

**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.**

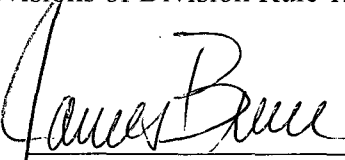
**Case No. 14,170**

**AFFIDAVIT OF NOTICE**

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

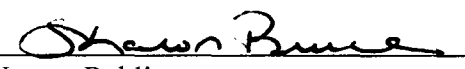
James Bruce, being duly sworn upon his oath, deposes and states:

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. 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)

[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

July 29, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

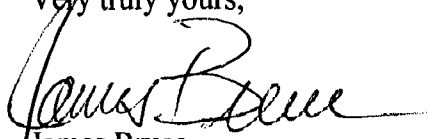
To: Persons on Exhibit A

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 Section 21, Township 20 South, Range 36 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 21, 2008, 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, August 14, 2008 if you intend to participate at the hearing.

Very truly yours,

  
James Bruce  
Attorney for Mewbourne Oil Company

EXHIBIT



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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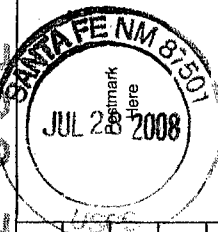
**OFFICIAL USE**

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  
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 3020 0001 2489 2519



**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

2. Article Number (Transfer from service label)  
 7007 3020 0001 2489 2502

PS Form 3811, February 2004 Domestic Return Receipt

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:  
 Apache Corporation  
 Suite 1500  
 6120 South Yale  
 Tulsa, Oklahoma 73136  
 City, State, Zip+4

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* *Carole B. S. S. C.*  
 B. Restricted Delivery *730*  
 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)  
 7007 3020 0001 2489 2519

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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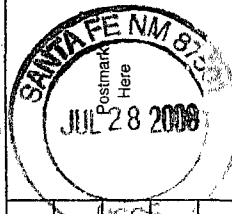
**OFFICIAL USE**

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

Sent To  
 Chesapeake Exploration, LLC  
 Chesapeake Exploration Limited Partnership  
 P.O. Box 18496  
 Oklahoma City, Oklahoma 73154-0496  
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

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**OFFICIAL USE**

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

Sent To  
 Street, Apt. No., or PO Box No.  
 Richard K. Barr  
 P.O. Box 847  
 Boerne, Texas 78006  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

6842 6842 1000 020E 2002

**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)  
 7007 3020 0001 2489 2465

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*

B. Received by (Printed Name)  
 C. Date of Delivery  
 8-7

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

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:

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

2. Article Number (Transfer from service label)  
 7007 3020 0001 2489 2469

PS Form 3811, February 2004

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**OFFICIAL USE**

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

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

PS Form 3800, August 2006 See Reverse for Instructions

5942 6842 1000 020E 2002

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*

B. Received by (Printed Name)  
 C. Date of Delivery  
 8-7

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

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:

Scott E. Wilson  
4601 Mirador Drive  
Austin, Texas 78735

2. Article Number  
(Transfer from service label)

7007 3020 0001 2489 2496

PS Form 3811, February 2004

Domestic Return Receipt *NO*

102595-02-M-1540

# COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *Scott E. Wilson* C. Date of Delivery *7/3/08*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

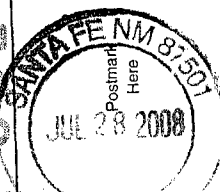
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

Sent To *Scott E. Wilson*  
Street Apt. No. *4601 Mirador Drive*  
or PO Box No. *Austin, Texas 78735*  
City, State, ZIP+4

See Reverse for Instructions

PS Form 3800, August 2006

9642 6842 7007 3020 0001 2489 2496


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Label/Receipt Number: 7007 3020 0001 2489 2472  
Status: **Delivered**

Your item was delivered at 10:15 AM on July 31, 2008 in HOUSTON, TX 77079.

### Track & Confirm

Enter Label/Receipt Number.

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Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To: <b>ConocoPhillips Company</b> <b>3WL-14066</b> <b>600 North Dairy Ashford</b> <b>Houston, Texas 77079</b>	
Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

2472 2489 0001 3020 7007

