

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 AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

Case No. 14,877

AFFIDAVIT OF NOTICE

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

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

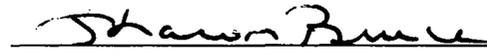
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibit 1.
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 11th day of July, 2012 by James Bruce.

My Commission Expires: 3/14/13



Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 10

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

June 21, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the E $\frac{1}{2}$ W $\frac{1}{2}$ of Section 5, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, July 12, 2012, 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 the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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, July 5, 2012. 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 1

EXHIBIT

A

Louis Berney
1797 15th Avenue
Star Prairie, Wisconsin 54026

David A. Metts
2609 Hodges Street
Midland, Texas 79705

Henry Holding Corporation
3525 Andrews Highway, Ste. 200
Midland, Texas 79703

Howard Y. Williams, Jr.
3500 Glenarden Road
Saint Paul, MN 55112

James S. Henry and Marion Henry
5687 Silverthorn
Shoreview, MN 55126

Joan L. Ingram
P.O. Box 1757
Roswell, NM 88202

Claire E. Peper, a widow and the
heirs or devisees of Martin C. Peper
9050 Spring Run Boulevard, Unit #307
Bonita Springs, FL 34135

Terry Christianson
1330 Natchez Avenue South
Golden Valley, MN 55416

Richard Kiene and Rita A. Kiene
2349 W. 1900 N
Farr West, Utah 84404

Unicon Producing Company
P.O. Box 85236
Dallas, Texas 75285

F.F. Zdenck and Anusaya Zdenck
3510 Siems Court
Saint Paul, Minnesota 55112

Robert Urista and Jere Urista
2116 SW Third Avenue
Grand Rapids, MN 55744-4142

Leslea Ingram Cole
6336 N. Oracle Road, Ste. 326-331
Tucson, Arizona 85704

LSN
2214 IDS Center
Minneapolis, MN 55402

Pauline Melichar, Trustee
5512 Brook Drive
Edina, MN 55439

0899 2E22 0000 0606 0701

U.S. Postal Service
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To: Claire E. Peper, a widow and the heirs or devisees of Martin C. Peper 9050 Spring Run Boulevard, Unit #307 Bonita Springs, FL 34135		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		

PS Form 3800, August 2006 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:

J. Ingram
POB 577
888202

2. Article Number
(Transfer from service label) **7010 3090 0000 2332 6873**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *J. Ingram* Agent Addressee

B. Received by (Printed Name): *J. Ingram* C. Date of Delivery: _____

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

0899 2E22 0000 0606 0701

U.S. Postal Service
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Joan L. Ingram
P.O. Box 1757
Roswell, NM 88202

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 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:

Claire E. Peper, a widow and the heirs or devisees of Martin C. Peper
9050 Spring Run Boulevard, Unit #307
Bonita Springs, FL 34135

2. Article Number
(Transfer from service label) **7010 3090 0000 2332 6880**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Claire Peper* Agent Addressee

B. Received by (Printed Name): *Claire Peper* C. Date of Delivery: *7/5/12*

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 *MWD* 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:

Henry Holding Corporation
3525 Andrews Highway, Ste. 200
Midland, Texas 79703

2. Article Number (Transfer from service label) 7010 3090 0000 2332 6842

PS Form 3811, February 2004 Domestic Return Receipt *M-WD* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Leigh Collyer

B. Received by (Printed Name) *Leigh Collyer* 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

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6899 2332 0000 0906 7010

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

Postmark Here

Sent To
Street, Apt. No., or PO Box No. *Louis Berney 1797 15th Avenue*
City, State, ZIP+4 *Star Prairie, Wisconsin 54026*

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service™
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7010 3090 0000 2332 6842

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

Postmark Here

Sent To
Street, Apt. No., or PO Box No. *Henry Holding Corporation 3525 Andrews Highway, Ste. 200*
City, State, ZIP+4 *Midland, Texas 79703*

PS Form 3800, August 2006 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:

Louis Berney
1797 15th Avenue
Star Prairie, Wisconsin 54026

2. Article Number (Transfer from service label) 7010 3090 0000 2332 6699

PS Form 3811, February 2004 Domestic Return Receipt *M-WD* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Louis Berney

B. Received by (Printed Name) *Louis Berney* C. Date of Delivery *6-25*

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

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:

David A. Metts
2609 Hodges Street
Midland, Texas 79705

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6835

PS Form 3811, February 2004

Domestic Return Receipt

M-WD

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

MRS D.A. Metts 63612

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

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7010 3090 0000 2332 6903

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Richard Kiene and Rita A. Kiene

Street, Apt. No., or PO Box No. 2349 W. 1900 N

City, State, ZIP+4[®] Farr West, Utah 84404

PS Form 3800, August 2006

See Reverse for Instructions

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7010 3090 0000 2332 6835

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

David A. Metts
2609 Hodges Street
Midland, Texas 79705

Street, Apt. No., or PO Box No.

