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October 25, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

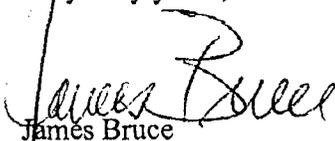
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the SE $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 27, Township 19 South, Range 35 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 29, 2007, 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.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, November 22, 2007 if you intend to participate at the hearing.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT **A**

EXHIBIT A

Castle Royalties LLC
Suite 900
15601 North Dallas Parkway
Addison, Texas 75001

Enerlex, Inc.
18452 East 111th Street
Broken Arrow, Oklahoma 74011

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	\$

Sent to
 Castle Royalties LLC
 Suite 900
 15601 North Dallas Parkway
 Addison, Texas 75001
 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:

Emerlex, Inc.
 18452 East 111th Street
 Broken Arrow, Oklahoma 74011

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7006 3450 0001 4320 4698

Domestic Return Receipt *NOV-27*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 B. Received by (Printed Name) *Steven Moore* C. Date of Delivery *10/24/04* Addressee
 D. Is delivery address different from item 1? Yes No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

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:

Castle Royalties LLC
 Suite 900
 15601 North Dallas Parkway
 Addison, Texas 75001

A. Signature *[Signature]* Agent
 B. Received by (Printed Name) *JOE MOOR* C. Date of Delivery *10-24-04* Addressee
 D. Is delivery address different from item 1? Yes No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
(Transfer from service label) 7006 3450 0001 4320 4681

PS Form 3811, February 2004

Domestic Return Receipt *NOV-27*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 B. Received by (Printed Name) *JOE MOOR* C. Date of Delivery *10-24-04* Addressee
 D. Is delivery address different from item 1? Yes No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

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

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See Reverse for Instructions