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

APPLICATION OF MEWBOURNE OIL COMPANY TO ABOLISH THE SPECIAL RULES AND REGULATIONS FOR THE SOUTH CULEBRA BLUFF-BONE SPRING POOL, EDDY COUNTY, NEW MEXICO.

Case No. 14,991

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 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 10th day of July, 2013 by James Bruce.

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-2-13

My Commission Expires:

Notary Public

Oil Conservation Division
Case No.
Exhibit No. 7

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 8, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, to abolish the special pool rules for the South Culebra Bluff-Bone Spring Pool.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 30, 2013, 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, May 23, 2013. 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

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121-1468
Attn: Mr. Wayne Fields

Mr. Roy E. Kimsey, Jr.
505 N. Big Spring St., Suite 502
Midland, TX 79701-4370

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, TX 77210-4294
Attn: Mr. Chris Gertson

Range Operating New Mexico LLC
100 Throckmorton St., Suite 1200
Fort Worth, TX 76102
Attn: Mr. Robert Ebeier

RKI Exploration & Production LLC
3817 NW Expressway, Suite 950
Oklahoma City, OK 73112
Attn: Mr. Cody Reid

Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210-2122
Attn: Janet Richardson

BTA Oil Producers, LLC
104 South Pecos
Midland, TX 79701-5021
Attn: Mr. Willis D. Price, III

Chevron MidContinent, LP
P.O. Box 2100
Houston, TX 77252
Attn: Mr. Kevin Stubbs

COG Operating LLC
One Concho Center
600 West Illinois
Midland, TX 79701
Attn: Jan Spradlin

Devon Energy Corporation
333 West Sheridan Ave.
Oklahoma City, OK 73102
Attn: Mr. Ken Gray

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:

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121-1468

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
MAY 13 2013

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) 7012 3050 0001 7053 9713

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

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

Postmark Here
MAY 8 2013

Sent To: Kaiser-Francis Oil Company
Street, Apt. No.; or PO Box No.: P.O. Box 21468
City, State, ZIP+4: Tulsa, OK 74121-1468

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 7053 9713

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

Postmark Here
MAY 8 2013

Sent To: Chevron MidContinent, LP
Street, Apt. No.; or PO Box No.: P.O. Box 2100
City, State, ZIP+4: Houston, TX 77252

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 7053 9645

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:

Chevron MidContinent, LP
P.O. Box 2100
Houston, TX 77252

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
[illegible] 5-8-13

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) 7012 3050 0001 7053 9645

PS Form 3811, February 2004 Domestic Return Receipt 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:

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, TX 77210-4294

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5-13-13

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) 7012 3050 0001 7053 9690

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

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

Postmark Here
MAY 8 2013

Sent To: RKI Exploration & Production LLC
Street, Apt. No.; or PO Box No.: 3817 NW Expressway, Suite 950
City, State, ZIP+4: Oklahoma City, OK 73112

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 7053 9676

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

Postmark Here
MAY 8 2013

Sent To: OXY USA WTP Limited Partnership
Street, Apt. No.; or PO Box No.: P.O. Box 4294
City, State, ZIP+4: Houston, TX 77210-4294

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 7053 9690

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:

RKI Exploration & Production LLC
3817 NW Expressway, Suite 950
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] 5/13/13 ☐ Agent ☐ 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

2. Article Number (Transfer from service label) 7012 3050 0001 7053 9676

PS Form 3811, February 2004 Domestic Return Receipt [signature] PR 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:

BTA Oil Producers, LLC
104 South Pecos
Midland, TX 79701-5021

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) LUIS SOSA C. Date of Delivery 5-10-13

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) 7012 3050 0001 7053 9652

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

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

Postmark Here

Sent To: Mr. Roy E. Kimsey, Jr.
Street, Apt. No.; or PO Box No.: 505 N. Big Spring St., Suite 502
City, State, ZIP+4: Midland, TX 79701-4370

7012 3050 0001 7053 9706

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

Sent To: BTA Oil Producers, LLC
Street, Apt. No.; or PO Box No.: 104 South Pecos
City, State, ZIP+4: Midland, TX 79701-5021

7012 3050 0001 7053 9652

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:

Mr. Roy E. Kimsey, Jr.
505 N. Big Spring St., Suite 502
Midland, TX 79701-4370

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5/10/13

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) 7012 3050 0001 7053 9706

PS Form 3811, February 2004 Domestic Return Receipt M PR 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:

Devon Energy Corporation
333 West Sheridan Ave.
Oklahoma City, OK 73102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[signature] 7-3-2013

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 la 7012 3050 0001 7053 9621

PS Form 3811, February 2004 Domestic Return Receipt [signature] 102595-02-M-1540

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

Postmark Here

Sent To: Devon Energy Corporation
Street, Apt. No.; or PO Box No.: 333 West Sheridan Ave.
City, State, ZIP+4: Oklahoma City, OK 73102

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 7053 9621

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

Postmark Here

Sent To: Range Operating New Mexico LLC
Street, Apt. No.; or PO Box No.: 100 Throckmorton St., Suite 1200
City, State, ZIP+4: Fort Worth, TX 76102

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 7053 9683

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:

Range Operating New Mexico LLC
100 Throckmorton St., Suite 1200
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[signature] 7-3-13

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) 7012 3050 0001 7053 9683

PS Form 3811, February 2004 Domestic Return Receipt [signature] 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:

Yates Petroleum Corporation
105 South 4th Street
Artesia, NM 88210-2122

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. Delgado ☑ Agent ☐ Addressee

B. Received by (Printed Name) J. Delgado C. Date of Delivery 5-10-13

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) 7012 3050 0001 7053 9669

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

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

Postmark Here

MAY 8 2013

Sent To: COG Operating LLC
Street, Apt. No.; or PO Box No.: One Concho Center, 600 West Illinois
City, State, ZIP+4: Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 7053 9638

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

Postmark Here

MAY 8 2013

Sent To: Yates Petroleum Corporation
Street, Apt. No.; or PO Box No.: 105 South 4th Street
City, State, ZIP+4: Artesia, NM 88210-2122

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 7053 9669

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
One Concho Center
600 West Illinois
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5/8/13

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) 7012 3050 0001 7053 9638

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