City, State, ZIP+4[®]

PS Form 3800, August 2006

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:

Richard Kiene and Rita A. Kiene
2349 W. 1900 N
Farr West, Utah 84404

2. Article Number

(Transfer from service label)

7010 3090 0000 2332 6903

PS Form 3811, February 2004

Domestic Return Receipt

M-WD

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
RITA KIENE 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

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

Sent To: Robert Urista and Jere Urista
 2116 SW Third Avenue
 Grand Rapids, MN 55744-4142

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

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0000 2332 6934

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 S. Henry and Marion Henry
 5687 Silverthorn
 Shoreview, MN 55126

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Marion Henry* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: _____

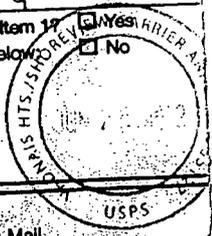
D. Is delivery address different from Item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7010 3090 0000 2332 6866
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt *M-WD* 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:
 Robert Urista and Jere Urista
 2116 SW Third Avenue
 Grand Rapids, MN 55744-4142

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Robert Urista* Agent Addressee

B. Received by (Printed Name): *ROBERT URISTA* C. Date of Delivery: _____

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

2. Article Number: 7010 3090 0000 2332 6934
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt *M-WD* 102595-02-M-1540

7010 3090 0000 2332 6866

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

Sent To: James S. Henry and Marion Henry
 5687 Silverthorn
 Shoreview, MN 55126

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

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0000 2332 6958

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com .	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Leslea Ingram Cole 6336 N. Oracle Road, Ste. 326-331 Tucson, Arizona 85704
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 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:

LSN
2214 IDS Center
Minneapolis, MN 55402

2. Article Number 7010 3090 0000 2332 6958
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt *M-WD*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Matthew Palmer* Agent Addressee

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

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

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:

Leslea Ingram Cole
6336 N. Oracle Road, Ste. 326-331
Tucson, Arizona 85704

2. Article Number 7010 3090 0000 2332 6941
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt *M-WD*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Elizabeth R. Barnes* Agent Addressee

B. Received by (Printed Name) Elizabeth R. Barnes C. Date of Delivery 6/25/12

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

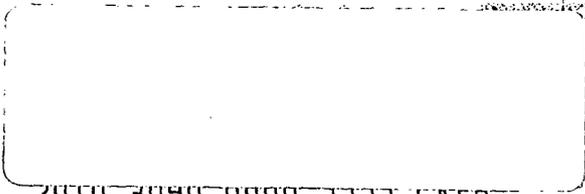
U.S. Postal Service™	
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For delivery information visit our website at www.usps.com .	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	LSN 2214 IDS Center Minneapolis, MN 55402
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

7010 3090 0000 2332 6958

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

1ST NOTICE 06-30-12
2ND NOTICE _____
RETURN _____

CERTIFIED MAIL™



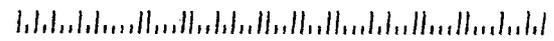
7010 3090 0000 2332 6859



Howard Y. Williams, Jr.
3500 Glenarden Road
Saint Paul, MN 55112

move order expired
12/26
PL UTF

8750401056
55112350505



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

Sent To: Howard Y. Williams, Jr.
Street, Apt. No., or PO Box No.: 3500 Glenarden Road
City, State, ZIP+4: Saint Paul, MN 55112

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0000 2332 6859

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504



7010 3090 0000 2332 6897

1ST NOTICE 06-29-12
2ND NOTICE _____
RETURN _____

SCANNED
PARTS
NOT
AS

Terry Christianson
1330 Natchez Avenue South
Golden Valley, MN 55416



NSN

884 10 55416 056



7010 3090 0000 2332 6897

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

Sent To Terry Christianson
 Street, Apt. No. 1330 Natchez Avenue South
 or PO Box No. Golden Valley, MN 55416
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

0169 2622 0000 0690 7010

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OFFICIAL USE

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

Sent To Unicon Producing Company
P.O. Box 85236
 Street, Apt. No., or PO Box No. Dallas, Texas 75285
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

0169 2622 0000 0690 7010

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OFFICIAL USE

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

Sent To F.F. Zdenck and Anusaya Zdenck
3510 Siems Court
 Street, Apt. No., or PO Box No. Saint Paul, Minnesota 55112
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

June 21, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the E½W½ of Section 5, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico. **You may be the successor-in-interest to Unicon Producing Company.**

These matters are scheduled for hearing at 8:15 a.m. on Thursday, July 12, 2012, 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 the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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, July 5, 2012. 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

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

ConocoPhillips Company
Burlington Resources Oil & Gas Company L.P.
P.O. Box 2197
Houston, TX 77252

7010 3090 0000 2332 6972

U.S. Postal Service
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OFFICIAL USE

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

Sent To **ConocoPhillips Company**
Burlington Resources Oil & Gas Company L.P.
 Street, Apt. No. or PO Box No. **P.O. Box 2197**
 City, State, ZIP+4 **Houston, TX 77252**

PS Form 3800, August 2006 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:

EOG Resources, Inc.
 P.O. Box 2267
 Midland, Texas 79702

2. Article Number
 (Transfer from service label)

7010 3090 0000 2332 6989

PS Form 3811, February 2004 Domestic Return Receipt *M-WD* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[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

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:

ConocoPhillips Company
 Burlington Resources Oil & Gas Company L.P.
 P.O. Box 2197
 Houston, TX 77252

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6/26/12*

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

2. Article Number
 (Transfer from service label)

7010 3090 0000 2332 6972

PS Form 3811, February 2004 Domestic Return Receipt *M-WD* 102595-02-M-1540

7010 3090 0000 2332 6989

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To **EOG Resources, Inc.**
P.O. Box 2267
 Street, Apt. No. or PO Box No. **Midland, Texas 79702**
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions