

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

APPLICATION OF MEWBOURNE OIL COMPANY  
FOR A NON-STANDARD OIL SPACING AND  
PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

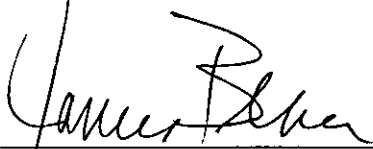
Case No. 15,053

AFFIDAVIT OF NOTICE

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

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

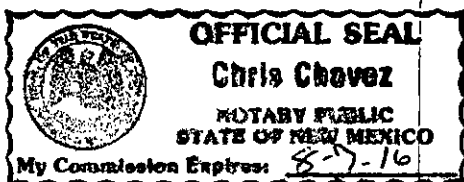
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application 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 letter and certified return receipt are attached hereto as Attachment 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 16<sup>th</sup> day of October, 2013 by, James Bruce.

My Commission Expires: 8-7-16

  
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

September 26, 2013

To: Persons on Exhibit A

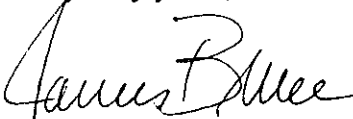
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the S½S½ of Section 17, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 17, 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 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, October 10, 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

Attachment

**A**

## EXHIBIT

A

- 1) Westway Petroleum  
6440 N. Central Expressway, Suite 308  
Dallas, TX 75206
- 2) Mr. Robert N. Varn  
3059 Farmington Lane  
Atlanta, GA 30399
- 3) Mr. Henry C. Landers  
1003 East St.  
Redding, CA 96001
- 4) Mr. T. Grover Swift, Jr.  
749 North Main St.  
Fort Worth, TX 70106
- 5) Mr. William P. McCormick  
401 SW 12<sup>th</sup> Ave.  
Portland, OR 97205
- 6) Mr. Neil W. Schilke  
1820 N. Nye Ave.  
Freemont, NE 68025
- 7) S.K. Clay Trust  
c/o Northern Trust Bank  
700 Bickell Ave.  
Miami, FL 33131
- 8) W.P. Kendall Trust  
c/o Northern Trust Bank  
700 Bickell Ave.  
Miami, FL 33131
- 9) Ms. Patricia A. McMillian  
1104 Constant Spring Rd.  
Austin, TX 78746
- 10) Mr. Lewis F. Holmes  
1109 SC Highway 191  
Trenton, SC 29847
- 11) Charles C. Albright Trust  
1806 Port Manleigh Pl.  
Newport Beach, CA 92660
- 12) Mr. Don Friedman  
3219 S. Gregg Ct.  
Denver, CO 80210
- 13) Ms. Lillian Kamph,  
Trustee of Trust 454F  
1320 E. Ocean Front  
Balboa, CA 92661

## 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. Robert N. Varn  
3039 Farmington Lane  
Atlanta, GA 30399

2. Article Number  
(Transfer from service label)

7012 0470 0001 5975 3245

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mrs. Robert Varn

☐ Agent☐ Addressee

B. Received by (Printed Name)

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)

☐ YesU.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

NEWPORT BEACH CA 92661

0500

16

Postmark

Here

09/26/2013

Postage	\$ 0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.11

Sent To

Ms. Lillian Kamph,  
Trustee of Trust 434F  
1320 E. Ocean Front  
Balboa, CA 92661

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

City, State, ZIP+4

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](http://www.usps.com)

ATLANTA GA 30339-4710

Postage \$ 0.46

0500

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage &amp; Fees \$ 6.11

09/26/2013

Postmark

Here

Sent To

Mr. Robert N. Varn  
3039 Farmington Lane  
Atlanta, GA 30399

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:

Ms. Lillian Kamph,  
Trustee of Trust 434F  
1320 E. Ocean Front  
Balboa, CA 92661

2. Article Number

(Transfer from service label)

7008 3230 0000 2321 4430

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ms. Lillian Kamph

☐ 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

## 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:

Ms. Patricia A. McMillian  
1104 Constant Spring Rd.  
Austin, TX 78746

2. Article Number

(Transfer from service label)

7008 3230 0000 2321 4478

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Patricia A. McMillian*

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/3/13

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

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 \$ 0.46

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage &amp; Fees \$ \$6.11

0500

16

Postmark Here

09/26/2013

Sent To

Mr. Don Friedman  
3219 S. Gregg Ct.  
Denver, CO 80210

Street, Apt. No.,

or PO Box No.

