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December 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 N $\frac{1}{2}$ N $\frac{1}{2}$  of Section 34, 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, January 23, 2014, 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, January 16, 2014. 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

Richard D. Hughes Trust  
2321 Candelaria Rd. NW  
Albuquerque, NM 87107

Bira M. Wells Trust  
21 Chaparral Rd.  
Carmel Valley, CA 93924

Bira M. Wells Trust  
P.O. Box 951  
Carmel Valley, CA 93924

7012 3050 0001 7057 2024

# 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**  
CARMEL VALLEY CA 93924

|                                                |                |                  |
|------------------------------------------------|----------------|------------------|
| Postage                                        | \$ 0.66        | 0500             |
| Certified Fee                                  | \$3.10         | 16 Postmark Here |
| Return Receipt Fee (Endorsement Required)      | \$2.55         |                  |
| Restricted Delivery Fee (Endorsement Required) | \$0.00         |                  |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 6.31</b> | 12/26/2013       |

Sent To **Bira M. Wells Trust**  
**P.O. Box 951**  
 Street, Apt. No., or PO Box No. **Carmel Valley CA 93924**  
 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:  
  
**Bira M. Wells Trust**  
**21 Chaparral Rd.**  
**Carmel Valley, CA 93924**

2. Article Number  
 (Transfer from service label)  
**7012 3050 0001 7057 2024**  
 PS Form 3811, February 2004

## COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) **Bira M. Wells**  
 C. Date of Delivery **12/30/13**  
 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

Domestic Return Receipt **M 34 DA** 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:  
  
**Bira M. Wells Trust**  
**P.O. Box 951**  
**Carmel Valley, CA 93924**

## COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) **Bira M. Wells**  
 C. Date of Delivery **1-3-14**  
 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)  
**7012 3050 0001 7057 2048**  
 PS Form 3811, February 2004 Domestic Return Receipt **M 34 DA** 102595-02-M-1540

7012 3050 0001 7057 2024

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CARMEL VALLEY CA 93924

|                                                |                |                  |
|------------------------------------------------|----------------|------------------|
| Postage                                        | \$ 0.46        | 0500             |
| Certified Fee                                  | \$3.10         | 16 Postmark Here |
| Return Receipt Fee (Endorsement Required)      | \$2.55         |                  |
| Restricted Delivery Fee (Endorsement Required) | \$0.00         |                  |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 6.11</b> | 12/26/2013       |

Sent To **Bira M. Wells Trust**  
**21 Chaparral Rd.**  
 Street, Apt. No., or PO Box No. **Carmel Valley, CA 93924**  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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ALBUQUERQUE-NM 87107 **ORIGINAL USE**

|                                                |                |                   |
|------------------------------------------------|----------------|-------------------|
| Postage                                        | \$ 0.66        | 0500              |
| Certified Fee                                  | \$3.10         | 16 Postmark Here  |
| Return Receipt Fee (Endorsement Required)      | \$2.55         |                   |
| Restricted Delivery Fee (Endorsement Required) | \$0.00         |                   |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 6.31</b> | <b>12/26/2013</b> |

Sent To **Richard D. Hughes Trust**  
 Street, Apt. No., or PO Box No. **2321 Candelaria Rd. NW**  
 City, State, ZIP+4 **Albuquerque, NM 87107**

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0001 7057 2031

**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 D. Hughes Trust  
2321 Candelaria Rd. NW  
Albuquerque, NM 87107**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name) **Richard D. Hughes** C. Date of Delivery **12/14**

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

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 **7012 3050 0001 7057 2031**  
 (Transfer from service label)