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jamesbruce@aol.com

August 23, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

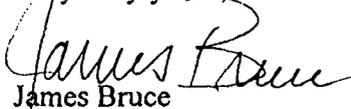
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the S½N½ of Section 30, Township 18 South, Range 30 East, N.M.P.M., Eddy County, New Mexico.

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 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 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 1

EXHIBIT A

Charles H. Robinson, Jr.
3021 Bryn Mawr Dr.
Dallas, Texas 75225-7819

Kessler Family Trust
5316 E. Calle Del Media
Phoenix, Arizona 85018
Attn: Stephen E. Kessler, Trustee

Monarch Oil & Gas, Inc.
c/o May, Taylor & Co.
302 W. Tilden Street
Roswell, New Mexico 88203

Richard S. Escobedo
7088 S. Garrison St.
Littleton, CO 80128

Ron J. Green and Amie A. Green
110 West County Club, Ste. 6
Roswell, New Mexico 88201

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OFFICIAL USE

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

Postmark Here

Sent To: Ron J. Green and Amic A. Green
 110 West County Club, Ste. 6
 Roswell, New Mexico 88201

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

PS Form 3800, August 2005 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 S. Escobedo
 7088 S. Garrison St.
 Littleton, CO 80128

2. Article Number (Transfer from service label): 7010 3090 0000 2336 5674

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: 8/25/04

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:
 Ron J. Green and Amic A. Green
 110 West County Club, Ste. 6
 Roswell, New Mexico 88201

2. Article Number (Transfer from service label): 7010 3090 0000 2336 5667

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* 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

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

Postmark Here

Sent To: Richard S. Escobedo
 7088 S. Garrison St.
 Littleton, CO 80128

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

PS Form 3800, August 2006 See Reverse for Instructions

7010 3090 0000 2336 5698

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		
Sent To	Kessler Family Trust	
Street, Apt. No., or PO Box No.	5316 E. Calle Del Media	
	Phoenix, Arizona 85018	
City, State, ZIP+4	Attn: Stephen E. Kessler, Trustee	

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:

Monarch Oil & Gas, Inc.
 c/o May, Taylor & Co.
 302 W. Tilden Street
 Roswell, New Mexico 88203

2. Article Number (Transfer from service label) **7010 3090 0000 2336 5681**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Viola A. Vigil

B. Received by (Printed Name) *Viola A. Vigil* C. Date of Delivery *8/24/12*

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

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:

Kessler Family Trust
 5316 E. Calle Del Media
 Phoenix, Arizona 85018
 Attn: Stephen E. Kessler, Trustee

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Virginia McKee

B. Received by (Printed Name) C. Date of Delivery *8-25*

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 2336 5698**

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

7010 3090 0000 2336 5681

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OFFICIAL USE

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	Monarch Oil & Gas, Inc.	
Street, Apt. No., or PO Box No.	c/o May, Taylor & Co.	
	302 W. Tilden Street	
City, State, ZIP+4	Roswell, New Mexico 88203	

PS Form 3800, August 2006 See Reverse for Instructions

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CERTIFIED MAIL TM RECEIPT

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7010 3090 0000 2336 5704

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

Sent To: Charles H. Robinson, Jr.
 Street, Apt. No., or PO Box No.: 3021 Bryn Mawr Dr.
 City, State, ZIP+4: Dallas, Texas 75225-7819

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:

Charles H. Robinson, Jr.
 3021 Bryn Mawr Dr.
 Dallas, Texas 75225-7819

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *C. Robinson* Agent Addressee

B. Received by (Printed Name): *C. ROBINSON* C. Date of Delivery: *SEP 4 2006*

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 2336 5704