

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

**APPLICATION OF MEWBOURNE OIL
COMPANY FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

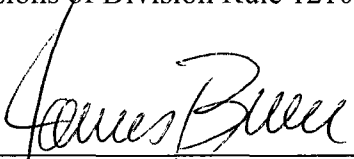
Case No. 14,170

AFFIDAVIT OF NOTICE

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

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

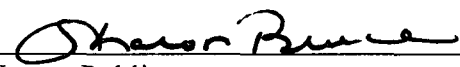
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1210.



James Bruce

SUBSCRIBED AND SWORN TO before me this 16th day of August, 2008 by
James Bruce.

My Commission Expires: 3/14/09



Notary Public

Oil Conservation Division
Case No. 6
Exhibit No. 6

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

August 1, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED


To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an **amended** application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding Section 21, Township 20 South, Range 36 East, N.M.P.M., Lea County, New Mexico. **The amended application changes the well location from the NW¼SW¼, to the SW¼SW¼, of Section 21.** The amended application will be scheduled for hearing at 8:15 a.m. on Thursday, September 4, 2008, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **However, Mewbourne Oil Company intends to present evidence at the hearing scheduled for 8:15 a.m. on Thursday, August 21, 2008 due to time constraints in the drilling of the proposed well.** 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, August 28, 2008 if you intend to participate at the hearing.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT

A

EXHIBIT A

Chevron U.S.A. Inc.
P.O. Box 36366
Houston, Texas 77236

Attention: Stephanie Magers

ConocoPhillips Company
3WL-14066
600 North Dairy Ashford
Houston, Texas 77079

Attention: Tom J. Scarborough

Richard K. Barr
P.O. Box 847
Boerne, Texas 78006

Scott E. Wilson
4601 Mirador Drive
Austin, Texas 78735

Chesapeake Exploration, LLC
Chesapeake Exploration Limited Partnership
P.O. Box 18496
Oklahoma City, Oklahoma 73154-0496

Attention: Kevin Pfister

Apache Corporation
Suite 1500
6120 South Yale
Tulsa, Oklahoma 73136

Attention: Michelle Hanson

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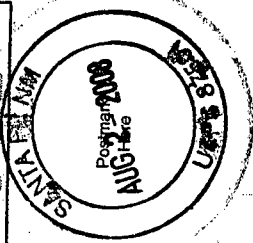
OFFICIAL USE

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

Sent To Apache Corporation
 Suite 1500
 6120 South Yale
 Tulsa, Oklahoma 73136
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4318 0411



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:
 Scott E. Wilson
 4601 Mirador Drive
 Austin, Texas 78735

2. Article Number (Transfer from service label)
 7006 3450 0001 4318 0435

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Scott E. Wilson Date of Delivery 8508
 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.
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1. Article Addressed to:
 Apache Corporation
 Suite 1500
 6120 South Yale
 Tulsa, Oklahoma 73136

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 7006 3450 0001 4318 0411

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☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

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 City, State, ZIP+4

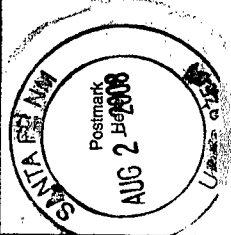
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3. Service Type
☒ Certified Mail ☐ Express Mail
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☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 3450 0001 4318 0411



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

Sent To Chesapeake Exploration, LLC
 Street, Apt. No., P.O. Box 18496
 City, State, Zip+4 Oklahoma City, Oklahoma 73154-0496

PS Form 3800, August 2006 See Reverse for Instructions

2006 3450 0001 4318 0428

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:
 Chesapeake Exploration, LLC
 Chesapeake Exploration Limited Partnership
 P.O. Box 18496
 Oklahoma City, Oklahoma 73154-0496

COMPLETE THIS SECTION ON DELIVERY

A. Signature **XMM** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **MM** 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) **7006 3450 0001 4318 0428**

PS Form 3811, February 2004 Domestic Return Receipt **NOC**

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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 ■ 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 K. Barr
 P.O. Box 847
 Boerne, Texas 78006

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Beverly Barr** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Beverly Barr** C. Date of Delivery **AUG 2 2008**

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) **7006 3450 0001 4318 0442**

PS Form 3811, February 2004 Domestic Return Receipt **NOC**

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

Sent To Richard K. Barr
 P.O. Box 847
 Boerne, Texas 78006

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

PS Form 3800, August 2006 See Reverse for Instructions

2006 3450 0001 4318 0428

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:

Chevron U.S.A. Inc.
P.O. Box 36366
Houston, Texas 77236

2. Article Number

(Transfer from service label)

7006 3450 0001 4318 0404

PS Form 3811, February 2004

Domestic Return Receipt *not*

19395-02-000-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Calonzo* ☐ Agent ☐ Addressee

B. Received by *Printed Name* ☐ Date of Delivery *8-6*

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



3. Service Type ☒ Certified Mail ☐ Registered Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

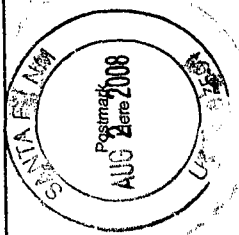
4. Restricted Delivery? (Extra Fee) ☐ Yes

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



Sent To *Chevron U.S.A. Inc.*
Street, Apt. No., P.O. Box 36366
or PO Box No. Houston, Texas 77236
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7006 3450 0001 4318 0404

SENDER, COMPLETE THIS SECTION

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- 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:

ConocoPhillips Company
3WL-14066
600 North Dairy Ashford
Houston, Texas 77079

COMPLETE THIS SECTION ON DELIVERY

A. Signature X. 1000 Sankov ☐ Agent ☐ Addressee
B. Received by (Printed Name) 8-7-08 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)

7006 3450 0001 4318 0459

PS Form 3811, February 2004

Domestic Return Receipt

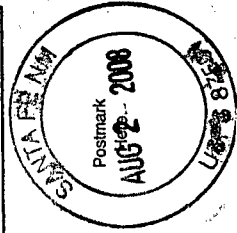
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Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$



Sent To ConocoPhillips Company
Street, Apt. No. 3WL-14066
or PO Box No. 600 North Dairy Ashford
City, State, ZIP+4 Houston, Texas 77079

PS Form 3800, August 2006

See Reverse for Instructions

6540 8124 1000 0546 9002