City, State, ZIP+4

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

AUSTIN TX 78746

Postage \$ 0.46

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage &amp; Fees \$ \$6.11

0500

16

Postmark Here

09/26/2013

Sent To

Ms. Patricia A. McMillian  
1104 Constant Spring Rd.  
Austin, TX 78746

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:

Mr. Don Friedman  
3219 S. Gregg Ct.  
Denver, CO 80210

2. Article Number

(Transfer from service label)

7008 3230 0000 2321 4447

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Don Friedman*

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

**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:

Westway Petroleum  
6440 N. Central Expressway, Suite 308  
Dallas, TX 75206

2. Article Number: 7012-0470 0001-5975 3252  
(Transfer from service label)

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: *10/1/13*

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™  
CERTIFIED MAIL™ RECEIPT**

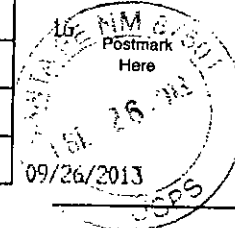
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ \$0.46  
Certified Fee \$3.10  
Return Receipt Fee (Endorsement Required) \$2.55  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$ \$6.11

0500



Sent To: S.K. Clay Trust  
c/o Northern Trust Bank  
700 Bickell Ave.  
Miami, FL 33131  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 3230 0000 2321 4492

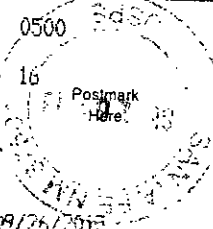
**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ \$0.46  
Certified Fee \$3.10  
Return Receipt Fee (Endorsement Required) \$2.55  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$ \$6.11



Sent To: Westway Petroleum  
6440 N. Central Expressway, Suite 308  
Dallas, TX 75206  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0001 5975 3252

**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:

S.K. Clay Trust  
c/o Northern Trust Bank  
700 Bickell Ave.  
Miami, FL 33131

2. Article Number:  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *09/26/2013*

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

7008 3230 0000 2321 4492

Domestic Return Receipt

102595-02-M-1540

M GL

7008 3230 0000 2321 4485

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	09/26/2013

Sent To: W.P. Kendall Trust  
c/o Northern Trust Bank  
700 Bickell Ave.  
Miami, FL 33131

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:

Mr. Neil W. Schilke  
1820 N. Nye Ave.  
Freemont, NE 68025

 2. Article Number:  
(Transfer from service label)

7008 3230 0000 2321 4508

PS Form 3811, February 2004

Domestic Return Receipt

MGL

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *Bonnie Schilke* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Bonnie Schilke

C. Date of Delivery

9-20-13

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:

W.P. Kendall Trust  
c/o Northern Trust Bank  
700 Bickell Ave.  
Miami, FL 33131

 2. Article Number:  
(Transfer from service label)

7008 3230 0000 2321 4485

PS Form 3811, February 2004

Domestic Return Receipt

MGL

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *JAVIER SCHILKE* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

JAVIER SCHILKE

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
**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	09/26/2013

Sent To: Mr. Neil W. Schilke  
1820 N. Nye Ave.  
Freemont, NE 68025

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 3230 0000 2321 4508

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**  
 TRENTON, SC 29847

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	09/26/2013

Sent To  
 Mr. Lewis F. Holmes  
 1109 SC Highway 191  
 Street, Apt. No.,  
 or PO Box No. Trenton, SC 29847  
 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:

Charles C. Albright Trust  
 1806 Port Manleigh Pl.  
 Newport Beach, CA 92660

2. Article Number

(Transfer from service label)

7008 3230 0000 2321 4454

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. 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

**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. Lewis F. Holmes  
 1109 SC Highway 191  
 Trenton, SC 29847

**COMPLETE THIS SECTION ON DELIVERY**

A. 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

2. Article Number

(Transfer from service label)

7008 3230 0000 2321 4461

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](http://www.usps.com)

**OFFICIAL USE**  
 NEWPORT-BEACH CA 92660

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	09/26/2013

Sent To  
 Charles C. Albright Trust  
 1806 Port Manleigh Pl.  
 Street, Apt. No.,  
 or PO Box No. Newport Beach, CA 92660  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions



