

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

**APPLICATION OF MEWBOURNE OIL COMPANY
TO RE-OPEN CASE NO. 14554 TO MAKE THE
SPECIAL RULES AND REGULATIONS FOR THE
NORTH SEVEN RIVERS GLORIETA-YESO
POOL PERMANENT, AND TO EXPAND THE POOL,
EDDY COUNTY, NEW MEXICO.**


Case No. 14554

AFFIDAVIT OF NOTICE

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

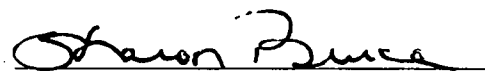
James Bruce, being duly sworn upon his oath, deposes and states:

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 operators entitled to receive notice of the application filed herein.
4. Notice of the amended application was provided to the operators, at their last known 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 18th day of September, 2012 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. Y
Exhibit No. Y

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

August 22, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an amended application re-open Case No. 14554, to make permanent the special pool rules for the North Seven Rivers Glorieta-Yeso Pool, and to expand the pool. **The pool will be expanded to include acreage containing wells which the Division has designated as being in the pool.** filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 20, 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 operator in the pool you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter 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, September 13, 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

EXHIBIT A

COG Operating LLC
550 West Texas Avenue
Midland, Texas 79701

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Nearburg Producing Company
Building 2, Suite 120
3300 North "A" Street
Midland, Texas 79705

Echo Production Company
P.O. Box 1210
Graham, Texas 76450

Nadel and Gussman Permian, L.L.C.
Suite 508
601 North Marienfeld
Midland, Texas 79701

Cimarex Energy Co.
Suite 600
600 North Marienfeld
Midland, Texas 79701

Fasken Oil & Ranch, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

Unit Petroleum Company
P.O. Box 702500
Tulsa, Oklahoma 74170

Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

7010 3090 0000 2336 5575

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

Sent To Unit Petroleum Company
P.O. Box 702500
Tulsa, Oklahoma 74170
 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:

Marshall & Winston, Inc.
 P.O. Box 50880
 Midland, Texas 79710

2. Article Number:
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Wanda Brown C. Date of Delivery 8-23-02

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

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

7010 3090 0000 2336 5575

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Unit Petroleum Company
 P.O. Box 702500
 Tulsa, Oklahoma 74170

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X B. Cragher ☐ Agent ☐ Addressee

B. Received by (Printed Name) B. Cragher C. Date of Delivery 8-23-02

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

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

Sent To Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

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- 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:

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 5636

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Domestic Return Receipt

M PR

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Underwood

☐ Agent☐ Addressee

B. Received by (Printed Name)

Underwood

C. Date of Delivery

8-23-12

D. Is delivery address different from item 1? ☐ YesIf 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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(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Nadel and Gussman Permian, L.L.C.

Sent To

Suite 508

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

601 North Marienfeld

City, State, ZIP+4

Midland, Texas 79701

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:

Nadel and Gussman Permian, L.L.C.
Suite 508
601 North Marienfeld
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 5605

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Mandi Bate

☐ Agent☐ Addressee

B. Received by (Printed Name)

Mandi Bate

C. Date of Delivery

8/27/12

D. Is delivery address different from item 1? ☐ YesIf 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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Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Yates Petroleum Corporation

Street, Apt. No.,
or PO Box No.105 South Fourth Street
Artesia, New Mexico 88210

City, State, ZIP+4

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

Sent To: Echo Production Company
P.O. Box 1210
Graham, Texas 76450

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

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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:

Nearburg Producing Company
Building 2, Suite 120
3300 North "A" Street
Midland, Texas 79705

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 5629

PS Form 3811, February 2004

Domestic Return Receipt

M PR

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Rue Landon* C. Date of Delivery *8/24/12*

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:

Echo Production Company
P.O. Box 1210
Graham, Texas 76450

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Taylor Doyle* C. Date of Delivery *8/27/12*

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)

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

Sent To: Nearburg Producing Company
Building 2, Suite 120
3300 North "A" 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

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- 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:

Cimarex Energy Co.
Suite 600
600 North Marienfeld
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 5599

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

8/24/06

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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Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
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Sent To

COG Operating LLC
550 West Texas Avenue
Midland, Texas 79701

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

City, State, ZIP+4

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Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

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Sent To

Cimarex Energy Co.
Suite 600
600 North Marienfeld
Midland, Texas 79701

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

City, State, ZIP+4

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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:

COG Operating LLC
550 West Texas Avenue
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 5643

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

8/24/06

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

7010 3090 0000 2336 5582

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|---|----|---------------|
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| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | | |
| Sent To Fasken Oil & Ranch, Ltd. Suite 1800 303 West Wall Midland, Texas 79701 | | |
| 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 Address

Fasken Oil & Ranch, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

| | | |
|--|---|---|
| A. Signature <i>[Signature]</i> | | <input type="checkbox"/> Agent |
| | | <input checked="" type="checkbox"/> Addressee |
| B. Received by (Printed Name) <i>Chris / 1/10/12</i> | C. Date of Delivery <i>1/10/12</i> | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> No |
| If YES, enter delivery address below: | | |
| 3. Service Type | | |
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail | |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise | |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |

2. Article Number

(Transfer from service label)

7010 3090 0000 2336 5582

PS Form 3811, February 2004

Domestic Return Receipt

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