

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.

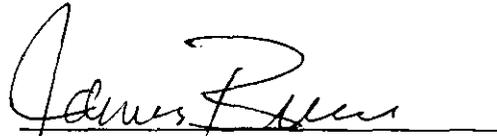
Case No. 15,260

AFFIDAVIT OF NOTICE

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

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

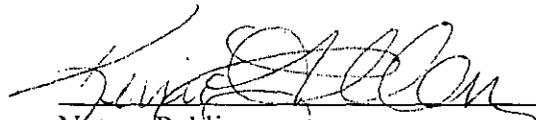
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owner, at his last known address, 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 10th day of February, 2015 by James Bruce.

My Commission Expires




Notary Public

Oil Conservation Division
Case No. 3 15260
Exhibit No. 3

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)

jamesbruce@aol.com

January 30, 2015

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a well in the S½S½ of Section 5, Township 19 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, February 19, 2015, 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, February 12, 2015. 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

Western Oil Producers, Inc.
P.O. Box 2800
Midland, Texas 79702

Attn: Mr. K. Jay Reynolds

Robert Michael Evertson
109 Westwood Circle
McKinney, Texas 75070

Emma Lou Evertson
4100 Vinkemulder Road
Coconut Creek, Florida 33073

Vicki Evertson
4323 Southcrest Road
Dallas, Texas 75229

Sandra S. Atkins
1205 Creekwood Drive
Garland, Texas 75044

Estate of Larry Arnold
c/o Lonnie Arnold
1112 Telluride Ct.
Midland, TX 79705-1906

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:

Robert Michael Everson
109 Westwood Circle
McKinney, Texas 75070

2. Article Number
(Transfer from service label)

7008 3230 0000 2429 1140

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™ Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

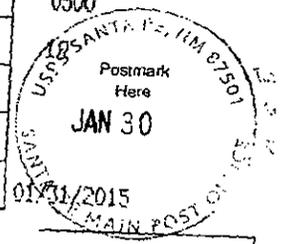
**U.S. Postal Service™
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MIIDLAND-TX 79705 OFFICIAL USE

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.49



Sent To: Estate of Larry Arnold
 c/o Lonnie Arnold
 1112 Telluride Ct.
 Midland, TX 79705-1906
 City, State, ZIP+4

See Reverse for Instructions

2011 6249 0000 2429 1140

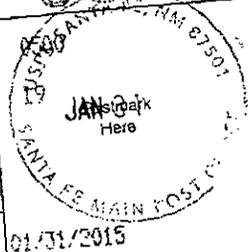
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McKINNEY-TX 75070 OFFICIAL USE

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Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.49



Sent To: Robert Michael Everson
 109 Westwood Circle
 McKinney, Texas 75070
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

See Reverse for Instructions

2011 6249 0000 2429 1140

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:

Estate of Larry Arnold
 c/o Lonnie Arnold
 1112 Telluride Ct.
 Midland, TX 79705-1906

2. Article Number
(Transfer from service label)

7008 3230 0000 2429 1102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Cindy Arnold 2/6/15

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

3. Service Type
 Certified Mail™ Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

MDC - Gdb

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:

Western Oil Producers, Inc.
P.O. Box 2800
Midland, Texas 79702

2. Article Number
(Transfer from service label)

7008 3230 0000 2428 5200

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Fred Schwering

B. Received by (Printed Name) *FRED SCHWERING* C. Date of Delivery *2-5-15*

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

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.49

0500
 19
 Postmark Here
 JAN 3
 GARLAND, TX 75044

Sent To: Sandra S. Atkins
 1205 Creekwood Drive
 Garland, Texas 75044
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

STTT 6242 0000 DEZE 9002

PS Form 3811, July 2013

Domestic Return Receipt *MOE Gub*

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Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.49

0500
 19
 Postmark Here
 JAN 31
 MIDLAND, TX 79702

Sent To: Western Oil Producers, Inc.
 P.O. Box 2800
 Midland, Texas 79702
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2428 5200

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:

Sandra S. Atkins
 1205 Creekwood Drive
 Garland, Texas 75044

2. Article Number
(Transfer from service label)

7008 3230 0000 2429 1119

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Sandra Atkins

B. Received by (Printed Name) *Sandra Atkins* C. Date of Delivery *2-5-15*

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

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013

Domestic Return Receipt *MOE Gub*

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): _____

C. Date of Delivery: 1/31/15

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

1. Article Addressed to:

Vicki Evntson
4323 Southcrest Road
Dallas, Texas 75229

3. Service Type
- Certified Mail™ Priority Mail Express™
 - Registered Return Receipt for Merchandise
 - Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 3230 0000 2429 1126

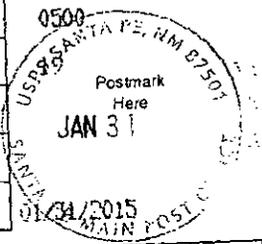
PS Form 3811, July 2013 Domestic Return Receipt *MOC-66b*

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.49



Sent To: Emma Lou Evntson
4100 Vinkemulder Road
Coconut Creek, Florida 33073

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

PS Form 3800, August 2006 See Reverse for Instructions

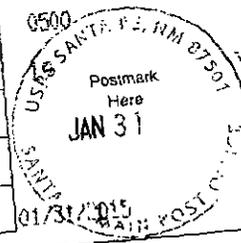
7008 3230 0000 2429 1126

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Postage	\$ 0.49
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Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.49



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City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2429 1126