7008 3230 0000 2321 4515

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

09/26/2013

Sent To: Mr. William P. McCormick  
 401 SW 12th Ave.  
 Portland, OR 97205

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

City, State, ZIP+4

PS Form 3800, August 2008 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. William P. McCormick  
 401 SW 12th Ave.  
 Portland, OR 97205

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ 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) 7008 3230 0000 2321 4515

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

7012 0470 0001 5976 6630

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**  
 REDDING CA 96001

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	09/26/2013

Sent To **Mr. Henry C. Landers**  
**1003 East St.**  
**Redding, CA 96001**  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0001 5976 6795

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**  
 FORT WORTH TX 76106

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	09/26/2013

Sent To **Mr. T. Grover Swift, Jr.**  
**749 North Main St.**  
**Fort Worth, TX 76106**  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

# Affidavit of Publication

State of New Mexico,  
County of Eddy, ss.

Kathy McCarroll, being first duly sworn,  
on oath says:

That she is the Classified Supervisor of the  
Carlsbad Current-Argus, a newspaper  
published daily at the City of Carlsbad, in  
said county of Eddy, state of New Mexico  
and of general paid circulation in said county;  
that the same is a duly qualified newspaper  
under the laws of the State wherein legal  
notices and advertisements may be  
published; that the printed notice attached  
hereto was published in the regular and  
entire edition of said newspaper and not in  
supplement thereof on the date as follows, to  
wit:

September 27

2013

That the cost of publication is \$108.03 and that  
payment thereof has been made and will be  
assessed as court costs.

*Kathy McCarroll*

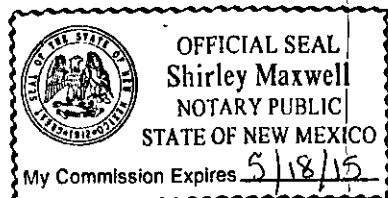
Subscribed and sworn to before me this

1st day of October, 2013

*Shirley Maxwell*

My commission Expires on May 18, 2015

Notary Public



September 27, 2013

## NOTICE

To: Earl Trompeter, William Evert Andrau Trust No. 1, William Evert Andrau Trust No. 2, Helene B. Hewett/Barbara A Powell Trust No. 1, Helene B. Hewett/Barbara A Powell Trust No. 2, William Jacobs, Andrew E. McMahon, Russell S. Sampson, Ivor J. Silver, Alex M. Roter, Ann S. Ragsdale, Anthony Hawe, Arthur A. Ostman, Arturo G. Sterling, Dorothy Hinchliff, First State Bank of Rockwall, Texas, George M. Oringdolph, H.E. Oringdolph, Gilbert T. Kanegawa, Glenn E. Duke, Harry Bersner, Harry F. Poll, Harry L. Green, Sr., Janet S. Joslin, John Steinman, Larry M. Pickett, Betty Jean Pickett, Leroy L. Burnette, John L. Steffan, Louesther Zwick Trust IV, M.D. Williams, D.L. Pliant, Mark J. Sandler, Beth Sandler, Norton S. Waldfogel, Steven R. Lindersmith, Thomas Gelmer, Warren N. Rosenquist, Judith V. Rosenquist, William W. Fetner, and Sandra Houppermans, or their heirs, devisees, successors, or assigns: Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking an order approving an 160-acre non-standard oil spacing and proration unit (project area) in the Bone Spring formation comprised of the S/2S/2 of Section 17,

Township 20 South, Range 29 East, NMPM. Applicant further seeks the pooling of all mineral interests in the Bone Spring formation underlying the S/2S/2 of Section 17 to form a non-standard 160 acre oil spacing and proration unit (project area) for all pools or formations developed on 40 acre spacing within that vertical extent. The unit will be dedicated to the Glock 17 MP Fed. Well No. 1H, a horizontal well with a surface location in the SW/4SW/4, and a terminus in the SE/4SE/4, of Section 17. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of applicant as operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The application is scheduled to be heard at 8:15 a.m. on Thursday, October 17, 2013 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 enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date. The attorney for applicant is James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504. The unit is located approximately 17 miles east-southeast of Lakewood, New Mexico.

Oil Conservation Division

Case No. 8

Exhibit No. 8