P.O. Box 458
Bellaire, TX 77402
Attn: Mr. Richard E. Weinberg

Lowe Partners, L.P.
P.O. Box 832
Midland, TX 79702
Attn: Mr. Joe C. Pulido

OXY USA WTP Limited Partnership
6 Desta Drive, Suite 6000
Midland, TX 79710-0250
Attn: Mr. David R. Evans

Davis Bros., L.L.C.
320 So. Boston Ave., Suite 1000
Tulsa, OK 74103-3703

Desert States Energy, Inc.
125 E. Baja Drive
Hobbs, NM 88240
Attn: Mr. Mark D. Clarke

U.S. Postal ServiceTM
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OFFICIAL USE

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

Sent To
Davis Bros, L.L.C.
320 So. Boston Ave., Suite 1000
Tulsa, OK 74103-3703
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3811, July 1999
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

Davis Bros, L.L.C.
320 So. Boston Ave., Suite 1000
Tulsa, OK 74103-3703

2. Article Number (Copy from service)

7003 1010 0002 5585 5868

PS Form 3811, July 1999
Domestic Return Receipt
102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print) early B. Date of Delivery 5-10-04

C. Signature X Ruth M. Miller ☐ Agent ☐ Addressee

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

7003 1010 0002 5585 5868

PS Form 3811, July 1999
Domestic Return Receipt
102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

Charles Cline Moore
138 Harvard Ave.
Mill Valley, CA 94941

2. Article Number (Copy from)

7003 1010 0002 5585 5783

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print) early B. Date of Delivery May 11 2004

C. Signature X Ruth M. Miller ☐ Agent ☐ Addressee

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

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

Sent To
Charles Cline Moore
138 Harvard Ave.
Mill Valley, CA 94941
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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OFFICIAL USE

Postage	\$ 0.37	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.42	

Sent To
Rock Eagle Ranch Corporation
P.O. Box 458
Bellair, TX 77402
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Complete items 1, 2, 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.

William R. Bergman
P.O. Box 1799
Midland, Texas 79702

2. Article Number (Copy from service label)
7004 0750 0000 9048 6428

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name)
Carmel Mills

B. Date of Delivery
July 11, 2004

C. Signature
Carmel Mills

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Complete items 1, 2, 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.

Rock Eagle Ranch Corporation
P.O. Box 458
Bellair, TX 77402

2. Article Number (Copy from service label)
7003 1010 0002 5585 5837

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name)
Richard E. Bergman

B. Date of Delivery
July 11, 2004

C. Signature
Richard E. Bergman

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

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

Sent To
P.O. Box 1799
Midland, Texas 79702
City, State, ZIP+4

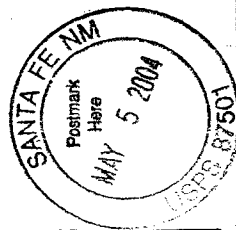
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	



Sent To
Bilberry Exploration, Inc.
10120 N.W. Freeway, Suite 231
Houston, TX 77092
Attn: Mr. Michael C. Bilberry
City, State, Zip+4
PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

Lowe Partners, L.P.
P.O. Box 832
Midland, TX 79702

2. Article Number (Copy from service label)

PS Form 3811, July 1999

7003 1010 0002 5585 5844

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print) S. Gutman B. Date of Delivery MAY 10 2004
- C. Signature [Signature] ☐ Agent ☐ Addressee
- 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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

Bilberry Exploration, Inc.
10120 N.W. Freeway, Suite 231
Houston, TX 77092

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print) [Signature] B. Date of Delivery July 1999
- C. Signature [Signature] ☐ Agent ☐ Addressee
- 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 (Copy from service label)

PS Form 3811, July 1999

7003 1010 0002 5585 5820

Domestic Return Receipt

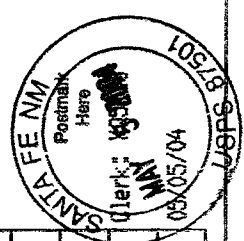
102595-00-M-0952

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Postage \$	0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	4.42



Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4
Lowe Partners, L.P.
P.O. Box 832
Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

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OFFICIAL USE

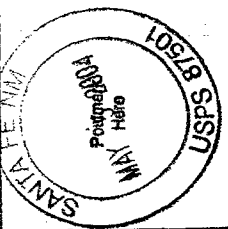
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To

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

OXY USA WTP Limited Partnership
6 Delta Drive, Suite 6000
Midland, TX 79710-0250

PS Form 3811, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

Dolores C. McCall
P.O. Box 2206
Midland, TX 79702

2. Article Number (Copy from

PS Form 3811, July 1999

7003 1010 0002 5585 5806

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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
6 Delta Drive, Suite 6000
Midland, TX 79710-0250

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name) B. Date of Delivery

C. Signature

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 (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

7003 1010 0002 5585 5851

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name) B. Date of Delivery

C. Signature

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

7003 1010 0002 5585 5806

Domestic Return Receipt

102595-00-M-0952

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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.
City, State, Zip+4

Dolores C. McCall
P.O. Box 2206
Midland, TX 79702

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:

Estate of Helen O. Harrison
Foy W. Harrison, Administrator
P.O. Box 11636
Spring, TX 77391-1636

2. Article Number (Copy from service label)

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COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

DIANE HARRISON

C. Signature

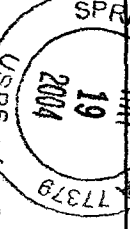
x Harrison

- ☐ Agent
- ☐ Addressee

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

7003 1010 0002 5585 5790

Domestic Return Receipt

WV-537

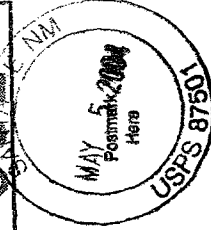
102595-00-M-0952

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OFFICIAL USE

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



Sent To

Estate of Helen O. Harrison
Foy W. Harrison, Administrator
P.O. Box 11636
Spring, TX 77391-1636

PS Form 3800, June 2002

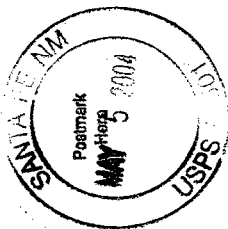
See Reverse for Instructions

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OFFICIAL USE

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



Sent To

Desert States Energy, Inc.
123 E. Baja Drive
Hobbs, NM 88240
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

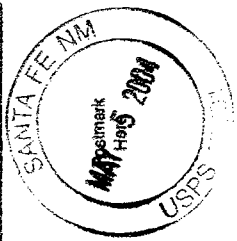
7749 8706 0000 0520 4002

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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

Desert States Energy, Inc.
P.O. Box 219303
Houston, TX 77218-9303
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

0002 4002 0520 8706 7749