

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.

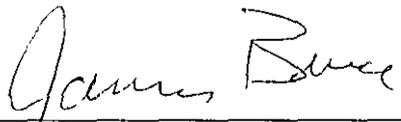
Case No. 15,382

AFFIDAVIT OF NOTICE

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

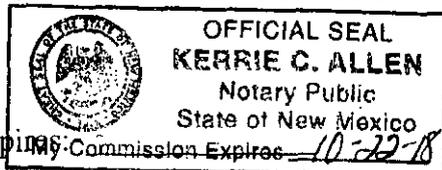
James Bruce, being duly sworn upon his oath, deposes and states:

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 receipts 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 11<sup>th</sup> day of December, 2015 by  
James Bruce.

My Commission Expires \_\_\_\_\_



  
\_\_\_\_\_  
Notary Public

Oil Conservation Division  
Case No. 5  
Exhibit No. 5

**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](mailto:jamesbruce@aol.com)

September 4, 2015

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a well in the N½S½ 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, October 1, 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, September 24, 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



EXHIBIT

A

---

Western Oil Producers, Inc.  
P.O. Box 2800  
Midland, Texas 79702  
Attn: Mr. K. Jay Reynolds

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

Emma Lou Evertson  
4100 Vinkemulder Road  
Coconut Creek, Florida 33073

Robert Michael Evertson  
109 Westwood Circle  
McKinney, Texas 75070

Sandra S. Atkins  
1205 Creekwood Drive  
Garland, Texas 75044

Vicki Evertson  
4323 Southcrest Road  
Dallas, Texas 75229

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**DEFERRED MAIL**

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

Sent To: Vicki Evertson  
 4321 Southcrest Road  
 Dallas, Texas 75229

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

PS Form 3800, August 2006 See Reverse for Instructions

7698 2194 0000 0206 E702

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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  
 Attn: Mr. K. Jay Reynolds

9590 9403 0589 5183 8871 64

2. Article Number (Transfer from service label)  
 7013 3020 0000 4612 3945

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 Fred Schwient

C. Date of Delivery  
 9/8/15

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

M-C

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Vicki Evertson  
 4321 Southcrest Road  
 Dallas, Texas 75229

9590 9403 0589 5183 8872 18

7013 3020 0000 4612 3945

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 DKAUSTIN

C. Date of Delivery  
 9/8/15

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

M-C

546 2194 0000 0206 E702

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**DEFERRED MAIL**

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

Sent To: Western Oil Producers, Inc.  
 P.O. Box 2800  
 Midland, Texas 79702  
 Attn: Mr. K. Jay Reynolds

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.
- 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, Texas 79705-1906

9590 9403 0589 5183 8871 71

2. Article Number (Transfer from service label)

7013 3020 0000 4612 3938

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

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

Lonnie Arnold 9-18-15

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

Sent To Robert Michael Evertonson  
109 Westwood Circle  
McKinney, Texas 75070

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4612 3914

9590 9403 0589 5183 8871 71

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

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

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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 Evertonson  
109 Westwood Circle  
McKinney, Texas 75070

9590 9403 0589 5183 8871 95

2. Article Number (Transfer from service label)

7013 3020 0000 4612 3914

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

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

9-10-15

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

M-G

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7013 3020 0000 4612 3921

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

Sent To	Emma Lou Evertson 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

James Bruce  
 P. Box 1056  
 Santa Fe, New Mexico 87504

*WJ 9/18/15*  
*AS*

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

\$6.49<sup>00</sup>  
 US POSTAGE  
 FIRST-CLASS  
 071V00607931  
 87501  
 000079609

Emma Lou Evertson  
 4100 Vinkemulder Road  
 Coconut Creek Florida 33073

7013 3020 0000 4612 3921

NIXIE 333 DE 2009 0009/25/15  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

BC: 87504105656 \*0968-08507-04-43

33073993433 RO

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7013 3020 0000 4612 3907

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

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

PS Form 3800, August 2006 See Reverse for Instructions

James Bruce  
 P.O. Box 1056  
 Santa Fe, New Mexico 87504

ALBUQUERQUE  
 NM 870  
 04 SEP '15  
 PM 2 L

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

\$6.49<sup>00</sup>  
 US POSTAGE  
 FIRST-CLASS  
 071V00607931  
 87501  
 000079613

7013 3020 0000 4612 3907

Sandra S. Atkins  
 1205 Creekwood Drive  
 Garland, Texas 75044

*gllts*

NIXIE 750 DE 1 0010/22/15

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

BC: 87504105656 \*11R4-04145-10-12

75044@1056  
 75044@1056